

Breastfeeding and Medication



Breastfeeding and bowel cleansing preparations used before colonoscopy

An increasing number of breastfeeding mothers are having colonoscopies to investigate gut problems. The first stage of a colonoscopy is the use of a strong laxative and 24 hours of a fluid only diet to clear out the gut so that the professionals can see the gut in its entirety completely.

Many mothers worry that not eating for 24 hours will reduce their milk supply. Fasting does drop the supply a small amount for some women but frequent feeds seem to overcome problems. It is important to keep drinking the clear fluids which are allowed in order not to dehydrate.

From experience you may find that you need someone else in the house to take the baby urgently when you have to rush to the toilet – there is no waiting! You may find otherwise that you end up feeding whilst on the loo for practical reasons. The bowel washouts produce considerable urgency

Movicol®

One of the most commonly used laxative agents to clear the gut is Movicol® otherwise known as polyethylene glycol- electrolyte solution. It is a saline laxative which is not absorbed from the gut but pulls water into the bowel to wash the contents out. Because it is not absorbed from the gut it cannot get into breastmilk and would not affect the baby.

Picolax®

Sodium picosulfate is not absorbed from the gastrointestinal tract, and its active metabolite, which is absorbed, is not detectable in breastmilk. Breastfeeding can continue as normal.

KleanPrep®

KleanPrep contains macrogol 3350, an osmotic laxative with a high molecular weight and zero oral bioavailability. Like Moviprep it accumulates water into the GI tract, where it acts as a laxative. It would be very unlikely to enter the plasma of the mother, or milk.

Senna

Senna is a stimulant laxative. Its key ingredient (anthraquinone), is believed to increase bowel activity due to secretion into the colon. It may produce abdominal cramps. In one study of 23

©Dr Wendy Jones MBE Pharmacist Breastfeeding and Medication

www.breastfeeding-and-medication.co.uk

January 2019 *The information on this sheet is based upon my professional experience as a pharmacist with a specialised interest in the safety of drugs in breastmilk, supported by evidence from expert sources. However, I cannot take responsibility for the prescription of medication which remains with the healthcare professionals involved. I am happy to discuss the evidence by email wendy@breastfeeding-and-medication.co.uk*

women who received Senokot none was detectable in their milk.[1] Of 15 mothers reporting loose stools, two infants had loose stools (Werthmann 1973). However, in a randomized, double-blind trial comparing Senokot tablets to placebo, of the women in the study, 126 breastfed their infants and took senna while 155 control mothers breastfed their infants. There was no difference in the percentages of infants in the active and control groups with loose stools or diarrhoea (Shelton 1980). In this study 8 doses were taken. In bowel preparation a single dose only is used.

Werthmann MW Jr, Krees SV. Quantitative excretion of Senokot in human breast milk. Med Ann Dist Columbia. 1973;42:4-5.

Shelton MG. Standardized senna in the management of constipation in the puerperium. A clinical trial. S Afr Med J. 1980;57:78-80.

Phosphate enema (Fleet®)

Sodium phosphate is a saline laxative which sucks water into the lumen of the bowel. Whilst some phosphatate may get into the plasma, it is very unlikely to change the levels in milk. The oral bioavailability is zero to 20%. Use of phosphatate enemas should not require interruption of breastfeeding (LactMed)

Bisacodyl (Dulcolax®)

Bisacodyl is poorly absorbed from the gut (oral bioavailability <5%) and so reaches low levels in breastmilk. It is a stimulant laxative. Breastfeeding can continue as normal

For information on sedatives (midazolam, fentanyl, pethidine) used in colonoscopies see separate fact sheet . These also do not preclude normal breastfeeding as soon as the mother is awake and alert. For babies under 8 weeks it is advised to wait 4 hours.

©Dr Wendy Jones MBE Pharmacist Breastfeeding and Medication

www.breastfeeding-and-medication.co.uk

January 2019 *The information on this sheet is based upon my professional experience as a pharmacist with a specialised interest in the safety of drugs in breastmilk, supported by evidence from expert sources. However, I cannot take responsibility for the prescription of medication which remains with the healthcare professionals involved. I am happy to discuss the evidence by email wendy@breastfeeding-and-medication.co.uk*