

# Breastfeeding and Medication



## Agnus Castus and breastfeeding

I cannot pretend to have significant training on the use of herbal medicines in breastfeeding. This information is taken from LactMed <https://www.ncbi.nlm.nih.gov/books/NBK501807/> but have tried to simplify it and used the references I can access.

Other information may be found in :

- Herbs and Breastfeeding: References. <https://kellymom.com/bf/can-ibreastfeed/herbs/herbal-ref/>
- Herbal safety for nursing moms. [https://kellymom.com/bf/can-ibreastfeed/herbs/herbal\\_safety/](https://kellymom.com/bf/can-ibreastfeed/herbs/herbal_safety/)
- The Nursing Mother's Herbal 2003 by Shelia Humphrey. Available from Amazon £9.99

Agnus-castus (Chasteberry) is from the berries of the chaste tree. The berries contain essential oils. Chasteberry is often used for irregularities of the menstrual cycle, infertility, premenstrual complaints, and cyclical breast pain. [Dennehy 2006]

In low doses, chasteberry increases serum prolactin and it is purported to increase milk supply (a galactagogue). [Javan 2017] however, no scientifically valid clinical trials support this use. Galactagogues should never replace evaluation and counselling on modifiable factors that affect milk production. [ Brodribb 2017, ACOG 2021] Some evidence indicates that high doses of chasteberry decrease serum prolactin and might decrease lactation. [ Eglash 2014 ] It has been used to decrease breastmilk oversupply in Persian traditional medicine.[Kabiri 2017]

In general, chasteberry is well tolerated. The most frequent adverse events are nausea, headache, gastrointestinal disturbances, menstrual disorders, acne, pruritus, and erythematous rash; however, all are mild and reversible. Among 352 nursing mothers given chasteberry tincture, 15 cases of pruritus, exanthema, urticaria, and some cases of early menstrual period occurred. Because of

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May 2021 *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](mailto:wendy@breastfeeding-and-medication.co.uk)*

concerning safety data and possible lactation suppression, chasteberry should be avoided during lactation. [Daniele 2005]

## References

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