PRESCRIBING FOR BREASTFEEDING MOTHERS

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Concerns

Many healthcare practitioners are concerned about prescribing or recommending medication for mothers who are lactating as drugs are rarely licensed for such use.

In this situation the prescriber and pharmacist bear responsibility for use.

Safe use of drugs in breastfeeding mothers is possible with access to specialised texts and using knowledge of drug pharmacokinetics

Factors to consider

- Drug manufacturers are not required to take responsibility when they apply for a product license

- Even if subsequently data is available on the amount of drug transferring to the baby via breastmilk, there is currently no legal requirement to provide information. Hence the BNF will frequently say “manufacturer advises avoid”

- NICE PH11 recommends BNF information should only be taken as a guide and further data accessed before advising a mother that she should stop breastfeeding in order to take medication.

Information is available in specialised texts such as Medications and Mothers Milk, Breastfeeding and Medication or the website LACTMED (see references on final slide)

Ideal drug to be taken by breastfeeding mother

- Licensed for use in children
- Highly plasma protein bound (>90%)
- Low; milk plasma ratio (<1)
- Poor oral bio-availabilty
- Subject to first pass metabolism
- Large molecular weight
- Low relative infant dose (<10%) (Jones 2018)

Vitamin D

- Breastfeeding mothers are in the at-risk group who should take vitamin D supplements regularly
- Ideally mothers should take vitamin D supplements throughout pregnancy
- If the mother has a low vitamin d status at delivery the baby may be born deficient and should have his/her own supplement by one month of age. The level in breastmilk cannot redress the deficiency but has all other advantages over formula milk

www.breastfeedingnetwork.org.uk/vitamind/

Folic Acid

- Mothers not taking active measures to avoid conception should take 400 µg folic acid daily. This includes women who are still breastfeeding.

- Those who are obese (BMI >30), on anti-epileptic medication, have a history of neural tube defects in a previous pregnancy, have coeliac disease, diabetes, sickle cell anaemia, thalassaemia, or if she or her partner have spinal cord defects, the dose should be increased to 5milligrammes daily.

NHS Choices

Nicotine Replacement Therapy

- All mothers (and fathers) should be encouraged not to smoke
- Even if mothers smoke away from the baby, nicotine will transfer into breastmilk causing more frequent symptoms of colic and perceived low milk supply
- All NRT will result in lower levels of nicotine in breastmilk than smoking.
- Whichever NRT helps the mother quit is the best to use during lactation

www.breastfeedingnetwork.org.uk/smoking/

Cough and Cold Remedies

- Breastfeeding mothers should avoid oral decongestants as one dose can reduce milk supply by 24%
- They should avoid any cough mixture containing a sedative antihistamine
- They can take simple linctuses, expectorants and nasal sprays/drops as well as analgesics and use steam inhalation

www.breastfeedingnetwork.org.uk/cold-remedies/

Head lice treatment

- Mothers with older children may need to use headlice treatment
- Absorption of the active ingredients is likely to be low
- Use of protective gloves if treating several children (as well as herself) would be a sensible precaution
- If using lotions use in a well ventilated room

www.breastfeedingnetwork.org.uk/headlice/

Analgesics

- Paracetamol and Ibuprofen reach breastmilk in small quantities
- Aspirin should be avoided in analgesic doses although there are no reports of Reye's syndrome resulting from exposure of a child to aspirin via breastmilk
- Codeine should not be used by breastfeeding mothers because of the risk of a mother's metabolism concentrating it in milk. If a mother has taken it she should continue to breastfeed but observe the nursling for drowsiness
- Dihydrocodeine, oramorph and morphine are the preferred strong analgesics. Oxycodone is linked with high risk of drowsiness in the baby

www.breastfeedingnetwork.org.uk/analgesics/

Threadworm treatment

- Mothers who develop threadworm infection or whose older children have picked it up, can take mebendazole preparations as the drug is poorly absorbed from the gastro intestinal tract
- It is given at the same dose for babies from 6 months
- Both mother and baby can take their own doses and continue to breastfeed as normal

