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# ADHD and Breastfeeding

*This factsheet is intended to provide access to relevant evidence-based information. The national guidelines, research, data, pharmacokinetic properties and links shared are taken from various reference sources, they were checked at the time of publication for appropriateness and were in date. These are provided where we believe the information may be useful but we do not take any responsibility for their content. The factsheet is provided to empower users to make an informed decision about their treatment; but it does not constitute medical advice and cannot replace medical assessment, diagnosis, treatment or follow up from appropriately trained healthcare professionals with relevant competence.*

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*If you have any questions about this information, you can contact the Drugs in Breastmilk team through their Facebook page or on druginformation@breastfeedingnetwork.org.uk.*

**Methylphenidate is the stimulant medication of choice while breastfeeding.**

**Treatment choices are individual and depend on several factors discussed in this factsheet.**

## Contents



## What is ADHD?

Attention Deficit Hyperactivity Disorder (ADHD) is a neurodevelopmental condition. This means that ADHD affects your brain function and development, and symptoms appear in early childhood. ADHD causes difficulties with inattention (and hyperfocus), hyperactivity and impulsivity. Different people with ADHD can experience these symptoms in different intensities. Your diagnosis could include being predominantly inattentive, predominantly hyperactive or combined type inattentive and hyperactive. Diagnosis can only be made by a trained specialist who will take a comprehensive history to determine if you meet the minimum criteria for diagnosis. You can find more information about ADHD and how it affects people on the ADHD UK website.

### How can ADHD impact daily life?

ADHD difficulties are often felt more profoundly during times of big change. Having a new baby is certainly one of these times. Sleep is at an all-time low and demands on you increase dramatically. There are so many things to think about and remember and you still need to take care of yourself as well. Why is this more difficult for people with ADHD? Executive functioning difficulties play a huge part. Executive functions allow us to plan, organise and keep track of activities, something that people with ADHD often find challenging. You can read more about executive function on the Sheffield Children's NHS Foundation Trust- What are





 

executive functions? page. The NHS- Attention Deficit Hyperactivity Disorder (ADHD) page also discusses ADHD.

**ADHD when you have a baby**

When thinking about managing your ADHD with a new baby, you may wonder whether you can take your medication whilst breastfeeding. Some medications are compatible with breastfeeding, as detailed in the Treatment section below, but there are also a number of factors to consider, in discussion with your healthcare professional:

- theoretical risks of the medication to your baby (theoretical risks are concerns that have not been shown in practice or there hasn't yet been research to confirm concerns over possible risks)
- benefits of receiving treatment to manage your ADHD symptoms
- health benefits of breastfeeding for both you and your baby
- possible negative effect on your own health of not taking medication to treat your ADHD. While some people may manage their ADHD symptoms without medication either in the short term, or for a longer period, the impact of not having treatment may have a major impact on some individuals
- Reaching your own breastfeeding goals can be important to your mental health, and should be factored into this discussion

You may also want to consider what you will find easier to manage. It's important to balance the possible challenges of breastfeeding against the challenges of not breastfeeding. Breastfeeding can feel overwhelming. It can take up a lot of time. You may also find elements of parenting difficult from a sensory perspective, depending on how you are affected by sensory stimuli. Formula feeding requires more organisation and planning, to make sure formula is purchased and bottles are sterilised, made up correctly and cooled for use when they are needed.

There are compatible medications available to take for ADHD while breastfeeding. You shouldn't be simply told to stop breastfeeding in order to receive treatment. You can talk though your feeding choices with your midwife, health visitor or breastfeeding supporter, or you can contact the National Breastfeeding Helpline, 24/7. For information specifically about taking medicines whilst breastfeeding, you can contact our Drugs in Breastmilk service. They can provide you with detailed information to help you decide what you want to do. You can also read more about the experience of breastfeeding with ADHD from the Breastfeeding Network ADHD awareness month blog post 2024.

