



## **BREASTFEEDING AND MEDICATIONS: A COMBINATION ALMOST ALWAYS POSSIBLE.**

The benefits of breastfeeding for the infant, the mother, her family, the health system and society in general are well documented in multiple publications. Suppressing lactation without an important reason poses unnecessary health risk .

More than 90% of women use medications or phytotherapy products during lactation. Unfortunately, despite the fact that only a small percentage of products have significant risks if used during lactation, it is very common for women to stop breastfeeding in order to receive medications. Furthermore there are few (less than a dozen) maternal illnesses , that contraindicate or make breastfeeding practically impossible.

The first thing a nursing mother should know, is that most of the prescribed medications are usually compatible with breastfeeding. In many occasions, medications and remedies are not completely necessary and can be avoided, so that the breastfeeding relationship can continue uninterrupted. Healthcare professionals with basic knowledge of Pharmacology and Pediatrics, by using reliable and updated sources of information, can adequately help breastfeeding mothers make informed choices, whenever they need to receive medications or herbal remedies for any condition or illness.

- Paracetamol and ibuprofen do not cause any problems in breastfeeding.
- If an antibiotic is necessary for an infectious disease, almost all of the commonly used antibiotics are compatible with breastfeeding, although it is better to avoid quinolones.
- Almost all hormones, including corticosteroids, insulin and thyroxine, are compatible with breastfeeding. It is better though to avoid estrogens, because they can cause a decrease in milk supply. If contraception has to be used, it is preferable to use a condom, an Intrauterine Device (IUD), progestogen pills and/or the Lactation Amenorrhea Method (LAM).
- Virtually all thyroid medications, antiepileptics, antirheumatics, medications for inflammatory bowel disease and several immunosuppressants, at their usual doses, are compatible with breastfeeding.
- All dental procedures, including local anesthesia, teeth whitening, use of antibiotics and anti-inflammatory medications are also compatible with breastfeeding.
- Ultrasounds, radiographs, CT scans and Magnetic Resonance Imaging (MRI) are compatible with breastfeeding, even with the use of contrasts. Many of the contrasts used in these situations are iodized, but the iodine is fixed to the contrast molecule and can not be released, thus behaving as inert material. Breastfeeding should not be interrupted because of a mammogram, but lactation can make the interpretation of the mammogram difficult, in which case it is possible to resort to ultrasound. Before the examination, it is advisable to empty the breast well (breastfeeding or milk expression) to reduce the discomfort of the examination and facilitate its interpretation. It is also necessary to know exactly how long you should stop breastfeeding, when the test you are going to have, is using radioactive isotopes (gammagraphy). In this case, it is advisable to express and store milk prior to the test, in order to feed the child during the period following the procedure. Milk production needs to be preserved by expressing milk, as long as the child is not breastfeeding.
- A web page, simple to use, in Spanish and English, [www.e-lactancia.org](http://www.e-lactancia.org) provides accurate information and helps nursing mothers make sound decisions. If doubts persist after consulting this page, you can send a query by email at [elactancia.org@gmail.com](mailto:elactancia.org@gmail.com) . You can contact us in english, spanish, french or greek language.
- For any other issue related to breastfeeding, you can use the professionals forum of the Breastfeeding Committee of the AEP: <http://www.aeped.es/comite-lactancia-materna/foros-comite-lactancia-materna> (available only in spanish)
- Congratulations for trying to breastfeed!

**MEDICATIONS CONTRAINDICATED DURING LACTATION**

<b>Anticoagulants</b>	Phenindione
<b>Cardiovascular</b>	Amiodarone (because of iodine*) Ergot derivatives (inhibit prolactin): Ergotamine
<b>Gynecological</b>	Ergot derivatives: Bromocryptine, Cabergoline and Lisuride
<b>Antineoplastic</b>	
<b>Psychotropic</b>	Amphetamines
<b>Iodides, even topicals*</b>	
<b>Drugs of Abuse (Psychotropic)</b>	Amphetamines, Cocaine, Phencyclidine, Heroine, LSD, Marijuana Alcohol**

\*Iodine is harmful in excess and these drugs contain iodine in large quantities.  
During pregnancy and lactation, women should take a supplement of 200 micrograms of potassium iodide, in addition to consuming fish and iodized salt.

