

Breastfeeding and Medication



St John's Wort and breastfeeding

St. John's wort is primarily used for the treatment of mild to moderate depression as it has shown to have benefit when compared to placebo and other antidepressant therapies [Apaydin 2016]. However, studies are described as of poor quality. Many mothers prefer to use an herbal remedy which they perceive as natural than a prescribed medication.

Interaction with SSRI

St John's Wort should NOT be used at the same time as an SSRI medication (sertraline, citalopram, paroxetine, fluoxetine) and if it has been taken a washout period of 2 weeks is necessary.

Interaction with other medicines

St John's Wort should not be taken by anyone who is taking any other medication, including the contraceptive pill, without discussion with a GP or pharmacist as it has many interactions and is a strong inducer of liver enzymes <https://bnf.nice.org.uk/drug/st-johns-wort.html>

Quality of product

Many products available over the counter contain low quality levels of hypericum and are largely ineffective. If chosen, a purified, high quality brand should be chosen and these normally cost £10-15 a month.

Studies

There have been studies on St John's Wort in breastfeeding. No changes in breastmilk production have been noted [Lee 2002]. Observe the baby for symptoms of drowsiness or insomnia, irritability, dry mouth, vomiting, diarrhoea or constipation

A prospective, observational, cohort study of the safety of St. John's wort in lactation compared 33 breastfeeding mothers (group1), to 101 condition-matched (group2) and 33 age and parity-matched women (group 3). [Lee 2003]. The participants were mothers calling the MotherRisk helpline. No significant differences were found in maternal adverse effects or changes in milk production following treatment with St. John's wort. The mean dose of St. John's wort taken was 705 mg/day, the mean timing of initiation of therapy was 4.5 months postpartum and the mean duration of

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therapy was 1.5 months. Although, 1 infant in group 2 and 1 infant in group 3 were reported to be colicky, there were two cases of colic, 2 cases of drowsiness and 1 case of lethargy reported in group 1. Although 3 of these women in Group 1 consulted their doctor, specific medical treatment was not required. No significant difference was observed in the frequency of maternal report of decreased milk production among the groups, nor was a difference found in infant weight over the first year of life.

Other studies have been limited in the number of women studied but showed no adverse effects [Klier 2002}

References

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