

# Indigestion and Breastfeeding

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*If you have any questions about this information, you can contact the Drugs in Breastmilk team through their [Facebook page](#) or on [druginformation@breastfeedingnetwork.org.uk](mailto:druginformation@breastfeedingnetwork.org.uk).*

**Antacids and alginates are safe during breastfeeding.  
Choose according to personal preference.**

The main symptom of indigestion is discomfort around the stomach area. You may also experience heartburn or this may occur on its own. Symptoms frequently come on soon after eating or drinking, although there can sometimes be a delay before experiencing indigestion. Heartburn is caused by acid that passes back up the throat from the stomach. It often is worse when you lie down or go to bed. If you have indigestion, you may also feel uncomfortably full, frequently burp or pass wind, feel bloated or even sick.

**Simple antacids** are composed of a combination of aluminium, magnesium and calcium salts all of which reduce acidity. **Antacids** may have peppermint or spearmint flavour added, both of which have historically been used to settle the stomach. Antacids do not alter the volume of hydrochloric acid produced and if used in excess may cause the body to produce more acid.

Sodium bicarbonate solution - an old household remedy - is particularly bad at doing this and should be avoided.

Aluminium containing antacids may produce a constipating action if consumed in excess e.g. aluminium hydroxide. Magnesium containing products may produce a laxative action if consumed in excess e.g. magnesium trisilicate, magnesium hydroxide (Milk of Magnesia®). Calcium containing antacids generally rely on the neutralising properties of calcium carbonate (Rennie Rap-Eze® Settlers®). Most commercial products contain a mixture of ingredients. None of the ingredients in antacids are likely to pass into breastmilk as they only act locally to neutralise excess stomach acid.

Simeticone (Dimeticone) is used to relieve flatulence and abdominal discomfort due to wind. It causes bubbles of gas in the gut to coalesce, aiding dispersion of wind. It is often combined with antacids. Brand names: Altacite Plus®, Asilone®, WindSettlers®, Maalox Plus®, Rennie Deflatine®, Remegel Wind Relief®.

**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.*

Many women are familiar with taking **alginates** during pregnancy. Alginates form a pH neutral raft on top of the food contents of the stomach in order to prevent regurgitation and heartburn resulting from irritation of the oesophagus. They are poorly absorbed from the gut and can safely be taken during breastfeeding. E.g. Gaviscon®, Gaviscon Advance®.

If your symptoms persist and do not respond to lifestyle changes, antacids or alginates, your GP may suggest other medication. This may be a **histamine (H2) receptor antagonist**, such as famotidine or nizatidine, or a **proton-pump inhibitor (PPI)** such as omeprazole, lansoprazole or pantoprazole. You can use these whilst breastfeeding as they only pass into your milk in small amounts.

## Bibliography

- British National Formulary
- Hale T. Medications and Mothers Milk
- Jones W Breastfeeding and Medication Routledge 2018
- LactMed database: [www.ncbi.nlm.nih.gov/books/NBK501922/](http://www.ncbi.nlm.nih.gov/books/NBK501922/)
- UK Drugs in Lactation Advisory Service (UKDILAS), Treating heartburn and dyspepsia during breastfeeding: [www.sps.nhs.uk/articles/treating-heartburn-and-dyspepsia-during-breastfeeding/](http://www.sps.nhs.uk/articles/treating-heartburn-and-dyspepsia-during-breastfeeding/)
- NHS Choices Indigestion Symptoms: [www.nhs.uk/Conditions/Indigestion](http://www.nhs.uk/Conditions/Indigestion)