

Breastfeeding and Medication



Depression and breastfeeding

"I was continually ridiculed by doctors—it was a constant fight to continue"

"My GP told me I would have to stop if I wanted medicines, but I knew that was incorrect. It was really important for me to keep feeding as it was the only fleeting connection I felt to my son and, at the time, the only thing I felt I was doing right."

"I refused medication for 8 months because of worries it would impact on breastfeeding and became more ill during that time."

"I stopped because my mental health deteriorated due to breastfeeding as I felt I wasn't bonding with the baby"

Description

Questions about depression make up about 25% of messages to the drugs in breastmilk service so if your mood is low you are by no means alone. Please ask for help either as CBT or other talking therapies or medication. Your baby is only small once and you do not want to miss out on this precious time.

Symptoms of depression include:

- continuous low mood or sadness
- feeling hopeless and helpless
- having low self-esteem
- feeling tearful
- feeling guilt-ridden
- feeling irritable and intolerant of others
- having no motivation or interest in things
- finding it difficult to make decisions
- not getting any enjoyment out of life

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- feeling anxious or worried
- having suicidal thoughts or thoughts of harming yourself

Physically you may notice:

- moving or speaking more slowly than usual
- changes in appetite or weight (usually decreased, but sometimes increased)
- constipation
- unexplained aches and pains
- lack of energy
- low sex drive (loss of libido)
- changes to your menstrual cycle
- disturbed sleep – for example, finding it difficult to fall asleep at night or waking up very early in the morning

Unfortunately, it may make you feel less confident about yourself so that you do not go out or socialise as much as normal which makes you feel worse. It is a vicious circle. It is common and affects at least one in ten mothers in the first year of their baby's life. Those are the mothers that we know about, many others never seek help. Research has shown that this may be because they fear being told to stop breastfeeding, that they don't find health professionals sympathetic and that they are concerned that they may be seen as a "bad" mother and that their baby may be taken away from them by social services.

There are many acknowledge links between depression and breastfeeding. Mothers who stop breastfeeding due to pain or physical difficulties are at greater risk of depressive symptoms (Brown 2016). Borra (2017) found that the lowest risk of postpartum depression was among women who had planned to breastfeed, and who had actually breastfed their babies whilst the highest risk was found among women who had planned to breastfeed and had not gone on to breastfeed .

Most of us strive to be the best mum ever when actually all we need to be is "Good Enough".



Fig 14 Good Enough Mum (www.iesohealth.com/en-gb/customers/nhs/perinatal-matters).

In the Falling through the Gaps 2015 referred to in the chapter on anxiety mothers were asked what helped them feel better, the results vary so there is no simple answer except time to deal with life's challenges.

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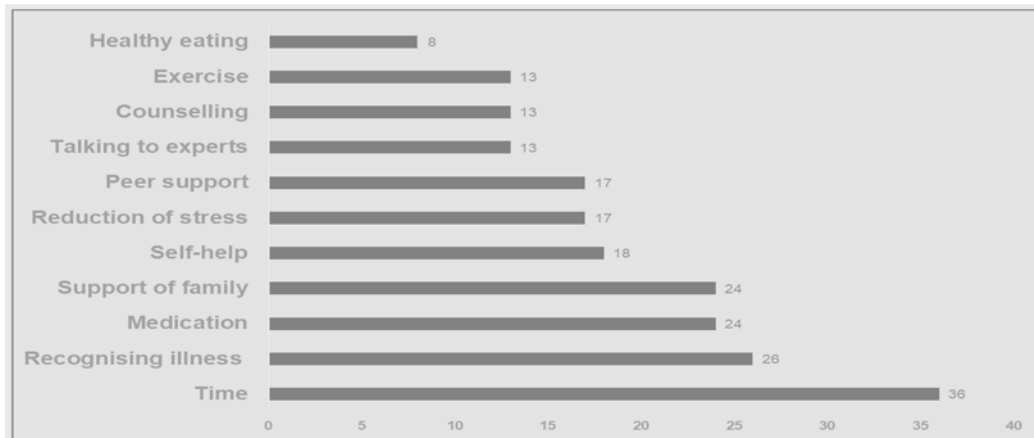


Fig 15 What helped you feel better (Falling through the gaps 2015)

I have saved a presentation that I gave in 2020 which I hope is useful for professionals on my website.

<https://breastfeeding-and-medication.co.uk/fact-sheet/perinatal-mental-health-in-pregnancy-and-breastfeeding>

There are many charities who can offer support, cognitive behavioural therapy (CBT) interventions can help, and the evidence is that CBT with appropriate medication can be the most beneficial long-term (NICE 2009). Depression should not blight the special first year of life with a new baby, which can never be replaced.

