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Breastfeeding and Medication – FAQs

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Here are some answers to questions we are frequently asked:-

Can I have my hair permed/dyed whilst I am breastfeeding?

There is no reason why not. If your baby was born very recently it may not take differently because of post-natal changes to the hair rather than to the fact that you are breastfeeding. The dye or perm will not affect your baby through your breastmilk.

What antihistamine can I take whilst breastfeeding as I have hay fever?

Most of the newer antihistamine drugs, which do not cause drowsiness, are not licensed but loratadine (Clarityn®) and cetirizine (Zirtek®) are available as formulations for children. If you are concerned you could try to use eye drops and nasal sprays initially. However no adverse reports of using oral drugs have been located. Chlorpheniramine (Piriton®) is safe if you are not affected by drowsiness. Watch that your baby doesn't get drowsy and miss feeds, particularly overnight and be cautious with co-sleeping.

Does it matter if I use recreational drugs whilst I am breastfeeding?

You should not use any recreational drugs when you are breastfeeding. Cocaine is particularly toxic and it is imperative that you don't breastfeed for 48-72 hours. Prescribed Methadone appears to be safe. It is vital that you do not use any street drugs. If you have taken street drugs or plan to do so please contact the Drugs in Breastmilk Helpline for further information on how best to continue breastfeeding whilst keeping your baby safe.

Should I take Ibuprofen for early symptoms of mastitis?

Ibuprofen and similar anti-inflammatory drugs are safe to be taken whilst breastfeeding. So long as symptoms of mastitis are improving it is safe to wait before using antibiotics; most cases do clear with better drainage of the breast and ibuprofen. Do not take ibuprofen if you have had or have a stomach ulcer, are allergic to aspirin or have asthma. See the BfN Leaflet "Breastfeeding and mastitis" and Analgesia and breastfeeding which can be downloaded the BfN website www.breastfeedingnetwork.org.uk

To speak to a Breastfeeding Supporter call the National Breastfeeding Helpline 0300 100 0212

Calls to 0300 numbers cost no more than calls to UK numbers starting 01 and 02 and will be part of any inclusive minutes that apply to your provider and call package

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It has been suggested that I take Domperidone or metoclopramide to increase my milk supply.

Domperidone and metoclopramide work by increasing the prolactin level (the hormone which stimulates milk to be made). It can be used to increase a poor supply, e.g. after a long period of expressing for a premature baby but should only be used after trying increased frequency of feeding and skin-to-skin contact with good attachment. It is taken three times a day for one week then the supply should be reassessed. If the supply is still low it may be worth continuing for another week. It is not appropriate if the baby is poorly positioned at the breast or is not feeding frequently enough to stimulate the milk supply. Metoclopramide (Maxolon®) is less often used now because of side effects and links with symptoms of depression. See the increasing milk supply – use of Galactagogues Information Sheet and Domperidone sheet which can be downloaded from the BfN website www.breastfeedingnetwork.org.uk

I have been prescribed Warfarin / Heparin, is it really safe for me to breastfeed?

These are drugs used to thin the blood after a clot or thrombosis. They are highly protein bound in the mother's blood and are also too large to enter breastmilk. They do not pose a problem in breastfeeding. See the Information Sheet on Anticoagulants and breastfeeding which can be downloaded from the BfN website www.breastfeedingnetwork.org.uk

I take levothyroxine regularly. I don't appear to be producing enough milk to satisfy my baby. Should I stop taking the drug?

If thyroid levels are too low, a decrease in prolactin levels is produced and consequently a low milk supply. It is important to ensure up to date thyroid levels have been measured and dose adjusted if necessary. As a drug, it is safe to take during breastfeeding because it is replacing sub-optimal (too low) levels produced by the body. See information on "Breastfeeding and thyroid medication and which can be from the BfN website www.breastfeedingnetwork.org.uk

We had an "accident" last night, can I take the "Morning after pill"?

Levonelle® says it is safe to use in the patient information leaflet in the packet. Progesterone may sometimes cause temporary lower supply but increased frequency of feeding will restore the level. If you are concerned about taking the morning after pill, you may consider how frequently you are feeding? Is it exclusive? The risk of ovulating is low if you are feeding frequently and with no other supplements in the early months. You also need to consider how vital it is for you that you do not become pregnant before deciding whether or not you wish to take emergency contraception. It can be purchased through your local community pharmacist, may be supplied free of charge from pharmacies in some areas and is available from A and E Departments at your local hospital or Family Planning Clinics.

See the information sheet on Emergency Hormonal Contraception which can be downloaded from the website www.breastfeedingnetwork.org.uk.

I have badly cracked nipples; my midwife has suggested moist wound healing. With my last baby I was told to keep my nipples dry.

If there is damage to the nipple causing a deep crack, it is firstly important that you seek help to correctly attach your baby to the breast so no further damage is done. Breastfeeding should not

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hurt and should not cause damage to your nipples. If you have a crack which is forming a scab between feeds, it may be useful to consider moist wound healing. This prevents the scab reforming and producing deeper cracks each time it falls off. In the past it was thought that leaving the nipples to dry, with expressed breast milk applied to them, was the best treatment. This is still true if there are no cracks. You can apply a smear of petroleum jelly or other similar moisturiser into the crack. The nipples should not be left soggy and you need to be careful with hygiene so as not to introduce an infection into the wound. If breastfeeding continues to hurt and / or your nipple is left misshapen or flattened after the feed, keep asking for help from breastfeeding experts to enable you to achieve a better latch.

See www.breastfeedingnetwork.org.uk/pdfs/moist-wound-healing.pdf and "If Breastfeeding Hurts" on the BfN website

References

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- Hale T. Medications in Mothers Milk 2014 (15th Ed) Hale Publishing
- Jones W Breastfeeding and Medication 2013 Routledge
- Lactmed website <http://toxnet.nlm.nih.gov/cgi-bin/sis/htmlgen?LACT>

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