Studies suggest that 90-99% of new mothers receive medications in the first week postpartum. Use of medications is one of the major reasons women stop breastfeeding prematurely. One of the most common questions encountered by doctors and pharmacists concerns the use of medications while breastfeeding.

Simply reviewing the manufacturer’s insert is not enough as most manufacturers advise discontinuation of breastfeeding when ingesting medication. In the vast majority of cases this is not the best course of action. Most mothers can continue to breastfeed and take medication without any risk to their baby.

Principles of prescribing to breastfeeding mothers

- Consider whether drug treatment is necessary. Her illness may be self-limiting.
- It is rarely necessary to stop breastfeeding.
- Drugs which may have a safety concern usually have a safe alternative.
- Medications penetrate more during the colostral phase than during the mature milk phase. As the amount of colostrum ingested by a baby is small, the total amount of drug delivered to the baby is still small.
- Herbal drugs, high dose vitamins and unusual supplements are not necessary. Mothers should avoid them during breastfeeding.
- Choose drugs that have published data rather than newer drugs.
- Premature babies or neonates require a greater degree of caution.
- Evaluate the baby both before and during drug administration and note any unexpected behaviour.

Choosing a drug

Most drug manufacturers advise against prescribing medications to breastfeeding women. Stopping breastfeeding is rarely the right decision and most mothers could and should continue to breastfeed while taking medication, without risk to their baby.

General considerations

- Most medications penetrate milk to some degree.
- The amount of drug transferred to milk is generally low and, with only a few exceptions, the amount of drug delivered to the baby is sub-clinical.
- Drugs with a short half-life are less likely to accumulate in the baby’s plasma.
- Lipid-soluble drugs such as sedatives or hypnotics transfer more readily into milk. Prolonged use of these drugs is not advisable.
- Paediatric-approved drugs usually have a good safety history and are generally safe.
Drugs that are contraindicated in breastfeeding
(This is not an exhaustive list)
• Amiodarone
• Antineoplastic agents
• Chloramphenicol
• Ciprofloxacin
• Doxepin
• Ergotamine
• Gold salts
• Iodides
• Indomethacin
• Lithium
• Oestrogens (will decrease milk supply)
• Pethidine (multiple doses)
• Radioactive isotopes
• Vitamin D (high dose)

Books
• Medications and Mother’s Milk. 12th Edition
  Thomas W. Hale, Ph.D. Amarillo, TX: Pharmasoft
  Publishing. 2006
  (This comprehensive reference book provides
  information on more than 814 drugs to help you
  make an educated decision about the appropri-
  ateness of a drug for an individual mother and
  baby)
• Clinical Therapy in Breastfeeding Patients. Thomas
  W. Hale, Ph.D. Pamela Berens. M.D. Pharmasoft
  Publishing 2002
• Breastfeeding and Human Lactation. Jan Riordan.

Resources you can use when prescribing

Internet
• http://www.neonatal.ttuhsclact/
• http://www.nmic.ie

References
1. Drugs in Lactation. National Medicines Information
   Centre. Vol 8 No.4. 2002
2. Hale T. Medications and mother’s milk (Eleventh
3. Hale TW, Berens P. Clinical therapy in breastfeeding