www.breastfeedingnetwork.org.uk/threadworms/

Antibiotics

- There is no reason for a mother to stop breastfeeding if she is taking antibiotics
- Babies exposed to antibiotics via their mothers milk may develop temporary lactose intolerance resulting in loose bowel motions and colicky symptoms. However breastfeeding can continue.
- If mother and baby need antibiotics they can continue to breastfeed as normal

www.breastfeedingnetwork.org.uk/antibiotics/

Antihistamines

- Sedating antihistamines, if taken for more than 3 day, may cause lowered milk supply due to drowsiness and less frequent feeding by the baby
- Non sedating antihistamines can be taken by breastfeeding women outside of license application. Most are licensed for paediatric dose
- Eye drops and nasal sprays reach low levels in breastmilk

www.breastfeedingnetwork.org.uk/antihistamines/

Colic

- Colic is defined as crying for a period of more than 3 hours a day on 3 days a week...
- It is distressing for parents to deal with babies who suffer from colic
- Remedies such as colic relief drops and lactose drops have been found to be useful in some cases although the evidence behind them is not robust.
- Parents can be reassured that babies do grow out of symptoms usually by 3 months of age
- If parents or others smoke near the baby they should be advised to stop (Reijneveld 2000)

Reflux

- Refer for breastfeeding help
- Keep baby upright after feeds
- Small volumes of feed look much greater when posseted or vomited
- If baby is gaining weight is of less concern
- Try feeding more frequently
- Prescribed medication includes Gaviscon, ranitidine and omeprazole
- Some mothers find having a dairy free diet themselves helps symptoms in baby
- Listen empathetically (Jones 2018)

www.breastfeedingnetwork.org.uk/reflux/

Emergency Hormonal Control

- Neither Levonelle or Ulipristal is licensed to be used during breastfeeding
- Breastfeeding can continue as normal after taking the drugs although the manufacturers recommend cessation of feeding for 8 hours levonorgestrel and 7 days ulipristal
- It should not affect the baby or breastmilk supply (Hale, Jones, UKDILAS)
- A breastfeeding mother may not have had a period for many months since delivery.

www.breastfeedingnetwork.org.uk/ehc/

Constipation

- In breastfeeding mother constipation can be treated by bulk and osmotic laxatives first line. If necessary stimulant laxatives can be used. There are unlikely to be any effects on the breastfed baby (Hale, Jones).

www.breastfeedingnetwork.org.uk/constipation/

- Constipation is rare in breastfed baby. Infrequent bowel motions in a young baby should be referred to expert breastfeeding help in case there is poor breastmilk transfer. Older breastfed babies may not pass bowel motions daily. Increased frequency of feeds may help. Medication is not normally required.

Diarrhoea

- Diarrhoea in breastfeeding mother can be treated with loperamide and rehydration salts. Loperamide is minimally absorbed from the gut so only small amounts reach breastmilk. The mother will produce antibodies to the infection which will be passed via breastmilk to protect the baby (Hale, Jones)

www.breastfeedingnetwork.org.uk/diarrhoea-acute-and-breastfeeding-mothers/

- Diarrhoea is rare in breastfed baby due to the protective immunological factors in breastmilk. Should it occur, breastfeeding should be continued as normal.

Where to find help

- National Breastfeeding Helpline **0300 100 0212**
- The Breastfeeding Network **0844 412 4664**

  www.breastfeedingnetwork.org.uk
- Association of Breastfeeding Mothers **08444 122 949**

  www.abm.me.uk
- UK National Breastfeeding Helpline **0844 20 909 20**
- National Childbirth Trust **0870 444 8708**

  www.nct.org.uk
- La Leche League **0845 120 2918**

  www.laleche.org.uk

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