

# Breast-Feeding and Medication Use

## General Considerations

- Most medications are safe to use while breast-feeding; however, the woman should always check with the pediatrician, physician, or lactation specialist before taking any medications, including over-the-counter and herbal products.
- Inform the woman that she has the right to seek a second opinion if the physician does not perform a thoughtful risk-versus-benefit assessment before prescribing medications or advising against breast-feeding.
- Most medications pass from the woman’s bloodstream into the breast milk. However, the amount is usually very small and unlikely to harm the baby.
- A preterm or other special needs neonate is more susceptible to the adverse effects of medications in breast milk. A woman who is taking medications and whose baby is in the neonatal intensive care unit or special care nursery should consult with the pediatrician or neonatologist before feeding her breast milk to the baby.
- If the woman is taking a prescribed medication, she should take the medication just after breast-feeding. This practice helps ensure that the lowest possible dose of medication reaches the baby through the breast milk.
- Some medications can cause changes in the amount of milk the woman produces. Teach the woman to report any changes in milk production.

## Lactation Risk Categories (LRC)

Lactation Category	Risk	Rationale
L1	Safest	Clinical research or long-term observation

Lactation Category	Risk	Rationale
L2	Safer	of use in many breast-feeding women has not demonstrated risk to the infant. Limited clinical research has not demonstrated an increase in adverse effects in the infant.
L3	Moderately safe	There is possible risk to the infant; however, the risks are minimal or nonthreatening in nature. These medications should be given only when the potential benefit outweighs the risk to the infant.

(continued)

Lactation Category	Risk	Rationale
L4	Possibly hazardous	There is positive evidence of risk to the infant; however, in life-threatening situations or for serious diseases, the benefit might outweigh the risk.
L5	Contraindicated	The risk of using the medication clearly outweighs any possible benefit from breast-feeding.

## Potential Effects of Selected Medication Categories on the Breast-Fed Infant

### Narcotic Analgesics

- Codeine and hydrocodone appear to be safe in moderate doses. Rarely the neonate may experience sedation and/or apnea. (LRC: L3)
- Meperidine (Demerol) can lead to sedation of the neonate. (LRC: L3)
- Low to moderate doses of morphine appear to be safe. (LRC: L2)
- Trace-to-negligible amounts of fentanyl are found in human milk. (LRC: L2)

### Non-narcotic Analgesics and NSAIDs

- Acetaminophen and ibuprofen are approved for use. (LRC: L1)
- Naproxen may cause neonatal hemorrhage and anemia if used for prolonged periods. (LRC: L3 for short-term use and L4 for long-term use)
- The newer COX2 inhibitors, such as celecoxib (Celebrex), appear to be safe for use. (LRC: L2)

### Antibiotics

- Levels in breast milk are usually very low.
- The penicillins and cephalosporins are generally considered safe to use. (LRC: L1 and L2)
- Tetracyclines can be safely used for short periods but are not suitable for long-term therapy (e.g., for treatment of acne). (LRC: L2)

- Sulfonamides should not be used during the neonatal stage (the first month of life). (LRC: L3)

### Antihypertensives

- A high degree of caution is advised when antihypertensives are used during breast-feeding.
- Some beta blockers can be used.
- Hydralazine and methyldopa are considered to be safe. (LRC: L2)
- ACE inhibitors are not recommended in the early postpartum period.

### Sedatives and Hypnotics

- Neonatal withdrawal can occur when antianxiety medications, such as lorazepam, are taken. Fortunately withdrawal is generally mild.
- Phenothiazines, such as Phenergan and Thorazine, may lead to sleep apnea and increase the risk for sudden infant death syndrome.

### Antidepressants

- The risk to the baby often is higher if the woman is depressed and remains untreated, rather than taking the medication.
- The older tricyclics are considered to be safe; however they cause many bothersome side effects, such as weight gain and dry mouth, which may lead to noncompliance on the part of the woman.
- The selective serotonin uptake inhibitors (SSRIs) also are considered to be safe and have a lower side effect profile, which makes them more palatable to the woman. (LRC: L2 and L3)

### Mood Stabilizers (Antimanic Medication)

- Lithium is found in breast milk and is best not used in the breast-feeding woman. (LRC: L4)
- Valproic acid (Depakote) seems to be a more appropriate choice for the woman with bipolar disorder. The infant will need periodic lab studies to check platelets and liver function.

### Corticosteroids

- Corticosteroids do not pass into the milk in large quantities.
- Inhaled steroids are safe to use because they don't accumulate in the bloodstream.

### Thyroid Medication

- Thyroid medications, such as levothyroxine (Synthroid), can be taken while breast-feeding.
- Most are in LRC category L1.

## Medications That Usually Are Contraindicated for the Breast-Feeding Woman

- Amiodarone
- Antineoplastic agents
- Chloramphenicol
- Doxepin
- Ergotamine and other ergot derivatives
- Iodides
- Methotrexate and immunosuppressants
- Lithium
- Radiopharmaceuticals
- Ribavirin
- Tetracycline (prolonged use—more than 3 weeks)
- Pseudoephedrine (found in many over-the-counter medications)