All correspondence to: The Breastfeeding Network PO Box 11126, Paisley PA2 8YB

Admin Tel: 0844 412 0995

e-mail: druginformation@breastfeedingnetwork.org.uk

www.breastfeedingnetwork.org.uk



## **Decongestants and Breastfeeding**

This factsheet is intended to provide access to relevant evidence-based information. The national guidelines, research, data, pharmacokinetic properties and links shared are taken from various reference sources, they were checked at the time of publication for appropriateness and were in date. These are provided where we believe the information may be useful but we do not take any responsibility for their content. This factsheet is provided to empower users to make an informed decision about their treatment; but it does not constitute medical advice and cannot replace medical assessment, diagnosis, treatment or follow up from appropriately trained healthcare professionals with relevant competence.

The Breastfeeding Network factsheets will be reviewed on an ongoing basis, usually within three years or sooner where major clinical updates or evidence are published. No responsibility can be taken by the Breastfeeding Network or contributing authors for the way in which the information is used.

If you have any questions about this information, you can contact the Drugs in Breastmilk team through their <u>Facebook</u> page or on <u>druginformation@breastfeedingnetwork.org.uk</u>.

## First-line treatment: inhale steam frequently.

If medication is required, use decongestant nasal spray containing xylometaxoline or Oxymetazoline.

AVOID decongestant tablets, powders or drinks.

Many people take decongestant tablets, powders and drinks when they have a cold or sinus pain. Although they are unlikely to affect a breastfeeding baby they have a potential significant impact on milk supply and should be avoided during breastfeeding.

Inhaling steam is a cheap and effective means of reducing congestion and should be used frequently before resorting to drugs. Decongestant sprays are as effective and have no effect on supply as they only work locally in the nasal passages.

**Pseudoephedrine** is secreted into breastmilk in low levels. In one study (Findlay 1984) the calculated dose that would be absorbed by the infant was very low (0.4 to 0.6% of the maternal dose). However in a study of 8 women a single 60 mg dose of pseudoephedrine reduced milk supply by 24% over a 24 hour period. This could be explained suggest the authors by a drop in prolactin which was greater in those with babies older than 60 weeks (Aljazaf 2003). Anecdotally some mothers have reported wakefulness. Mothers reported irritability in 20% of infants exposed to pseudoephedrine in one study of breastfeeding mothers (Ito 1993).

**Phenyephrine** is poorly bioavailability (not well absorbed from the gut) so it is not likely to produce effects in a breastfed infant with normal doses. Because of pseudoephedrine's effect on milk production, concerns exist that phenylephrine may suppress milk although there is no evidence that this occurs.

Brand names include: Sudafed, Lemsip, Beechams, and Benylin. Pharmacy own brands are also available.

To talk to a mum who knows about breastfeeding call the National Breastfeeding Helpline 0300 100 0212

Calls to 0300 numbers cost no more than calls to UK numbers starting 01 and 02 and will be part of any inclusive minutes that apply to your provider and call package.



It is recommended that breastfeeding women AVOID decongestant tablets, powders or drinks.

**Decongestant nasal sprays** containing xylometazoline and oxymetazoline are effective in relieving nasal congestion but do not produce wakefulness nor reduce milk supply. They are safe and effective but should not be used long term (more than 7 days). Brand names include Otrivine and Sudafed. Pharmacy own brands are also available.

For more information on cough and cold remedies when breastfeeding please see our <u>coughs and</u> <u>colds factsheet</u>.

## **Bibliography**

- Aljazaf K, Hale TW, Ilett KF, Hartmann PE, Mitoulas LR, Kristensen JH, Hackett LP.
  Pseudoephedrine: effects on milk production in women and estimation of infant exposure via breastmilk. Br J Clin Pharmacol 2003; 56(1):18-24
- Findlay JW, Butz RF, Sailstad JM, Warren JT, Welch RM. Pseudoephedrine and triprolidine in plasma and breast milk of nursing mothers. Br J Clin Pharmacol 1984; 18(6):901-906.
- Hale TW Medications and Mothers Milk
- Ito S, Blajchman A et al. Prospective follow-up of adverse reactions in breast-fed infants exposed to maternal medication. Am J Obstet Gynecol. 1993;168:1393-9.
- Jones W Breastfeeding and Medication (Routledge 2018)
- Lactmed https://www.ncbi.nlm.nih.gov/books/NBK501922/