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Drugs to Avoid in Breastfeeding Women

Drug	*Possible Neonatal Problems*
Phenobarbitone	Infant dose up to 90% of maternal dose
Chloramphenicol	Bone marrow suppression
Tetracyclines	Discoloured teeth
Sulphonamides	Haemolysis in G6PD deficiency
Isoniazid	Convulsions and neuropathy
Aspirin	Reye's syndrome
Benzodiazepines	Lethargy and hypotonia
Phenindione*	Haemorrhage

*NB Warfarin is not contraindicated for breastfeeding mothers and Lithium carbonate is only relatively contraindicated

Notes

There are often questions about the safety of drugs that may be excreted in breast milk. Answers to these are not readily available since almost all investigations have been carried out in animals. In general, the determinants of the concentration of a maternal drug in a breast fed infant is dependent on:

- the maternal plasma concentration
- the volume of milk ingested by the infant (approx 0.15 L/kg/day)
- its oral availability to the neonate and its clearance

In simple terms, all ingested drugs that appear in the maternal circulation will be transferred into milk. Since, however, the drug is distributed throughout the maternal organism, the proportion which finds its way into the breast milk is relatively small. As for the use of drugs during pregnancy there is often insufficient data concerning new drugs and this includes the selective serotonin re uptake inhibitor antidepressants and some of the newer antihistamines. When clinically indicated it may be better to use older drugs of known effect in lactating mothers.

It is easy to recommend that the medicated mother should not breastfeed as the alternative of artificial feeding is readily available. However, to do this is to emphasise to a mother with a chronic medical problem that she is different to others and thereby to suggest that her disability makes her something less of a woman. In the final analysis, there are very few drugs that are currently known to be hazardous to the suckling child (see Table 3). It is inappropriate to deny the woman and her child the benefits of breastfeeding in most instances in which drug therapy is indicated.

Two drugs are worthy of mention because they are commonly prescribed in puerperal women but their potential transmission in breast milk and their effects on a neonate remain controversial. Animal studies of Metronidazole have raised concerns about its potential for mutagenicity and carcinogenicity but these effects have not been observed in humans. Less than 10% of the maternal dose is found in breast milk

(where it may alter its taste) but caution is advised during high dose parenteral use and it may be better to express and discard when this is required.

Antidepressants are not uncommonly prescribed for lactating mothers because about 5% of women have such a degree of postnatal depression that drugs are required. The choice of antidepressant remains controversial. All carry a potential for toxicity and withdrawal in neonates; in most cases the effects are mild and self limiting. Fluoxetine is probably the SSRI of choice for pregnancy but it is found in relatively high concentrations in milk, as is citalopram. Imipramine, nortryptaline and sertraline, by way of contrast, are found in relatively lower concentrations in milk.

References and Further Reading

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