\*\* Moderate and occasional consumption of alcohol is not contraindicated while breastfeeding. For elapsing time required to resume breastfeeding after occasional consumption, see [www.e-lactancia.org](http://www.e-lactancia.org)

## MEDICATIONS TO BE USED WITH CAUTION DURING LACTATION

<b>Antibiotics and anti-infectious</b>	Amantadine (SR), Chloramphenicol (H) Quinolones (O), Clindamycin (G), Lindane (H)
<b>Antiepileptics</b>	Phenobarbital, Primidone (S)
<b>Antihistamines</b>	Avoid 1 <sup>st</sup> generation (S, SR)
<b>Anti-inflammatories</b>	Gold salts (O)
<b>Cardiovascular drugs</b>	Reserpine (S)
<b>Beta blockers (CV)</b>	(preferable Labetalol, Oxprenolol, Propranolol or Metoprolol)
<b>Vasodilators. antiadrenergics (CV)</b>	(preferable Methyldopa or Hydralazine)
<b>Decongestants nasal (CV, I)</b>	
<b>Diuretics</b>	Thiazides (SR)
<b>Social Drugs</b>	Alcohol (S), Caffeine (I), Tobacco (I)
<b>Endocrinological</b>	Some oral antidiabetics Estrogens (SR)
<b>Gastrointestinal</b>	"Active" laxatives (G)
<b>Immunosuppressants (H)</b>	(preferable Cyclosporine or Azathioprine)
<b>Psychotropics</b>	Antipsychotics: Phenothiazines (Chlorpromazine) (S) Lithium (CV, S): requires clinical and analytical control of the infant Benzodiazepines (S): (choose Lorazepam as an anxiolytic) Antidepressants: Doxepine (S, CV), Nefazodone (S, CV) (choose Sertraline, Paroxetine or Fluoxetine)
<p>- Greater caution in mothers with renal insufficiency, in premature babies and during neonatal period.                  - Consult forbidden medications in children with Glucose-6-Phosphate-Dehydrogenase Deficiency.                  Possible adverse effects to observe: CV=Cardiovascular, G=Gastrointestinal, H=Hematological, I=Irritability-Insomnia, O=Other, SR=Supply Reduction, S=Sedation</p>	

## BREASTFEEDING INTERRUPTION AFTER PROCEDURES USING RADIOACTIVE AGENTS

Copper-64	5 days
Fludeoxyglucose F18, Fluor 18 (Fluotracer, Fluorscan)	0 - 4 hours
Gallium-67 Citrated - 7 Mbq (0,2 mCi) - 50 Mbq (1,3 mCi) - 150 Mbq (4,0 mCi)	1 week 2 weeks 4 weeks
Indium-111, In-111M, Satumomab Pendetide (OncoScint CR 103) - If dose is 20 Mbq (0,5mCi)	24 hours 1 week
Sodium Radioactive Isotope	16 days
Thallium-201	2 weeks
Technetium TC-99m	Depending on compound and dose. See <a href="http://www.e-lactancia.org">www.e-lactancia.org</a>
Xenon-133, Xenon-127	Few minutes
Iodine-123, Iodine-125 and Iodine-131	Depending on compound and dose. See <a href="http://www.e-lactancia.org">www.e-lactancia.org</a>

*Try to use the radioactive agent with the shortest half-life. Consult your radiologist.  
 Express and store milk prior to the procedure, in order to feed the child afterwards.  
 Express milk for the indicated waiting time, and discard it.  
 If Iodine-131 or Strontium-89M are used for the procedure, it is necessary to discontinue breastfeeding.*

## DISEASES THAT CONTRAINDICATE BREASTFEEDING

### Mother's:

- HIV positive.  
New data suggest that breastfeeding is a safe choice for infants of HIV positive mothers, under circumstances  
([http://www.who.int/maternal\\_child\\_adolescent/documents/hiv-infant-feeding-2016/en/](http://www.who.int/maternal_child_adolescent/documents/hiv-infant-feeding-2016/en/))
- Tuberculosis (TB) active: Mother-infant separation up to 2 weeks of maternal treatment. Prophylaxis to the infant. The infant can drink expressed milk, if there is no TBC mastitis
- Human T-cell lymphotropic virus type I- or II-positive
- Herpes simplex lesions on a breast (the baby may feed from the other breast if it is clear from lesions)
- Severe psychosis (according to evaluation from psychiatrist)
- Drug abuse
- Use of diagnostic or therapeutic radioactive isotopes or exposure to radioactive materials
- Use of antimetabolites or other chemotherapeutic agents
- Neoplasms (assess possible breastfeeding between cycles in each case: See waiting times for each medication in [www.e-lactancia.org](http://www.e-lactancia.org))
- Sheehan's Syndrome

### Child's:

- Galactosemia (galactose 1-phosphate uridylyltransferase deficiency)
- Congenital lactose intolerance

**Responsible for the edition: APILAM** (Asociación para la Promoción e Investigación científica y cultural de la Lactancia Materna), [www.e-lactancia.org](http://www.e-lactancia.org)

For help through mother-to-mother support, encouragement, information, and education regarding breastfeeding, find a La Leche League International Leader or Group near you <https://www.llli.org/get-help/>