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Cough and cold remedies and Breastfeeding

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Optimal treatment choice

- Paracetamol
- Ibuprofen
- Steam Inhalation
- Anaesthetic throat spray

For colds and influenza two paracetamol four times a day or 400milligrammes ibuprofen three times a day with plenty of fluids and rest may be the most effective cure. Other commercial remedies may help to relieve symptoms but the evidence of effectiveness behind many products is poor.

ORAL DECONGESTANTS should be avoided by breastfeeding mothers as they can dramatically reduce milk supply with just one or two doses e.g. pseudoephedrine, phenylephrine, phenylpropanolamine. Individual ingredients need to be checked as there are many products available with multiple drugs each of which should be considered separately for safe consumption during breastfeeding.

Pain killer

- Additional paracetamol should not be taken where it is contained in the commercial product. A maximum total of eight 500milligrammes doses of paracetamol should not be exceeded in 24 hours.
- If the child is receiving paracetamol suspension to relieve cold symptoms, the additional passage of the drug through the mother's breastmilk is unlikely to be clinically significant so both can take paracetamol at the same time in normal doses.
- Continuing to breastfeed during a cold or flu will not weaken the mother nor harm the baby, who will receive beneficial maternal antibodies to protect him/her from the infection.
- Products containing paracetamol or ibuprofen can be taken by breastfeeding women.

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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- Products containing aspirin should be avoided e.g. Dispirin®, Beechams Powders® because of the risk of Reye's syndrome. If such products are taken in error it is not a reason to interrupt breastfeeding as the risk is remote but these products should not be continued.

Decongestants

- Antihistamines e.g. diphenhydramine, Promethazine may cause drowsiness as well as drying up a runny nose. These may produce drowsiness in the baby who may miss feeds.
- Sympathomimeticamines e.g. pseudoephedrine, phenylpropanolamine, phenylephrine. There is some new evidence that these decongestants may dramatically reduce prolactin levels in breastfeeding mothers and therefore reduce breastmilk supply, particularly in established breastfeeding of an older baby. Until more is known about this it may be best avoided.
- Nasal decongestant sprays or drops will act directly on the nasal passages to relieve congestion and reduce absorption into the mother's body. These may prove to be a safer alternative to decongestant tablets.
- Steam inhalations can be useful in relieving symptoms of nasal congestion - products such as Menthol and Eucalyptus may be preferred by individuals because of the cooling effect of the menthol on the nasal passages. Care should obviously be taken with bowls of almost boiling water if the baby is nearby.

Expectorant cough mixtures

Medicines containing Guaifenesin can be taken by breastfeeding mothers to relieve a chesty cough.

Cough Linctus

- A linctus is generally a sugary solution (but may be sugar free) used to soothe coughs and the active ingredients listed need to be considered individually. Many are based around glycerin and lemon which can be safely taken during breastfeeding.
- Medicines containing codeine should preferably be avoided as they may cause constipation or colic in the baby. However they can be taken for limited periods to relieve a distressingly irritant cough.
- Pholcodeine linctus may be taken by breastfeeding women to relieve dry coughs.
- Products containing dextromethorpan will sedate a dry cough but should be avoided if there is any phlegm on the mother's chest. Suppression of a chesty cough may result in a chest infection particularly if the mother is asthmatic.

Lozenges or pastilles to soothe coughs and sore throats

Lozenges and pastilles will not produce sufficient absorption of ingredients to pass into breastmilk and can be used by breastfeeding mothers to relieve their symptoms.

Alternative remedies and herbs

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Echinacea containing products can be taken to increase immunity and help the body to fight symptoms of coughs and colds as can vitamin C and zinc.

WHEN BABIES HAVE COLDS

- Babies may want to feed frequently both for extra fluid and for comfort when they have cold symptoms.
- Babies with blocked noses may find it hard to feed and may keep coming off the breast. Sodium Chloride nasal drops used before feeds may help as may a manual decongestor (a mini suction pump used to suck out mucus from the baby's nose).
- Sometimes babies pull away from the breast and cry - this may be because it increases in the pressure in their ears causing earache. This is particularly common overnight or after a longer sleep.
- Babies may have a croaky, hoarse cry which is different to normal, indicating a sore throat.
- Paracetamol should only be given to babies older than 3 months.
- Ibuprofen can be given to babies older than 6 months.
- Historically paracetamol and ibuprofen were taken together but NICE (CG47) recommended that this is not evidence based practice.
- Keep the atmosphere around the child moist by using vapourisers, steam generators or a damp towel over a radiator.
- If the parents have any concerns over the well-being of the baby medical advice should be sought urgently. It is better to err on the side of caution with young children whose condition can deteriorate rapidly.

Many of a baby's symptoms can be taken to reflect a lower milk supply. Colds do not cause milk quality or quantity to diminish and breastfeeds can supply a great deal of comfort as well as nutrition to a child who is feeling poorly.

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