Taking medication while breastfeeding

When it comes to taking medication while breastfeeding, there is a lot of confusing and conflicting information around. This often leads to women either not taking medication that they need or giving up breastfeeding when they don't have to. With the right knowledge and advice, you can make decisions that will benefit both you and your baby.

It is true that some of the medication you take will pass into your breast milk and therefore can be passed on to your baby. The amount that will be passed on to your baby very much depends on the type of medication and how it is absorbed in your body. It is important to remember that your baby also has systems in their body to process and excrete medication, so in most cases a small dose of safe medication will do them no harm.

In the first three days after birth you are more likely to absorb medication into your milk and pass it on to your newborn. When babies are this young they also have less capacity for processing drugs in their system. If you need to take any medication at this time you should first consult your general practice team, midwife or pharmacist.

**Stepwise approach to taking medication while breastfeeding**

If you think that you may need to take medication while breastfeeding, the following stepwise approach can help you minimise your baby's exposure to medication. Talk to your general practice team or pharmacist if you have any concerns.

- Avoid using non-essential medication. Use medication only when necessary and important to your health.
- Try non-drug therapies:
  - Instead of pain relief medication, try using relaxation techniques, massage or warm baths.
  - Instead of cough, cold, and allergy medication, try avoiding known allergens and using saline nose drops, cool mist or steam.
  - Instead of medication for gastric reflux, try eating small meals, sleeping with your head propped and avoiding gas-forming foods.
  - Instead of constipation relief medication, try eating high-fibre cereal, eating prunes, drinking kiwi crush and drinking plenty of water.
  - Instead of medication for the management of diarrhoea, try avoiding solid food for 12 to 24 hours, increasing fluids and eating toast or dry crackers.
- Ask your general practice team if you can delay taking your medication until you have finished breastfeeding your baby.

If you need to take medication, consider the following:

- Choose medication that passes poorly into breast milk. There is a lot of variation in the absorption of different medications into milk. Talk to your general practice team or pharmacist to find out which medications have the lowest absorption into breast milk.
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- Take the lowest recommended dose for the shortest time that is necessary. Avoid extra-strength drugs and long-acting preparations, and avoid combination ingredient products. Many cold remedies have combination ingredients which should be avoided.
- If possible, choose a different way of taking the medication that reduces the absorption into milk. For example, the medication may be available as a cream, ointment, or spray.
- Avoid breastfeeding at times of peak drug concentration in your milk. Breastfeeding before medication is taken may avoid the peak drug concentration in milk that occurs about one to three hours after taking medication.
- Take the medication before your baby's longest sleep period. This will minimise the dose and is useful for long-acting drugs that are taken once daily.
- Temporarily suspend breastfeeding. This is useful if you need a short course of medication that is not safe for your baby's health. Talk to your midwife or breastfeeding adviser for advice about pumping and storing milk and keeping your milk supply active. Talk to your general practice team to find out when it is safe to return to breastfeeding.
- Discontinue breastfeeding. In a small number of cases, the medication is too toxic and, if required long-term, an alternative method of feeding will be required. Read the Ministry of Health's advice about formula feeding.

To be avoided while breastfeeding

Recreational drugs: Although this may seem obvious, if you take recreational drugs (including cannabis) you need to be aware of the harm this can do to your baby. Since doses of recreational drugs are unregulated, it is difficult to know how much of the drug is passing into your milk. These drugs can stay in your baby's system for many hours and can cause sleepiness, agitation, breathing problems and potentially brain damage. If you have taken a recreational drug, it is better to use an alternative form of feeding and seek advice about when it is safe to continue breastfeeding.

Alcohol: Compared to other drugs, alcohol is easily absorbed into breast milk. If you are planning to drink alcohol, read this information to help with your feeding plan.

Smoking: Smoking is not advisable while breastfeeding because it reduces milk production and decreases the fat content of milk. It also affects your baby's health.
- See “Second-hand smoke is bad for your children” (on HealthInfo), for more information about why cigarette smoke is bad for your baby.
- See “Being smokefree” (on HealthInfo), for a list of free or cheap resources to help you quit smoking.

Caffeine: Caffeine is in coffee, tea, cola drinks, energy drinks, chocolate, some herbal products and some medicines. Occasional caffeine intake while you are breastfeeding is unlikely to cause problems but it is best to avoid regular consumption. Caffeine can make your baby irritable and alter their sleep patterns. Some babies, particularly those under six months, are more sensitive to caffeine, so if your baby is bothered when you have even a small amount of caffeine, you might want to stop consuming
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caffeine for a while to see if that makes a difference. Your baby's sensitivity to caffeine will usually become less of an issue as they get older.

Common over-the-counter (OTC) medications

Talk to a pharmacist before taking any OTC medications (including any herbal or natural products) while you are breastfeeding. The following is a list of some common conditions and medications that are known to be safe (and those to avoid):

<table>
<thead>
<tr>
<th>Condition</th>
<th>Safe</th>
<th>Avoid</th>
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</thead>
<tbody>
<tr>
<td>Pain relief</td>
<td>Paracetamol (first choice), ibuprofen, small dose of codeine</td>
<td>Aspirin, naproxen, extra-strength or combination preparation drugs</td>
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<tr>
<td>Colds</td>
<td>Saline nasal spray and steaming, paracetamol, short course Otrivin decongestant</td>
<td>Pseudoephedrine (reduces milk production significantly), combination preparation drugs</td>
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<tr>
<td>Allergy and hay fever</td>
<td>Saline nasal wash or spray, Flixonase nasal spray, sodium cromoglycate eye drops, loratadine, fexofenadine</td>
<td>Pseudoephedrine, promethazine</td>
</tr>
<tr>
<td>Skin and thrush</td>
<td>Clotrimazole, Micreme, hydrocortisone cream, moisturisers, aciclovir cream (for cold sores)</td>
<td>Fluconazole tablets (inadequate evidence of safety)</td>
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<tr>
<td>Indigestion or constipation</td>
<td>Gaviscon/Mylanta, lactulose, Metamucil</td>
<td>Senna, omeprazole</td>
</tr>
<tr>
<td>Infection</td>
<td>Bactroban ointment, penicillins and erythromycin (prescription only)</td>
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