

Newborn Critical Care Center (NCCC) Clinical Guidelines

Breastfeeding Medications and Contraindications

MEDICATION CONSIDERATIONS

- Few maternal medications are strictly contraindicated for lactating mothers – one must consider each case individually:
- Resources to determine safety:
 - [LactMed - NIH Drugs and Lactation Database](#)
(Most up-to-date resource recommended by AAP, free app on iPhone and Android)
 - [Medications and Mother's Milk](#) by Thomas Hale
(Use your UNC onyen to sign on)
 - [UNC Medications in Lactation algorithm](#)
(Includes information on how to contact the Breastfeeding Medicine Consult Service which is staffed by a multidisciplinary team of Ob/Gyn, Family Medicine, and Pediatrics faculty)
- Drugs are more likely to be transferred into breast milk if they:
 - Are not highly protein-bound
 - Are more basic (alkaline)
 - Are more lipid-soluble
 - Have a lower molecular weight
 - Have a longer half-life *(avoid long-acting or sustained release medications)*
- Premature infants are at somewhat greater risk for developing high plasma concentrations of drugs because of their immature hepatic and renal clearance systems

GENERALLY CONTRAINDICATED MEDICATIONS & SUBSTANCES

1. Amphetamines
2. Chemotherapy agents – e.g. antimetabolites that interfere with DNA replication and cell division
3. Ergotamines
4. Statins
5. Antiretroviral medications
6. **“Street drugs”** – Maternal substance abuse is not a categorical contraindication to breastfeeding. Adequately nourished narcotic-dependent mothers can be encouraged to breastfeed if they are enrolled in a supervised maintenance program and have negative screening for HIV and illicit drugs. Street drugs such as PCP and cocaine can be detected in human milk. Their use by breastfeeding mothers is of concern, particularly with regard to the infant's long-term neurobehavioral development and are thus contraindicated. Maternal use of cannabis should be judged on an individual basis.

SUBSTANCES OF CONCERN

1. Antidepressants – Medication should be used by the lactating mother at the lowest effective dose
2. Anticonvulsants – Infants should be monitored for adverse effects

3. Radioactive compounds – Expressed milk can be stored prior to administration. The [US Nuclear Regulatory Commission](#) provides detailed guidelines regarding the necessity for and duration of temporary cessation of breastfeeding after maternal exposure to diagnostic radioactive compounds.
4. Lithium – Clearance is slower in infants compared to adults so blood concentrations may be high. Monitor for adverse effects and consider monitoring drug levels in the infant. Daily allowance is often linked to the health of the infant.
5. Alcohol – May blunt prolactin response to suckling and negatively affects infant motor development. Ingestion of alcoholic beverages should be minimized and limited to occasional intake. Nursing should take place 2 hours or longer after alcohol ingestion.
6. Tobacco – Maternal smoking is strongly discouraged because it is associated with an increased incidence in infant respiratory allergy and SIDS.

OTHER CONTRAINDICATIONS TO BREASTFEEDING (INFANT OR MATERNAL CONDITIONS)⁶

1. An infant diagnosed with **galactosemia**
2. The infant whose mother:
 - Has been infected with the **human immunodeficiency virus (HIV)**
 - Has untreated, active **tuberculosis** – *expressed milk can be used*; breastfeeding can resume when a mother with TB is treated for a minimum of 2 weeks and it is documented that she is no longer infectious
 - Is infected with **human T-cell lymphotropic virus (HTLV-I or HTLV-II)**
 - Is positive for untreated **brucellosis**
 - **Active herpes simplex lesions** (on the breast) – breastfeeding can resume when lesions are scabbed and crusted; mother *may continue to breastfeed or express milk from unaffected breast* but should cover lesions
 - **Maternal positive RPR status**
 - Mothers who develop **varicella** 5 days before through 2 days after delivery should be separated from their infants – *expressed milk can be used for feeding*
 - Mothers undergoing radiation therapy
 - Mother with suspected or confirmed Ebola virus

OTHER CONSIDERATIONS

1. It is safe for mothers with Hepatitis B and/or C positive to breastfeed.⁶
 - Insufficient data about risk of breastfeeding if nipples are cracked and bleeding. The CDC recommends stopping breastfeeding until nipples are healed.
2. Infants <30 weeks GA and <1500g who acquire CMV from mother's milk are at risk for a late-onset sepsis-like syndrome.⁶ Freezing reduces but does not eliminate CMV from breastmilk. Pasteurization eliminates CMV, but adversely affects other factors and nutrients.²

References:

1. [AAP Clinical Report: The Transfer of Drugs and Therapeutics into Human Breast Milk](#): An Update on Selected Topics. *Pediatrics* 132(3):e796-e809: 2013.
2. [AAP Policy Statement: Breastfeeding and the Use of Human Milk](#). *Pediatrics*. 129(3): e827-e841, 2012.
3. ABM Clinical Protocol #18: Use of Antidepressants in Breastfeeding Mothers. *Breastfeeding Medicine*. 10(6):290-299: 2015. doi:10.1089/bfm.2015.29002.
4. ABM Clinical Protocol #21: Guidelines for Breastfeeding and the Drug-Dependent Woman. *Breastfeeding Medicine*. 4(4):225-228: 2009. doi:10.1089/bfm.2009.9987.
5. ICRP, 2004. Doses to Infants from Ingestion of Radionuclides in Mothers' Milk. ICRP Publication 95. *Ann. ICRP* 34 (3-4). PMID: 16168243
6. CDC: Contraindications to breastfeeding or feeding expressed breastmilk to infants. (2018). <https://www.cdc.gov/breastfeeding/breastfeeding-special-circumstances/contraindications-to-breastfeeding.html>
7. American Academy of Pediatrics. (2013). Policy Statement: Infant Feeding and Transmission of Human Immunodeficiency Virus in the United States. *Pediatrics*, 131(2): 391-396

