

MEDICATIONS AND DRUGS

WHILE BREASTFEEDING



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When you are breastfeeding, speak with a health-care professional before taking any prescription or non-prescription medication, natural or herbal remedy, or drug.

Evidence shows that breastfeeding is the healthiest and most natural way to feed your baby and also has beneficial effects for mothers. Today, 85 per cent of Canadian mothers breastfeed following the birth of their children. When you are breastfeeding, most products that go into your body will also enter your breast milk. You need to consider how any medication, drug or herbal remedy you take could affect your baby or your ability to produce milk.

Although many medications are safe to take while breastfeeding, you should always consult your health-care professional before taking any medication, drug or herbal remedy. Something which is safe for use during pregnancy may not necessarily be safe for a nursing baby.

Can I breastfeed while I'm on medication?

When deciding whether to take a medication or herbal remedy, you should always consider why you require it and what the risks might be for your baby. We make similar types of risk-benefit decisions every day as we go about our normal activities. You should only take medication if you really need it and should take the lowest effective dose for the shortest possible time, while always following the instructions of your health-care provider.

In general, most medications that are applied to the skin, inhaled (for example, asthma treatments), or applied to the eyes or nose are safe for breastfeeding women. Most vaccines are safe, as well as medications that are commonly prescribed to infants.

Some medications which can be used while breastfeeding may require close monitoring. For example, you and your baby's blood levels may need to be evaluated regularly. If, after assessment of the risks and benefits, the decision is made to breastfeed while you are using a medication, you should closely monitor your infant for any potential adverse effects that your doctor tells you are associated with the medication you are taking.

Other medications can pose a higher risk and are usually not used in conjunction with breastfeeding: anti-cancer drugs, some immune suppressants, ergot alkaloids, gold, some radioactive medications and some anticonvulsants. If taking a higher-risk medication is unavoidable, you and your health-care professional may need to discuss whether to breastfeed or not.

Will my baby be affected by the medication I am taking?

Nearly all medications transfer into breast milk to some extent. The amount of medication to which an infant is exposed depends on several factors, such as the dosage of medication, when and how often it is taken, and how quickly the mother metabolizes the medication.

Although a mother's use of topical preparations such as creams, nasal sprays or inhalers generally carries less risk to a breastfed infant than medications administered orally, it is important to remember that medication or products applied directly to the nipples before or after breastfeeding may be harmful for your baby.

The safety of certain medications also depends on the age of the infant. Nearly all reported adverse effects in nursing infants have occurred in infants less than six months old. Newborns and premature infants are most at risk.



Will taking medication affect my ability to produce milk?

Breastfeeding mothers should always watch for changes in their milk production, even for subtle differences. Some medications can decrease milk production:

- Antihistamines
- Sedating medications
- Some decongestants
- Some weight loss medications
- Diuretics
- Very high doses of vitamin B6
- Hormonal contraceptives containing estrogen
- Nicotine
- Ergot alkaloids

Infant weight gain and development are directly associated with milk production: modest changes in milk supply can lead to major growth complications. The most sensitive time for production suppression is shortly after birth, before a mother's milk supply is established.

Should I take medication before or after breastfeeding?

The frequency and timing of feedings can influence the amount of medication that an infant is exposed to. By breastfeeding either shortly before or immediately after taking your medication, your baby's exposure may be reduced. However, this approach may not be practical for newborns, who typically feed every two to three hours, or with drugs that last a long time in your system. It is important that breastfeeding mothers consider the schedule of administration when making a decision about taking a medication.



Often, a health-care professional will recommend that a breastfeeding mother take a single daily-dose medication just before the longest sleep interval of her baby, usually after the bedtime feeding. To minimize an infant's exposure when multiple daily doses are needed, you should breastfeed your baby immediately before the next dose of the medication.

What about alcohol, caffeine, nicotine and street drugs?

Caffeine in moderate amounts (no more than two cups of coffee per day) is not likely to be harmful to your nursing infant.

Alcohol freely distributes into milk and will be ingested by nursing infants. Low-level, occasional alcohol consumption is not likely to pose a problem to the infant, but heavy alcohol consumption or binge drinking is to be avoided. Ideally, nursing should be withheld temporarily after alcohol consumption; at least two hours per drink to avoid unnecessary infant exposure. Side effects reported in infants include sedation and impairment of motor skills.

Cigarette smoking is not recommended in nursing mothers. Nicotine and its major byproducts are detectable in milk. Smoking while breastfeeding has been associated with infantile colic and lowered maternal prolactin levels, which lead to earlier weaning. Additionally, caution should be used to avoid infant exposure to second-hand smoke.

Street drugs can be very potent, so even very small amounts can be very dangerous for an infant. It is suggested that breastfeeding be at least temporarily delayed after maternal use of these products and caution should be used to avoid infant exposure to smoke fumes. Infants may experience toxicity after maternal cocaine use and marijuana use has been associated with slower motor development.

Birth control

Exclusive breastfeeding can reduce – but not eliminate – your chances of getting pregnant in the first six months after childbirth. However, since you can get pregnant again, it is important to use birth control at all times. Some hormonal contraceptives which contain estrogen should not be used during the early stages of breastfeeding as they may reduce milk supply. (This does not apply to vaginally-applied estrogen products, which are sometimes taken for vaginal atrophy experienced during breastfeeding.) Speak with your health-care provider about birth control options.

Are over-the-counter products safer than prescriptions?

No. Over-the-counter products, including natural or herbal remedies, are not necessarily safer than prescription products.

What if I can't breastfeed because of my medications?

Not every woman will be able to breastfeed; speak with your health-care provider to ensure that your baby still gets all the nutrients he or she needs.

Further resources

The Motherisk program of the Hospital for Sick Children in Toronto is a recognized leader for information about medications in pregnancy and breastfeeding. You may talk to the team at Motherisk by calling the toll-free number 1-877-439-2744 or visiting www.motherisk.org.

Other resources from the Society of Obstetricians and Gynaecologists of Canada

- Brochures available online at www.sogc.org:
 - "Alcohol use in pregnancy"
 - "Medications and drugs: Before and during pregnancy"
- The book, "Healthy Beginnings: Giving your baby the best start from preconception to birth", available at www.sogc.org/healthybeginnings