

# Prednisolone and Breastfeeding

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**Prednisolone can be taken by a breastfeeding mother in doses up to 40mg a day to treat asthma, rheumatoid arthritis, inflammatory bowel disease or for an allergic reaction.**

Prednisolone is a corticosteroid used to treat a variety of conditions including asthma, inflammatory bowel disease, allergic reaction and rheumatoid disease.

The action of this drug is to dampen the body's response to inflammation. It can be life-saving. Sometimes it is used as a short course of 40mg (eight tablets of 5mg taken once daily) but may also be used long term at gradually reducing doses in chronic conditions.

Prednisolone is extensively bound to plasma proteins and passes into breastmilk in small quantities. Maternal doses of prednisolone up to 40 mg produce low levels in milk and would not be expected to cause any adverse effects in breastfed infants (Greenberger et al. 1993; McKenzie et al. 1975; Ost et al. 1985). High-dose steroids (more than 40 mg) are rarely necessary long term and so can be used in breastfeeding.

The BNF states that "Prednisolone appears in small amounts in breast milk but maternal doses of up to 40 mg daily are unlikely to cause systemic effects in the infant."

The maximum level in breastmilk occurs one hour after dosage. Even at a maternal dose of 80 mg the maximum level of drug in breastmilk was recorded by Ost was 317 microgramme per litre.

Prednisolone is licensed at a dose of 2 mg per kilogramme to a maximum of 60 mg in children over the age of 2 years. With prolonged high doses over 40 mg monitoring of the infant for growth may be advisable but no reports of problems have been reported in the literature and this may be only a theoretical problem (Committee on Safety of Medicines, Medicines Control Agency 1998). This recommendation refers to direct levels administered to the child and not to the level being taken by a breastfeeding mother.

The benefit of treatment with corticosteroids during pregnancy and breastfeeding outweighs the risk to the baby. The BNF states that prednisolone appears in small amounts in breastmilk but maternal doses of up to 40 mg daily are unlikely to cause systemic effects in the infant; infants should be monitored for adrenal suppression if the mothers are taking a higher dose.

## References

- Committee on Safety of Medicines, Medicines Control Agency. Systemic corticosteroids in pregnancy and lactation, Current Problems 1998;24

**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.*

- Greenberger PA, Odeh YK, Frederiksen MC, Atkinson AJ Jr, Pharmacokinetics of prednisolone transfer to breastmilk, Clin Pharmacol Ther, 1993;53:324–8.
- McKenzie SA, Selley JA, Agnew JE, Secretion of prednisolone into breastmilk, Arch Dis Child, 1975;50:894–6.
- Ost L, Wettrell G, Bjorkhem I, Rane A, Prednisolone excretion in human milk, J Pediatr, 1985;106:1008–11

## **Bibliography**

- Jones W Breastfeeding and Medication Routledge
- Hale T Medications and Mothers Milk
- LACTMED online access

