

Medicines, alcohol, drugs & breastfeeding

There's a lot of confusing and conflicting information about taking medicines when breastfeeding. This often leads to women either not taking medicine that they need or giving up breastfeeding when they don't have to.

Some medicines will pass into your breast milk. The amount your baby receives depends on the type of medicine, how your body absorbs it, when you take it, and how old your baby is. Premature and low-birth-weight babies may have more problems than other babies. Your baby can also process and excrete some medicine, so small doses of most medicines will do them no harm.

The benefits of breastfeeding your baby are huge, and in most cases it's safe to continue breastfeeding while you take medicine.

How to safely take medicine while breastfeeding

If you think that you may need to take medicine while breastfeeding, working through the following steps can help to keep your baby safe. Talk to your general practice team or pharmacist if you have any concerns.

- 1) Avoid any medicine that's not essential. Try non-drug therapies.
 - It's safe to take paracetamol and ibuprofen while breastfeeding, as long as you stick to the correct dose. But if your pain is not too bad, try using relaxation techniques, massage or warm baths instead.
 - Instead of cough, cold, and allergy medication, try avoiding things you know you're allergic to and using saline nose drops, cool mist, or steam.
 - Instead of medication for gastric reflux, try eating small meals, sleeping with your head propped and avoiding gas-forming foods.
 - Instead of constipation relief medication, try eating high-fibre cereal or prunes, drinking kiwi crush, and drinking plenty of water.
 - Instead of medicine for diarrhoea, try avoiding solid food for 12 to 24 hours, drinking more, and eating toast or dry crackers.
- 2) Use medicine only when you need it and it's important to your health.
- 3) If you need to take medicine, talk to your GP or pharmacist about:
 - taking the lowest recommended dose for the shortest time possible. Avoid extra-strength or long-acting drugs, and medicines with more than one ingredient. Many cold remedies have combination ingredients which you should avoid, as the decongestant in them can reduce your milk supply





- taking the medicine in a form that reduces how much your milk absorbs. For example, it may be available as a cream, ointment, or spray
 - breastfeeding when the medicine is at lower levels in your breast milk. One way to do this is to breastfeed just before taking it
 - taking the medicine before your baby's longest sleep period. This will minimise how much your baby gets and is useful for long-acting drugs that you take once a day.
- 4) Stop breastfeeding altogether. In a small number of cases, the medicine (for example, chemotherapy) is too toxic to continue breastfeeding. If you need to take the medicine long-term, you will need to feed your baby another way. Read the Ministry of Health's advice about [formula feeding](#) (go to health.govt.nz and search for "formula").

Substances to avoid while breastfeeding

Recreational drugs: Although this may seem obvious, recreational drugs (including cannabis) can harm your baby. Because there's no control over the amount of active ingredients in recreational drugs, there's no way of knowing how much is in your milk. These drugs can stay in your baby's system for many hours and can cause sleepiness, agitation, breathing problems, and, potentially, brain damage. If you've taken a recreational drug, it's better to feed your baby another way (stored or donated breast milk, or formula) and ask your midwife or GP about when it's safe to breastfeed again.



Alcohol: When you drink alcohol you easily absorb it into your breast milk – the level of alcohol in your breast milk is about the same as in your blood. If you're planning to drink alcohol, read about [alcohol and breastfeeding](#) to help work out a feeding plan (go to breastfeeding.asn.au and search for "alcohol"). The [Feed Safe app](#) (feedsafe.net) helps you to figure out when your breast milk will be free of alcohol. It's free to download.

Smoking: It's best to stop smoking when you're breastfeeding, because it affects you and your baby's health. But if you do smoke, it's much better for your baby to be breastfed than not to be breastfed at all. Breast milk helps to strengthen your baby's immune system from infections that are more common in smoking households, like chest and ear infections.

You can minimise the risk to your baby by smoking after breastfeeding, only smoking outside, and by using a smoking jacket (a jacket you put on when you're smoking and take off afterwards, then leave outside). This helps to reduce the amount of smoke on your clothes that your baby comes into contact with.

You can read more information on healthinfo.org.nz about why [second-hand smoke is bad for your baby](#). Also read [How to become smokefree](#) on healthinfo.org.nz, for a list of free or cheap resources to help you quit smoking.



Caffeine: Caffeine is in coffee, tea, cola drinks, energy drinks, chocolate, some herbal products, and some medicines. Having a bit of caffeine every now and then is unlikely to cause problems, but it's best to avoid having a lot when you're breastfeeding. Caffeine can make your baby irritable and alter their sleep patterns. Some babies, particularly those under six months, are more sensitive to caffeine. If your baby is bothered when you have even a small amount of caffeine, you might want to stop having any for a while to see if that makes a difference. Your baby will probably become less sensitive to caffeine as they get older.

Common over-the-counter (OTC) medications

Talk to a pharmacist before taking any OTC medications (including any herbal or natural products) while you're breastfeeding. The following is a list of some common conditions and medications that are safe (and those to avoid):

Condition	Safe	Avoid
Pain relief	Paracetamol (first choice), ibuprofen	Aspirin, codeine, extra-strength or combination medicines
Colds	Saline nasal spray and steaming, paracetamol	Pseudoephedrine (prescription only), combination preparation drugs
Allergy and hay fever	Saline nasal wash or spray, Flixonase nasal spray, sodium cromoglycate eye drops, loratadine, fexofenadine	Pseudoephedrine (prescription only)
Skin and thrush	Clotrimazole, Micreme, hydrocortisone cream, moisturisers, aciclovir cream (for cold sores)	
Indigestion or constipation	Gaviscon/Mylanta, lactulose, Metamucil	
Infection	Bactroban ointment, penicillins and erythromycin (prescription only)	Ciprofloxacin (prescription only), tetracycline (prescription only)

Talk to your GP if you need more information.

i HealthInfo recommends the following pages

- [The Breastfeeding Network – Drug factsheets](http://breastfeedingnetwork.org.uk/drugs-factsheets) (breastfeedingnetwork.org.uk/drugs-factsheets)
This page has links to factsheets about many different drugs and medical conditions, and how they affect breastfeeding
- [MotherToBaby – Factsheets](http://mothertobaby.org/fact-sheets-parent) (mothertobaby.org/fact-sheets-parent)
Individual factsheets about specific medicines and their effect on you and your baby when you're pregnant or breastfeeding

Written by HealthInfo clinical advisers. Endorsed by Canterbury Breastfeeding Advocacy co-ordinator. Updated February 2018.