You may be thinking about how ADHD will impact your return to work when the time comes. Alongside other treatment and support tools, you can receive help from Access to Work. This is available for people who have a disability or health condition that means they need an aid, adaptation, financial or human support to do a job.

# Postnatal Anxiety and Depression with ADHD

The postnatal period is a challenging time for all new parents. Adding ADHD into the mix can increase these challenges. Research shows that people with ADHD are more likely to experience postnatal mental health difficulties.

A 2023 study revealed that having a diagnosis of ADHD increased the risk of both depression and anxiety disorders in the postpartum period. This is important to consider particularly if you have stopped your ADHD treatment during your pregnancy. ADDitude magazine talks more about this study and postpartum depression and anxiety.

Neuroaffirming care for ADHD recognises and values neurodivergence and helps people with ADHD build on their strengths and achieve their goals. It's important to include neuroaffirming care while working through additional challenges related to your ADHD to ensure your care isn't relying only on treatment approaches used in neurotypical people. While people with ADHD will benefit from many typical treatments and approaches, it is important to understand what doesn't work for you and to access treatment options which are right for you so that your care is personalised.

 

Psychology today talks more about neuroaffirming care in their article What Is Neurodiversity-Affirming Care? And ADDitude talks about ADHD, Autism, and Neurodivergence Are Coming Into Focus in their 2024 article.

We have more information on anxiety and depression on our factsheets on Anxiety and Breastfeeding and Feeling depressed and Breastfeeding.

# Treatment

**The following information in this factsheet is relevant for babies born at term who are otherwise healthy. If you're unsure, you can contact the Drugs in Breastmilk team through their Facebook page or on druginformation@breastfeedingnetwork.org.uk.**

The immediate postnatal period can be a turbulent time for new parents. After giving birth, hormones change significantly with big spikes of some hormones, and large drops of other hormones. Anyone can experience difficulties with their mental health in the first year postnatally. Some mental health conditions can be severe. These may be more likely to happen in the immediate postnatal period.

You may be considering starting ADHD treatment for the first time once your baby arrives, or the timing of your titration appointment may be shortly after delivery. You may choose to wait up to 6-8 weeks postnatally to start your treatment journey. Your breastmilk supply should be fully established by this time and your hormones will have also settled. If you are concerned about a delay in starting your treatment, then breastfeeding should not prevent you receiving treatment to control your symptoms when you need it.

Common side effects of ADHD treatment include nausea, vomiting, headache, loss of appetite, mood changes, depression or anxiety. These side effects are usually mild and fade once you are used to taking your medicines. However, it's worth considering managing side effects, particularly in the early days and knowing how to get support if these side effects aren't improving or aren't manageable.

You may have had success with your treatment previously and be keen to restart it as soon as possible. A postnatal review with your specialist is advisable so you can plan to restart your medication safely and access any necessary support available to you.

When taking medication for ADHD while breastfeeding, you will also need to consider any plans you have to build your family. Usually, your treatment will be interrupted while you are pregnant, so if you are planning another pregnancy, you will need to discuss this with your specialist.

During pregnancy, your estrogen levels rise throughout, peaking in the third trimester before dropping significantly after the delivery of your baby. Although a complicated area, put simply, estrogen improves your dopamine levels and utilisation of dopamine. This may explain why some people with ADHD notice their symptoms aren't as difficult to manage during pregnancy. However, we also know that physical brain changes during pregnancy are associated with well documented brain fog which can last a couple of years!

You can see our [**vitamins factsheet** Drugs in Breastmilk factsheets] for more information on daily vitamins needed while breastfeeding and planning pregnancy.

This factsheet only considers the compatibility of treatment for ADHD while breastfeeding.

