

Breastfeeding and Medications: A combination which is almost always possible

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The benefits of breastfeeding for infants, mothers, their families, the health system and society in general have been well documented in multiple publications. **Stopping breastfeeding without an important reason poses unnecessary health risks.**

More than 90% of women use medications or phytotherapy products during breastfeeding. Unfortunately, despite the fact that only a small percentage of products have significant risks if used whilst breastfeeding, it is very common for women to stop breastfeeding in order to keep taking medication.

Furthermore, there are less than a dozen maternal illnesses that contraindicate or make breastfeeding practically impossible.

The first thing a breastfeeding mother should know is that **most prescribed medications are usually compatible with breastfeeding** and that for both mother and infant, breastfeeding is more important than many medications and remedies which are not completely necessary and can be avoided. Healthcare professionals with a basic knowledge of Pharmacology and Pediatrics, by using reliable and updated sources of information, can adequately help breastfeeding mothers who need to take medications make informed choices.

Paracetamol or **ibuprofen** do not cause any problems during breastfeeding.

If **antibiotics** are necessary, almost all of the commonly used antibiotics are compatible with breastfeeding, such as penicillins, cephalosporins, azithromycin or clarithromycin. If it is necessary to take a quinolone, norfloxacin or ciprofloxacin are preferred.

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 needs to be used, it is preferable to use a condom, an Intrauterine Device (IUD), progestogen pills or the Lactational 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, X-rays, CT scans and Magnetic Resonance Imaging (**MRI**) are compatible with breastfeeding, even with the use of contrasts. Many of the contrasts used in these examinations 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 breastfeeding can make the interpretation of the mammogram difficult, in which case it ultrasound can be used. Before the examination, it is advisable to empty the breast (by 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 take uses 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.

The easy-to-use website www.e-lactancia.org (in Spanish and English) helps mothers to make informed decisions about the compatibility of more than 28,000 items with breastfeeding. If doubts persist after consulting this site, you can send a query by email to elactancia.org@gmail.com.

Congratulations for trying to continue to breastfeed!

Medications which are contraindicated during breastfeeding	
Anticoagulants	Phenindione
Cardiovascular	Amiodarone (due to iodine *)
	Ergot derivatives (inhibit prolactin): Ergotamine
Gynecological	Ergot derivatives: Bromocriptine, Cabergoline and Lisuride
Antineoplastic	Antineoplastic
Psychotropic	Amphetamines
Iodides , including topical *	
Social drugs of Abuse	Amphetamines, Cocaine, Phencyclidine, Heroin, LSD, Marijuana, Alcohol **
* Iodine is harmful in excess and these drugs contain iodine in large quantities During pregnancy and breastfeeding, women should take a supplement of 200 micrograms of potassium iodide, in addition to consuming fish and iodized salt.	
** El consumo ocasional y moderado de alcohol no está contraindicado durante la lactancia. Consulte información sobre el tiempo de espera para amamantar tras consumir en: http://www.e-lactancia.org/breastfeeding/ethanol/product	

Diseases that contraindicate breastfeeding	
Mother	HIV/AIDS: The most recent data advocates for safe conditions so that HIV-infected mothers can safely breastfeed their children. http://www.who.int/maternal_child_adolescent/documents/hiv-infant-feeding-2016/en/
	Active tuberculosis (TB): mother-infant separation up to 2 weeks after maternal treatment. Infant prophylaxis. Expressed milk can be used if there is no tuberculosis mastitis.
	Human T-lymphotropic virus type I and II
	Herpes simplex with breast lesions (you can breastfeed without lesions)
	Serious psychosis (to be assessed with a psychiatrist)
	Drug addiction
	Neoplasms in chemotherapy treatment (assess possible breastfeeding between cycles in each case: See waiting times for each medication at www.e-lactancia.org)
	Sheehan Syndrome
Child	Galactosemia (galactose 1-phosphate uridylyltransferase deficiency)
	Congenital lactose intolerance

Medications to be used with caution during breastfeeding	
Antibiotics and anti-infectives	Amantadine (RL), Chloramphenicol (H), Quinolones (O), Clindamycin (G), Lindane (H)
Antiepileptics	Phenobarbital , Primidone (S)
Antihistamines	Avoid 1st generation (S, RL)
Anti-inflammatories	Gold salts (O)
Cardiovascular drugs	Reserpine (S)
Beta blockers (CV)	(Labetalol, Oxprenolol, Propranolol or Metoprolol are preferable)
Vasodilators, antiadrenergics (CV)	(Methyldopa or Hydralazine are preferable)
Nasal decongestants (CV, I)	
Diuretics	Thiazides (RL)
Social Drugs	Alcohol (S), Caffeine (I), Tobacco (I)
Endocrinological	Some oral antidiabetics , Estrogens (RL)
Gastrointestinal	"Active" laxatives (G)
Immunosuppressants (H)	(Cyclosporine or Azathioprine are preferable)
Psychotropics Antipsychotics	Phenothiazines (Chlorpromazine) (S) Lithium (CV, S): requires clinical and analytical monitoring of the infant
Psychotropics Benzodiazepines (S)	(choose Lorazepam as an anxiolytic)
Psychotropics Antidepressants	Doxepin (S, CV), Nefazodone (S, CV) (choose Sertraline, Paroxetine or Fluoxetine)
<ul style="list-style-type: none"> • Greater caution in mothers with renal insufficiency, in premature babies and during the neonatal period. • Consult prohibited medications in children with Glucose-6-Phosphate-Dehydrogenase Deficiency. <p>Possible adverse effects to watch out for: 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, Fluoroscán)	0-4 hours
GALLIUM-67 CITRATE – 7 Mbq (0,2 mCi)	1 week
GALLIUM-67 CITRATE – 50 Mbq (1,3 mCi)	2 weeks
GALLIUM-67 CITRATE – 150 Mbq (4,0 mCi)	4 weeks
INDIUM-111, IN-111M, Satumomab Pendetido (OncoScint CR 103)	24 hours
INDIO-111, IN-111M, Satumomab Pendetido (OncoScint CR 103) con dosis de 20 Mbq (0,5mCi)	1 week
RADIOACTIVE SODIUM ISOTOPE	16 days
THALLIUM-201	2 weeks
TECHNETIUM TC-99M	Depending on compound and dose. See www.e-lactancia.org
XENON-133, XENON-127	A few minutes
IODINE 123, 125 y 131	Depending on compound and dose. See www.e-lactancia.org
<p>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.</p>	

