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Decongestants and Breastfeeding

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First-line treatment inhale steam frequently, if medication is required use decongestant nasal spray containing xylometaxoline or Oxymetazoline.
AVOID decongestant tablets or drinks.

Many people take decongestant tablets, powders and lemon drinks when they have a cold or sinus pain. They have a potential impact on milk supply although are unlikely to affect a breastfeeding baby. Inhaling steam is a cheap and effective means of reducing congestion and should be used frequently before resorting to drugs

Pseudoephedrine is secreted into breastmilk in low levels. In one study (Findlay 1984) the calculated dose that would be absorbed by the infant was very low (0.4 to 0.6% of the maternal dose). However in a study of 8 women a single 60 mg dose of pseudoephedrine reduced milk supply by 24% over a 24 hour period. This could be explained suggest the authors by a drop in prolactin which was greater in those with babies older than 60 weeks (Aljazaf 2003). Anecdotally some mothers have reported wakefulness. Mothers reported irritability in 20% of infants exposed to pseudoephedrine in one study of breastfeeding mothers (Ito 1993).

Phenylephrine is poorly bioavailability (not well absorbed from the gut) so it is not likely to produce effects in a breastfed infant with normal doses. Because of pseudoephedrine's effect on milk production, concerns exist that phenylephrine may suppress milk although there is no evidence that this occurs.

Brand names include: Sudafed, Lemsip, Beechams, Benylin, Day Nurse and Night Nurse, own brand pharmacy

Decongestant nasal sprays containing xylometazoline, oxymetazoline are effective in relieving nasal congestion but do not produce wakefulness nor reduce milk supply. They are safe and effective but should not be used long term (more than 7 days).

Brand names include; Otrivine, Sudafed, Own brand pharmacy

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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I have been asked about using pseudoephedrine to dry up milk supply or reduce engorgement. There is no research to support this and I could not advocate or support this as a pharmacist

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