



This fact sheet is for women who are concerned about the use of medicines while breastfeeding.

What are medicines?

Medicines include:

- those prescribed by doctors
- those purchased over-the-counter at pharmacies
- those purchased from supermarkets
- those purchased from health food stores, for example, herbal and traditional medicines and vitamins (for information on these products, refer to the *Herbal and traditional medicines in pregnancy or breastfeeding fact sheets*).

Medicines and breastfeeding

Breast milk is the best nutrient for your baby. Some medicines you take can get into your breast milk and into your baby. The health benefits of breast milk are so important, that if you are taking any medicines, you should only stop breastfeeding if there is a lot of evidence that these medicines would cause harm to your baby. It is important to talk to your doctor or pharmacist before taking any medicines while breastfeeding.

Advice

Generally, the product information from pharmaceutical companies will recommend caution or to avoid the medicine while breastfeeding. Your doctor, pharmacist and the Royal Women's Hospital Medicines Information Service can help you in making decisions regarding the safety of medicines while breastfeeding.

For general advice on treating common conditions with over-the-counter medicines see the following information.

Allergies and hayfever

Allergies and hayfever symptoms include a runny and blocked nose, sneezing, itching of the nose, eyes, ears or throat and watery, red irritated eyes.

Less sedating antihistamines such as loratadine can be used while breastfeeding for the relief of allergies and hayfever.¹ Sedating antihistamines are not recommended because the medicine may pass into your breast milk and make your baby drowsy.

Eye drops and nasal sprays are considered safe as it is unlikely to pass into breast milk.

Cold and flu

The common cold is caused by a virus. It is best to treat the individual symptoms of the common cold or flu. Single ingredient products are usually preferred for short term use at the recommended doses.

Observe your baby for signs of drowsiness, irritability and poor feeding. If there are any concerns, please consult your doctor.

If you are feeling very unwell because of a cold, the flu or sinus problems, you should contact your doctor.

Treatment for individual symptoms of cold or flu

• Aches and pain

Paracetamol (alone or in combination with codeine) may be used while breastfeeding² at the recommended dose to treat mild to moderate pain, such as headaches, toothaches, muscular pains or to reduce fever.

Non-steroidal anti-inflammatory drugs (NSAID) such as ibuprofen or diclofenac may be taken to help relieve pain and inflammation.

Low doses of aspirin, less than 150mg daily is considered safe to take. Avoid large doses of aspirin while breastfeeding as it may be harmful to your breastfed baby.³

- **Cough**

For a dry cough, a cough suppressant such as pholcodine or dextromethorphan is considered safe while breastfeeding. A dry, irritating cough is usually associated with a postnasal drip.

For a chesty or productive cough, an expectorant such as guaifenesin or a mucolytic such as bromhexine may be used at the recommended dose.

- **Nasal symptoms**

Steam inhalations and sodium chloride 0.9% nasal drops or sprays may be used to relieve a blocked nose in breastfeeding women. In general, intranasal decongestants containing oxymetazoline or xylometazoline may be used for 3 to 5 days. There is a risk of developing rebound congestion from prolonged use of nasal decongestants.

Avoid oral decongestants such as pseudoephedrine or phenylephrine while breastfeeding.

- **Sore throat**

Products with anaesthetic and antiseptic agents such as throat lozenges may be used while breastfeeding. Avoid excessive use as it may cause unwanted side effects such as diarrhoea.

Gargling salt water or drinking lemon and honey products may also help to ease a sore throat.

Avoid throat gargles containing iodine because it may affect the thyroid function of both you and your baby.

Cold sores

Prevention of cold sores is always better than treatment. To prevent cold sores, it is recommended that you:

- use lip-balm with SPF 15+
- avoid stress
- avoid too much sun and wind exposure
- avoid injury to the lips or skin and
- avoid foods or drinks that can trigger an outbreak.

The recommended treatment for cold sores is an ice compression as well as using lip balms to keep the area moist. If the cold sore is severe, or if further treatment is needed, you may use aciclovir cream as directed by your doctor or pharmacist.

Constipation

It is always better to try adding more fibre to your diet and drinking plenty of water before taking medicines. Remember that dietitians can help you with dietary advice. If you do require a laxative, your doctor or pharmacist will advise you on the most suitable product.

Stool softeners and osmotic laxatives are safe to use at the recommended doses while breastfeeding. Stimulant laxatives such as senna or biscodyl may pass into the breast milk and cause diarrhoea in your baby.

Diarrhoea

Most cases of diarrhoea are short-lived and do not require treatment with medicines. Oral rehydration solutions are recommended to replace the loss of fluid and electrolytes.

Diphenoxylate and atropine as well as loperamide may be used while breastfeeding to treat the symptoms of diarrhoea as prescribed by your doctor or pharmacist.

Heartburn

Most cases of heartburn do not require treatment with medicines. Try eating small, frequent meals and avoid rich or spicy meals, chocolate, citrus foods and coffee. Avoid lying down straight after a meal. If you need some symptom relief, use an antacid to ease discomfort. Talk to your pharmacist or doctor for advice.

Head lice and scabies

All family members and close contacts of a person with head lice or scabies should be treated to prevent the spreading of the infection. Bedding and clothing should be removed and washed in hot water. For head lice treatment, the “comb and conditioner” method may be used to remove head lice and eggs every second day until no live lice have been found for 10 days.

Head lice and scabies can be treated with topical products containing permethrin or pyrethrin while breastfeeding.

The nipple area should be cleaned of any topical products before your baby attaches to the breast to feed. Reapply the product to the washed area after feeding.

Mouth ulcers

Most mouth ulcers heal by themselves. Some over-the-counter creams or gels may be used to ease the pain or discomfort.

Creams and protective pastes are safe to use while breastfeeding. Salicylic acid or benzydamine containing products may also be used. Talk to your doctor or pharmacist for further advice before using any of these products.

Vaginal thrush

The use of topical antifungal agents containing clotrimazole, miconazole and nystatin to treat vaginal thrush are considered safe while breastfeeding.

A single dose of oral fluconazole is considered safe when oral treatment is preferred. A small amount of fluconazole is transferred into the breast milk, but it is unlikely to produce any harmful effects in your breastfed infant. Talk to your doctor or pharmacist for further advice.

Where to get more information

If this fact sheet does not answer your questions about a particular medicine or you are still unclear about what you should do, then seek further advice. Your doctor, local pharmacist and the Royal Women’s Hospital Medicines Information Service can assist you in making decisions regarding the safety of medicines while breastfeeding.

Medicines Information Service

Pharmacy Department
Level 1, The Royal Women’s Hospital
Cnr Grattan Street & Flemington Road
Parkville VIC 3052

Hours: 9am to 5pm Monday to Friday

T: (03) 8345 3190

F: (03) 8345 3195

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Related fact sheets

- Medicines in pregnancy
- Herbal and traditional medicines in pregnancy
- Herbal and traditional medicines in breastfeeding

References

1. Hilbert J, Radwanski E, Affrime M, Perentesis G, Symchowicz S, Zampaglione N. Excretion of loratadine in human breast milk. *The Journal of Clinical Pharmacology* 1988;28:234–9.
2. Notarianni LJ, Oldham HG, Bennett PN. Passage of paracetamol into breast milk and its subsequent metabolism by the neonate. *Br J Clin Pharmacol* 1987;24:63–7.
3. Clark JH, Wilson WG. A 16-Day-Old Breast-fed Infant with Metabolic Acidosis Caused by Salicylate. *Clinical Pediatrics* 1981;20:53–4.