MEDICATION CHOICES WHILE BREASTFEEDING

Nearly all medications enter breast milk, however the quantity is usually very small with very little, if any, adverse effect on the baby. Most medications are broken down, excreted and not absorbed by the baby. There are some exceptions, which can be identified by your health care provider or pharmacist. Whenever your breastfeeding is questioned or threatened, ask for a drug check in the book, "*Medications and Mothers Milk*," by Dr. Thomas Hale. The PDR (Physician Desk Reference) is **not** a valid source of current lactation drug research.

Pharmacists often refer online to check safety of medications with LactMed. This site is also available to the public at www.ncbi.nlm.nih.gov/books/NBK501922/. The information is from the U.S. National Institute of Health (NIH), and approved by the American Academy of Pediatrics (AAP).

Lactation Consultants, Breastfeeding Peer Counselors, Certified Midwifes, some physicians, FHN Memorial Hospital and Registered Dietitians also have access to the drug reference book, "*Medications and Mothers Milk*," by Dr. Thomas Hale. Before discontinuing breastfeeding, call them for answers.

QUESTIONS YOU NEED TO ASK YOUR HEALTHCARE PROVIDER

1. Why is this medication prescribed for me?
2. I am breastfeeding! Is it safe for my baby?
3. Will it decrease my milk supply?
4. If not safe, what alternative drug is a better choice while nursing?
5. When is the best time to take the medication, just before or after nursing?
6. How much and for how long should I take the medication?
7. What are the common side effects that may affect me or my baby?
8. Is it compatible with other medications I currently use?
9. If no other alternative, how long must I pump and dump my milk while taking it?
10. I have over the counter medications (OTC's) at home for colds, flu, sinus, allergy, headache, fever and pain. Can I take them while breastfeeding?

SMOKING, ALCOHOL AND SUBSTANCE USE WHILE BREASTFEEDING

Smoking: Infants of smokers have a high incidence of colic, respiratory infections, gastric reflux, asthma, allergies and Sudden Infant Death Syndrome (SIDS). Breastfed infants are also at risk for the same conditions, but at a lower incidence, even when their mothers continue to smoke. For the mother, breastfeeding is still beneficial regardless of smoking or not. The American Academy of Pediatricians (AAP) states that breastfeeding and smoking is less detrimental to the child than formula feeding and smoking.

If you must smoke, minimize the potential effects of smoking on your baby. Recommendations are:

1. Smoke as far away from your baby as possible, preferably outside.
2. Smoke right after nursing instead of before. Nicotine blood levels rise then fall over time. By 90 minutes, blood levels decrease by half.
3. Protect your baby; wash your hands after smoking. Wear a "smoking jacket or shawl" that you can remove before handling the baby after smoking,

FHN Women's Health every step of the way

Continued on page 2

keeping smoking residue away from baby.

4. Cut down on smoking. Fewer cigarettes means less nicotine in your milk and fewer exposures to baby and your surroundings.
5. Make an effort to quit, ask you physician and others to help you. Your doctor can prescribe safe treatment and programs that won't interfere with breastfeeding. Nicotine patches can be used safely with breastfeeding if the mother no longer smokes. Patches should be removed at bedtime to reduce nicotine levels during nighttime feedings.
6. Monitor baby's weight gain. Nicotine suppresses prolactin, which reduces your milk supply over time.

Alcohol: Studies show that babies obtain less milk when breastfeeding after their mother drank alcohol. Dr. Thomas Hale states that significant amounts of alcohol are secreted into breastmilk, but it is not considered harmful to a healthy infant if the amount and duration are limited. Adult metabolism of alcohol is approximately 1 oz. in three hours. Mothers who drink in moderation generally can return to breastfeeding as soon as they feel normal. Chronic or heavy drinkers should not breastfeed. Pumping and discarding milk is an option in some short-term instances.

Dr. Hale reports from studies that the barley in beer, not the alcohol, is what stimulates prolactin, improving let-down, as evidenced by the same effects from non-alcohol beers. While this may be true, alcohol is an inhibitor of oxytocin release and inevitability reduces milk excretion and the amount of milk delivered to the infant. Serious effects occur to breastfed babies from heavy use of alcohol.

Marijuana Use: Though legal in some states, the use of marijuana during pregnancy and breastfeeding should be discouraged. According to Dr. Thomas Hale, marijuana does pass into mother's milk (though at a lesser dose then the mother receives). The concerns are two fold; mothers metabolize marijuana 8 times faster than her infant, but the risks of not breastfeeding (using formula) may out weigh the concerns to the infant. Please talk with your healthcare provider about marijuana use.

Substance Use: Speed, crack, cocaine, heroin, PCP, and all other drugs of abuse are not compatible with breastfeeding. Illicit drugs pass into breastmilk and pose a very serious threat to mothers and babies, some fatal. Illegal drug use is never acceptable by any mother, breastfeeding or not. AAP strongly insists no drug of abuse should be taken by nursing mothers.

Scan **HERE** to view this on our website.

FHN Women's Health every step of the way