

# Breastfeeding and Medication



## Fluoxetine and breastfeeding

Compatible with use during breastfeeding in mothers of babies more than 6 weeks of age based on studies. May cause excessive drowsiness after delivery if used during pregnancy. Has been reported to cause irritability or drowsiness in the baby and delayed weight gain.

Fluoxetine has a long half-life (46 days in long-term use) which may in theory, lead to accumulation and high levels in the infant. It has an active metabolite norfluoxetine with a half-life extending up to 16 days. It is 95% protein bound.

Adverse effects including increased irritability, vomiting, watery diarrhoea and colic have been reported (Epperson *et al.* 2003; Kristensen *et al.* 1999; Isenberg 1990). One anecdotal report linking severe colic with the use of fluoxetine has been published (Lester *et al.* 1993). A 6-week-old baby showed signs of increased crying, decreased sleep, increased vomiting and watery stools when exposed to fluoxetine via breastmilk. The symptoms were reduced when the baby was formula-fed. Lester measured levels of fluoxetine and norfluoxetine as 69 ng per millilitre and 90 ng per millilitre, respectively, in breastmilk.

Taddio *et al.* (1996) measured the total dose of fluoxetine and norfluoxetine 0.165 mg in breastmilk, which was equivalent to 10.8% of the maternal dose. No adverse effects were noted.

Similar levels have been reported in other studies without adverse effects noted in the infants (Isenberg 1990; Burch and Wells 1992; Yoshida *et al.* 1998).

Chambers *et al.* (1999) reported reduced weight gain in infants exposed to fluoxetine through maternal breastmilk. She studied 64 women who had taken fluoxetine during pregnancy 26 of these women breastfed their infants and continued to take the medication; 38 breastfed their infants but did not take the medication. Postnatal weight gain was obtained from medical records, and the frequency of side effects was determined by maternal response to a questionnaire. The infants who were breastfed by mothers taking fluoxetine had a growth curve significantly below that of infants who were breastfed by mothers who did not take the drug. The average deficit in measurements taken between 2 weeks and 6 months of age was 392 g. No mother who breastfed her infant while

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taking fluoxetine reported any unusual symptoms that could be attributed to the medication. The reduced weight gain did not exceed 2 standard deviations below the mean so may not be of clinical significance in an otherwise well baby. Hendrick *et al.* (2003) used similar methodology to study and found that drug exposure did not affect weight gain but the degree of depression experienced by the mother did.

Relative infant dose quoted as 1.614.6% (Hale 2017 online access).

Hale (2001) reports personal communications that indicate that it can cause excessive sedation if used throughout pregnancy and then in subsequent lactation. He has recommended that if it is used in pregnancy that the mother is changed onto another SSRI in the 2 weeks before expected delivery. This may not always be possible depending on the state of mother's mental health. It is suggested that use in mothers of babies more than 6 months old would appear to be compatible with breastfeeding.

If a mother has taken fluoxetine throughout pregnancy it may be advisable that she is taught hand-expression before delivery so that if the baby is drowsy she is able to stimulate her supply and maintain her baby's blood sugars by syringe/cup feeding rather than needing to give bottles of formula.

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