**First Line Options- Central Nervous System (CNS) Stimulants.**

National guidelines for the treatment of ADHD in adults now advise that either methylphenidate or lisdexamfetamine can be used as first line treatments for adults with ADHD. Methylphenidate and lisdexamfetamine are both central nervous system (CNS) stimulants. They work slightly differently from each other in the body which is important when deciding if treatment is suitable for you and your child while breastfeeding. CNS stimulants may also be used to treat some other conditions, including narcolepsy.

 

There isn't a lot of data about the safety of these medicines while breastfeeding. For you and your healthcare professional to decide on the right treatment for you, it's helpful to consider how the medications work in the body as well as side effects and tolerability of treatment for you.

We do not fully understand how stimulant medications work to treat ADHD. They increase the availability of chemical messengers (AKA neurotransmitters) in the brain, increasing levels of these messengers in the brain and body. These messengers include noradrenaline (AKA norepinephrine) and dopamine. Dopamine is believed to be one of the key neurotransmitters that affect people with ADHD.

High dopamine levels can reduce prolactin (the milk hormone) levels, which can make it difficult to establish a full milk supply after birth. Your prolactin levels reduce naturally once your milk supply is established (usually from 4-8 weeks after birth onwards), so at this point a small increase in your dopamine levels is less likely to affect your ability to breastfeed as usual. Your milk supply becomes less dependent on prolactin once feeding is well established and is mainly reliant on frequent and effective removal of milk.

High doses of stimulant medication may have an impact on supply in some people. Usual doses of stimulant medication aren't expected to affect your breastmilk supply, however, more caution should be taken for up to 8 weeks after birth.

CNS stimulants may cause drowsiness in people with ADHD. If you find your medication makes you feel drowsy, it may not be safe for you to share your bed with your baby. Basis online has more information on safe bedsharing.

✓ **Methylphenidate**- is the stimulant medication of choice when breastfeeding.

- Methylphenidate is well tolerated and often used as first line due to its evidence of use, cost-effectiveness and range of formulations with different durations of action.
- Methylphenidate is available in different forms including immediate release tablets which last for around four hours, 8-hour release capsules and 12-hour release tablets.

Methylphenidate is available as:

1) Immediate release (IR) preparation- Methylphenidate tablets (as **methylphenidate tablets, Medikinet® Tablets, Ritalin® Tablets or Tranquilyn® Tablets**) - these last for around 4 hours and are taken 2-3 times daily.
2) Modified release preparations as:
    a. 8-hour release capsules (as **Equasym® XL Capsules, Medikinet® XL Capsules, Meflynate® XL Capsules, Metyrol® XL Capsules or Focusim® XL Capsules**) Not all brands are considered equivalent, Equasym® is released at a different ratio to the other available brands.
    b. 12-hour release tablets (as **Affenid® XL Tablets, Concerta® XL Tablets, Delmosart® Tablets, Matoride® XL Tablets, Xaggitin® XL Tablets or Xenidate® XL Tablets**)

- Methylphenidate immediate release tablets are usually taken 2 to 3 times daily while both the 8-hour and 12-hour preparations are usually taken once daily in the morning.
- All formulations of methylphenidate take 1-2 hours to start working after the dose is taken.
- Limited evidence suggests that milk levels of methylphenidate are very low and no concerns have been reported about babies exposed to methylphenidate in breastmilk.
- As a precaution, monitor your child for irritability, poor sleep, a change in feeding pattern and adequate weight gain (NHS- Methylphenidate in adults, Hale).
- Starting methylphenidate, particularly once your milk supply is fully established, is unlikely to affect your milk supply.
- It is best to take the lowest effective dose.

◈ **Lisdexamfetamine (Elvanse®, Elvanse® Adult)**- is a "prodrug" of dexamfetamine. This means that lisdexamfetamine is absorbed quickly into your body as an inactive drug. Once in your body, it is converted by your blood cells slowly into dexamfetamine- the active drug. This is how it has a long-acting effect. This is different to other slow-release/ long- acting preparations which are released slowly in the stomach due to the way the tablet or capsule is made.