Treatment

Before treatment is commenced, a doctor will normally recommend blood tests to check that there are no signs of thyroid issues or anaemia which might be affecting mental health.

Selective Serotonin Reuptake Inhibitors (SSRIs): These are now the most commonly used



antidepressants because they have fewer side effects than the older tricyclic antidepressants. They can all be used during breastfeeding.

Sertraline: very low levels in breastmilk and drug of choice in this category.

Citalopram : slightly higher transfer into breastmilk but widely used by breastfeeding mothers

Escitalopram: is the isomer of citalopram, Limited information indicates that maternal doses of escitalopram up to 20 mg daily produce low levels in milk and would not be expected to cause any adverse effects in breastfed infants.

Fluoxetine: the average amount of drug in breastmilk is higher with fluoxetine than with most other SSRIs. Adverse effects such as colic, fussiness, and drowsiness have been reported in some infants exposed through breastmilk. No adverse effects on development have been found in a few infants followed for up to a year. It is the most widely used drug to treat anxiety and depression but may cause extreme drowsiness in the baby after birth due to withdrawal from placental transfer. The

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new mother may need to hand express to stimulate her supply and keep the baby's blood sugar level up.

Paroxetine: levels in breastmilk low and usually below level of detection. Occasional mild side effects such as insomnia, restlessness and increased crying have been reported in breastfed infants. Maternal discontinuation syndrome has been reported

Tri-cyclic antidepressants: can cause constipation, dry mouth and drowsiness in the mother. Due to



sedative effect on mother co-sleeping should be avoided.

Amitriptyline: low levels in breastmilk and adverse effects rarely reported.

Imipramine: low levels in breastmilk and adverse effects rarely reported

Lofepramine: amount in breastmilk too small to be harmful

Nortriptyline - low levels in breastmilk. Immediate side effects have not been reported and a limited amount of follow-up has found no adverse effects on infant growth and development.

Clomipramine - Limited evidence (4 mothers) indicates that use of clomipramine during breastfeeding is acceptable

Dosulepin/ Dothiepin: doses of up to 225 mg daily produce low levels in milk and breastfed infants' serum, and cause no adverse developmental consequences because the drug undergoes extensive first pass metabolism

Trazadone: Limited information indicates that trazadone levels in milk are low and would not be expected to cause any adverse effects in breastfed infants, with doses <100 mg. Due to sedative effect on mother co-sleeping should be avoided.



Doxepin: should be avoided during breastfeeding. 2 cases of adverse effects possibly due to accumulation of metabolite in new-born.

Serotonin-norepinephrine reuptake Inhibitor (SNRI)



Venlafaxine: Withdrawal after delivery if taken in pregnancy is likely. Observe for jitteriness, respiratory distress, cyanosis, apnoea, seizures, temperature instability which may represent discontinuation syndrome during first 7 days after delivery. The new mother may need to hand express to stimulate her supply and keep the baby's blood sugar level up. It is detectable in breastmilk, and baby should be observed for drowsiness and adequate weight gain. Mother may find it difficult to discontinue.



Duloxetine: Little published information is available (2 infants only) but serum levels were low. Observe for drowsiness and effective feeding

Alpha2-adrenoreceptor antagonist



Mirtazapine Studies (limited in number) indicate that maternal doses of up to 120 mg daily produce low levels in milk and would not be expected to cause any adverse effects in

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breastfed infants. Observe for drowsiness Due to sedative effect on mother co-sleeping should be avoided.

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Further information

IESO – online CBT therapy available in some areas <https://www.iesohealth.com/en-gb>

Association for Post Natal Illness (APNI) <https://apni.org/>

PANDAS <http://www.pandasfoundation.org.uk/>

MIND www.mind.org.uk

Samaritans www.samaritans.org.uk

Mental Health Foundation <https://www.mentalhealth.org.uk/a-to-z/p/postnatal-depression>

Every Mind Matters <https://www.nhs.uk/oneyou/every-mind-matters/low-mood/>

Falling through the Gaps 2015

<https://maternalmentalhealthalliance.org/wp-content/uploads/RCGP-Report-Falling-through-the-gaps-PMH-and-general-practice-March-2015.pdf>

Improved Access to Psychological Therapy IAPT

<https://www.england.nhs.uk/mental-health/adults/iapt/>

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<https://www.nhs.uk/service-search/other-services/Psychological-therapies-%28IAPT%29/LocationSearch/10008>

IESO Digital Health <https://www.iesohealth.com/en-gb>

RCGP Perinatal Mental Health Toolkit <https://www.rcgp.org.uk/clinical-and-research/resources/toolkits/perinatal-mental-health-toolkit.aspx>

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