

Medicines, alcohol, drugs & breastfeeding

Ngā rongoā, te waipiro, ngā pūroi me te whāngai ū

You can keep taking most medicines while you are breastfeeding/chestfeeding without harming your pēpi (baby).

Some medicines will pass into your breast milk. The amount your pēpi receives depends on the type of medicine and how your body absorbs it. Also, when you take it and how old your pēpi is. Premature and low-birthweight pēpi may have more problems than other pēpi.

The benefits of breastfeeding/chestfeeding your pēpi are huge. In most cases it is safe to continue while you take medicine.



Safely taking medicine while breastfeeding/chestfeeding

If you think you may need to take medicine while breastfeeding/chestfeeding, the following things can help to keep your pēpi safe. Talk to your general practice team, pharmacist or lactation consultant if you have any concerns. You can also check the drug factsheets in The Breastfeeding Network link below.

- It is safe to take paracetamol and ibuprofen while breastfeeding/chestfeeding if you stick to the correct dose.
- Instead of cough and cold medicines, try saline nose drops, cool mist or steam.

Only use medicine when you need it, and it is important to your health.

If you need to take medicine, talk to your general practice team or pharmacist about the following ideas.

- Taking the lowest recommended dose for the shortest time possible. Avoiding extra-strength or long-acting medicines with more than one ingredient. Many cold remedies have combination ingredients that you should avoid. This is because the decongestant in them can reduce your milk supply.
- Taking the medicine in a form that reduces how much your milk absorbs. For example, it may be available as a cream, ointment or spray.
- Breastfeeding/chestfeeding when the medicine is at lower levels in your breast milk. One way to do this is to breastfeed/chestfeed just before taking it.
- Taking the medicine before your baby's longest sleep period. This will minimise how much your pēpi gets and is useful for long-acting drugs that you take once a day.

It is rare that you would need to stop breastfeeding/chestfeeding altogether. Only in very few cases is the medicine too toxic to continue. For example, chemotherapy.



If you need to take a medicine that prevents you breastfeeding/chestfeeding long-term, you will need to feed your pēpi another way. Read about formula feeding (go to www.kidshealth.org.nz and search for “formula feeding”) and ask your health professional and lactation consultant to guide you.

Substances to avoid

Recreational drugs. Although this may seem obvious, recreational drugs (including cannabis) can harm your pēpi. Because there is no control over the amount of active ingredients in recreational drugs, there is no way of knowing how much is in your milk. These drugs can stay in your baby's system for many hours. They can cause sleepiness, agitation, breathing problems and potentially brain damage.

If you have taken a recreational drug, it is better to feed your pēpi another way (stored or donated breast milk or formula). Ask your midwife, lactation consultant or general practice team about when it is safe to breastfeed/chestfeed again.

Alcohol. When you drink alcohol, you easily absorb it into your breast milk. The level of alcohol in your breast milk is about the same as in your blood. Occasional alcohol in moderation is generally safe when breastfeeding/chestfeeding. If you are planning to drink alcohol, read the information at www.breastfeeding.asn.au (search for “alcohol”) to help with your feeding plan. The Feed Safe app helps you figure out when your breast milk will be free of alcohol. It is free to download.



Smoking. It is best to stop smoking when you are breastfeeding/chestfeeding, because it affects your and your baby's health. But if you do smoke, it is much better for your pēpi to be breastfed than not to be breastfed at all. Breast milk helps to strengthen your baby's immune system from infections that are more common in smoking households, like chest and ear infections.

You can minimise the risk to your pēpi by smoking after breastfeeding/chestfeeding, only smoking outside and by using a smoking jacket. This is a jacket that you put on when you are smoking and take off afterwards, then leave outside. This helps to reduce the amount of smoke on your clothes that your pēpi comes into contact with.

Smoking around a pēpi increases their risk of sudden unexplained death in infancy (SUDI).

You can read information about why *second-hand smoke is bad for your baby*. Also read *How to become smokefree* for a list of free or cheap resources to help you quit smoking. For both pieces of information, go to www.healthinfo.org.nz and search for “smoking”.

Caffeine. Caffeine is in coffee, tea, cola drinks, energy drinks, chocolate, some herbal products and some medicines. Having a bit of caffeine every now and then is unlikely to cause problems.



But it is best to avoid having a lot. In some cases, caffeine can make your pēpi irritable and alter their sleep patterns.

Some pēpi, particularly those under 6 months, are more sensitive to caffeine. If your pēpi is bothered when you have even a small amount of caffeine, you might want to stop having any for a while to see if that makes a difference. Your pēpi will probably become less sensitive to caffeine as they get older.

Common over-the-counter (OTC) medications

The following is a list of some common conditions and medications that are safe (and those to avoid):

Condition	Safe	Avoid
Pain relief	Paracetamol (first choice), ibuprofen	Aspirin, codeine, extra-strength or combination medicines
Colds	Saline nasal spray and steaming, paracetamol	Pseudoephedrine or combination medicines
Allergy and hay fever	Saline nasal wash or spray, Flixonase nasal spray (fluticasone), sodium cromoglycate eye drops, loratadine, fexofenadine	Pseudoephedrine
Skin and thrush	Clotrimazole, MICREME H, hydrocortisone cream, moisturisers, aciclovir cream (for cold sores)	
Indigestion or constipation	Gaviscon/Mylanta, lactulose, Metamucil	
Infection	Bactroban ointment, penicillins and erythromycin (prescription only)	Ciprofloxacin (prescription only), tetracycline (prescription only)

Talk to your pharmacist, general practice team or lactation consultant if you need more information. Or check the drug factsheets in The Breastfeeding Network link below.

 HealthInfo recommends the following pages

- The Breastfeeding Network – Drug factsheets (go to www.breastfeedingnetwork.org.uk and search for “factsheets”)

This page has links to factsheets about many different drugs and medical conditions and how they affect breastfeeding/chestfeeding.

Written by HealthInfo clinical advisers. Last reviewed October 2024.