

Medicines and breastfeeding

This information sheet has been produced to help you understand more about taking medicines when breastfeeding. It is not a substitute for talking with your doctor, midwife, nurse or pharmacist.

Most medicines may be safely used during breastfeeding. However, where possible, it is best to use the lowest effective dose for the shortest duration.

Women who are breastfeeding often need to take medicines. Although most medicines pass into breast milk to some degree, this is usually less than 10 percent of the dose taken by the mother.

Medicines that pass the breast milk at less than 10 percent of the mother's dose are considered to be compatible with breastfeeding. Other important factors are how often the infant is feeding and the age of the infant.

How do medicines get into breast milk?

Almost all medicines pass into breast milk via a process called passive diffusion. This is where medicines or other substances move from an area of higher concentration (the body) to an area of lower concentration (breast milk).

The amount of a medicine that passes into breast milk depends on a number of factors such as how much of the medicine gets into the body before it is used, how long the medicine stays in the body and the composition of the medicine.

What medicines should not be used when breastfeeding?

Potent medicines or medicines that pass into breast milk in high amounts should not be used during breastfeeding. These include cytotoxic agents such as those used in chemotherapy, medicines that suppress the immune system (immunosuppressants) as well as amiodarone, lithium and isotretinoin.

Compatibility of commonly used medicines with breastfeeding

Treatment	Breastfeeding recommendation
Infection	
Antibiotics	
Beta-lactams (eg, amoxicillin)	Compatible; monitor infant for gastrointestinal effects (eg, vomiting, diarrhoea)
Macrolides (eg, erythromycin)	Compatible; single dose of azithromycin considered safe
Cephalosporins (eg, cephalexin)	Compatible; may also cause gastrointestinal effects (monitor infant)
Fluoroquinolones (eg, ciprofloxacin)	Avoid if possible; potential risk of joint disease in infant
Trimethoprim	Compatible
Nitrofurantoin	Compatible; caution and not recommended if infant less than one month old or premature
Nitroimidazoles (eg, metronidazole)	Avoid if possible; if a single dose of metronidazole is taken stop breastfeeding for 12 hours
Antifungals (eg, miconazole, nystatin)	Compatible; if applying miconazole oral gel to nipples, apply after breastfeeding
Antivirals (eg, aciclovir)	Compatible
Allergies and hayfever	
Antihistamines	
Drowsy (eg, promethazine)	Probably compatible in occasional use; monitor infant for drowsiness
Non-drowsy (eg, loratadine)	Compatible
Topical corticosteroids (eg, hydrocortisone)	Compatible; if applying to breasts apply after breastfeeding
Pain	
Paracetamol	Compatible; pain relief of choice
NSAIDs (eg, ibuprofen)	Compatible; avoid breastfeeding with long-term aspirin treatment
Opiates (eg, codeine)	Compatible in occasional doses; monitor infant for drowsiness and irregular breathing
Depressive disorders	
Antidepressants	
SSRIs (eg, paroxetine)	Compatible; those with short half-life preferred
TCA's (eg, amitriptyline)	Less preferred due to potential toxicity
Anxiolytics	
Benzodiazepines (eg, temazepam)	Single dose compatible; monitor infant for drowsiness
Hormonal contraception	
Progesterone	Compatible; see data sheet for initiation time
Oestrogen	Avoid if possible; may inhibit lactation