



## Medications, Illnesses and the Breastfeeding Mother

When a mother gets sick, the whole household may be disrupted. When the mother is also breastfeeding, she not only has her own health problems to contend with, but she may worry about how her illness or her medication will affect her nursing baby.

### Continued breastfeeding helps keep babies healthy

Even during the mother's illness, mother and baby usually do better if they continue to breastfeed. When a nursing mother is exposed to an illness, her body begins producing specific antibodies that go directly into her milk. By the time the mother begins to feel sick, her baby has already been exposed to her illness. Continuing to breastfeed helps a baby fend off the mother's illness, and if he does get sick, he usually has a milder case, due to the antibodies and other immune factors he receives from his mother's milk. By washing her hands regularly and limiting face-to-face contact with her baby, a mother can further decrease her baby's chances of catching her illness.

Continuing to breastfeed also helps the mother conserve her strength because she can breastfeed while lying down. If she must care for her baby alone, she is spared the necessity of buying or preparing formula. Breastfeeding adds to a mother's feeling of normalcy through a difficult time, and it may be the one way she can contribute to her baby's well-being when she can do little else for him.

On the other hand, abrupt weaning during an illness can compound a mother's physical problems by causing uncomfortable breast fullness, engorgement, or even a breast infection. Sudden weaning can be emotionally difficult, because in addition to being a method of feeding, breastfeeding is a way of giving and receiving love.

Abrupt weaning can also be difficult for a baby. If his familiar source of nourishment and comfort is suddenly taken away, the baby may be difficult to console, disrupting the household even more. Weaning would deprive the baby of the mother's antibodies and immune factors, increasing his chances of becoming ill. There is also the chance that the baby would have an adverse reaction to formula.

Breastfeeding can continue through most illnesses: colds, the flu, infections, food poisoning, measles, rubella, Lyme disease, chickenpox, cholera, typhoid fever, parasites (such as giardia and malaria), leprosy, hepatitis, even cancer, if chemotherapy is not used.

### Chronic illness

Many mothers with chronic conditions, such as diabetes, epilepsy, arthritis, cystic fibrosis, multiple sclerosis, lupus, and myasthenia gravis are able to breastfeed their babies. Breastfeeding itself has not been found to worsen any of these chronic illnesses. The mother may need to work out practical details of breastfeeding and caring for her baby according to the specific demands of her illness. Getting help with household chores and care of older children can allow a mother with a chronic illness to focus on her baby and establish a satisfying breastfeeding relationship. Questions about potential effects of medications should be addressed with the mother's doctors as described in the following section.

### Medications

The majority of prescription and over-the-counter medications are compatible with breastfeeding, even though small amounts of the drug may pass into the mother's milk. Most medical authorities consider the risks of giving formula to be greater than the risks of continuing to breastfeed while taking most drugs.

Every few years, the American Academy of Pediatrics' Committee on Drugs issues an updated listing of drugs and chemicals that may pass into human milk. In its opening statement, the Committee states:

*Most drugs likely to be prescribed to the nursing mother should have no effect on milk supply or on infant well-being.*

This listing confirms that very few drugs are contraindicated during breastfeeding and that most maternal medications are compatible with breastfeeding. One of the books most widely used by lactation professionals, *Medications and Mothers' Milk* states:

*It is well known that most medications have few side effects in breastfeeding infants because*

*the dose transferred via milk is usually too low to be clinically relevant or it is poorly bioavailable to the infant.*

Even so, before a nursing mother begins taking a drug, she should always consult with her doctor. The doctor will need to take into account the baby's age, weight, medical history, and how much mother's milk the baby is getting. A baby receiving other foods will receive less of the drug than an exclusively breastfed baby. Some drugs that are considered compatible with breastfeeding for the mother of an older nursing baby are not the best choice for the mother of a premature, ill, or newborn baby.

Usually a drug that is used to treat babies is a good choice for a breastfeeding mother, because the amount the baby would receive through the mother's milk would be far less than he would receive if he were given a treatment dose of the drug. Also, a time-tested drug that many breastfeeding mothers have taken over the years is usually a wiser choice than a new drug.

If a nursing mother is told that a drug that has been prescribed for her is incompatible with breastfeeding, she has several choices. First, she can explain to her doctor why she

- \* *Why does the doctor think the drug is unsafe?*
- \* *What do the reports in the medical literature say about the drug, and would it be helpful to obtain more information?*
- \* *Is there a more compatible drug that would allow for continued breastfeeding?*

would like to continue breastfeeding. She can also ask:

Second, the mother can get another opinion. Doctors differ in their attitudes about drugs and breastfeeding. Some doctors believe that breastfeeding mothers should not take any drug, despite objective research to the contrary. Other doctors make certain exceptions but are extremely conservative. Reasons for this include concerns about legal liability and an ignorance of the health risks of artificial feeding and abrupt weaning. Also, some doctors rely on written resources provided by drug manufacturers, which tend to take an overly cautious approach based more on fear of litigation than an objective weighing of the health risks of artificial feeding with the risks of the drug.

It's interesting that health care providers are often more cautious about medications for nursing mothers than they are about medications for mothers during labor even though medications may pass to the fetus through the placenta and contribute to problems after birth. Antibiotics given because of a cesarean birth or other condition can contribute to a later yeast infection for the mother and/or her baby. Pain medications and anesthesia given during labor can make it

harder for a newborn baby to learn to breastfeed effectively. And even saline IVs can contribute to edema in the mother's breasts, making it harder for her baby to latch on and breastfeed effectively. Yet all these medications are accepted during labor because of the perceived benefit to the mother and baby. Perhaps, in time, continuing to breastfeed during an illness or while taking medications will be seen as important enough to outweigh concerns about possible side effects.

## **If weaning is unavoidable**

If a nursing mother must take a drug that has been proven to be incompatible with breastfeeding, she still has the option of temporarily weaning her baby and going back to breastfeeding after the drug treatment ends. To do this, she can pump and discard her milk about as often as her baby was nursing in order to minimize her own discomfort and keep up her milk supply.

If returning to breastfeeding is not possible (for example, the mother with cancer who will be on chemotherapy for an extended time), the best alternative may be to wean as gradually as time allows, giving the baby lots of extra love, cuddling, and attention and pumping or expressing milk whenever the mother's breasts feel overly full so that her milk supply can decrease slowly and comfortably.

Although in rare cases a mother may have to wean her baby due to illness or medication, it is usually possible to continue breastfeeding. Even during illness, the closeness of breastfeeding can be of great comfort to both mother and baby.

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