- Lisdexamfetamine is effective for around 13 hours.
- See the dexamfetamine section below for more information on compatibility while breastfeeding.

◈ **Dexamfetamine (own brand, Amfexa® tablets)**- is a stimulant medication which is usually taken once or twice daily (in the morning, and if needed, at lunchtime).

- Each dose lasts in the body for 4-6 hours.

 

- There isn't much research available on the effect of dexamfetamine while breastfeeding, it is not well studied.
- There are some things you need to consider before deciding if it's the right choice for you and your child.
  - Dexamfetamine, like methylphenidate, acts on dopamine management in the brain. It's possible that high doses of dexamfetamine may affect milk supply. This is particularly important if your supply is not yet well established.
  - Monitoring should include observing your child for irritability, poor sleep, feeding well and for adequate weight gain.
- If you need to take dexamfetamine to treat your ADHD, you do not need to stop breastfeeding, but it should be used with caution at the lowest effective dose.
- Methylphenidate may be preferred as a first choice, particularly if you are feeding a younger baby (6-8 weeks of age or younger), or are exclusively breastfeeding.

<u>Other treatment options</u>

Non-stimulant treatments included in national ADHD guidelines published by NICE include atomoxetine or guanfacine. Guanfacine is prescribed "off-label" in adults. Off-label use of a licenced medicine means using that medicine outside of the manufacturer's recommendations. This is usually done in line with expert or national guideline recommendations with evidence of benefit.

If you're considering starting atomoxetine or guanfacine while breastfeeding, you can contact the Drugs in Breastmilk team through their Facebook page or on druginformation@breastfeedingnetwork.org.uk.

- **Atomoxetine (Strattera® oral solution, or own brand capsules)**- May be offered to adults if they cannot tolerate or do not respond adequately to the first line choices.
- Atomoxetine works in a slightly different way to the first line CNS stimulants. It increases levels of the chemical messenger noradrenaline throughout the brain.
- Data available for atomoxetine suggest it is managed in the body (metabolised) differently from person to person. This means the amount of atomoxetine that could transfer to a breastfed child could be higher for some people. This could lead to drowsiness in yourself as well as your child. Medications which can make you drowsy affect bed sharing safety. You can find more information about safe sleep on Basis Online.
- There is currently no published information on the use of atomoxetine in breastfeeding. Particular caution should be taken if your baby is newborn or premature, or if your baby's main or sole source of energy comes from breastmilk.
- Taking atomoxetine isn't a reason to stop breastfeeding, particularly if you are breastfeeding an older child (over 6-12 months of age). Please contact the Drugs in Breastmilk team to discuss further.
- Monitoring should include observing your child for irritability, excessive drowsiness, feeding well and for adequate weight gain.

- **Guanfacine (Intuniv® modified-release tablets)**- is a last line option. It is only recommended by specialist centres if alternatives are not suitable, or on local agreement if this treatment was successful for you in childhood and has been continued into adulthood after specialist review.
- Guanfacine works differently to the other ADHD treatments. It calms your sympathetic nervous system. When your sympathetic nervous system is activated, your heart rate increases, preparing you for "fight or flight". This can lead to hyper-arousal, or a stress response. Guanfacine reduces heart rate, relaxes blood vessels and reduces blood pressure. How this leads to improved ADHD symptoms is not understood, though it may in part be by reducing the arousal state of the brain.
- There is no published data available on the use of guanfacine while breastfeeding.
- The drug profile of guanfacine suggests it could enter your milk easily, so we cannot assume it is compatible with breastfeeding.
- If you are considering taking guanfacine, please contact the Drugs in Breastmilk team.

# Related Factsheets

Anxiety and Breastfeeding - The Breastfeeding Network
Feeling depressed and Breastfeeding? - The Breastfeeding Network
Patient information leaflets – what do they mean? - The Breastfeeding Network

 

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