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Medications in Breastfeeding Mothers Policy

Hutt Maternity Policies provide guidance for the midwives and medical staff working in Hutt Maternity Services. Please discuss policies relevant to your care with your Lead Maternity Carer.

Purpose

The purpose of this guideline is to

- provide safe and effective care for women
- Establish a local approach to care that is evidence based.
- inform good decision making
- Define the decision making process and rational to temporarily discontinue breastfeeding due to medication use by the Mother

Scope

- obstetric staff employed by the Hutt Valley DHB
- midwifery staff employed by the Hutt Valley DHB
- Hutt Valley DHB maternity access agreement holders.
- Anaesthetic staff

Principles

When women are breastfeeding all pharmacological treatment decisions must strongly consider the effect of the medication and transfer through the breastmilk

Most drugs taken by mothers are compatible with breastfeeding there are exceptions and they are as listed.

- Amiodarone
- Antineoplastic Agents
- Chloramphenicol
- Ergometrine
- Gold Salts
- Lithium
- Phenindione
- Radiopharmaceuticals
- Retinoids
- Tetracyclines
- Pseudoephedrine
- Class A & B Controlled Drugs
- Women on Methadone treatment continuing to breast feed may help baby with withdrawal symptoms.
- Some herbal preparations

Procedure

Prescribing medications to a breastfeeding mother:

When prescribing medications to women who are currently breastfeeding refer to “Medications and Mothers Milk” by Thomas Hale, Ph.D.2017. This book is located in the Postnatal Ward, in the Breastfeeding support Office, and in SCBU. It breaks the medications in to the following categories and a decision regarding the appropriateness of the prescription can be made from this.

Lactation Risk Categories:

L1 = Safest

L2 = Safer

L3 = Moderately Safe

L4 = Possibly Hazardous

L5 = Contraindicated

The Recommendation to cease breastfeeding, or temporary pump and discard breast milk, should be made when all options for a more benign maternal treatment have been considered. This should occur if only the treatment option consists of L5 drugs the stopping of breastfeeding, or temporary pumping and discarding of breastmilk, should be done only when all options for a more benign maternal treatment have been considered. This should only occur if the only treatment option consists of L5 drugs and some L4 drugs. Any time interruption of the breastfeeding relationship is being considered, a referral to the LMC needs to be made (for clarification or further support phone Lactation Consultants on ext. 2556), ideally before treatment commences.

References

Hale, T. Medications and Mothers Milk. 17th edition Pharmasoft, Amarillo, TX 2017

Associated documents and guidelines

Breastfeeding policy

Informed Consent

The right of a consumer to make an informed choice and give informed consent, including the right to refuse medical treatment, is enshrined in law and in the Code of Health and Disability Consumers’ Rights in New Zealand. This means that a woman can choose to decline treatment, referral to another practitioner, or transfer of clinical responsibility. If this occurs follow the process map on page 18 of the Referral Guidelines (Ministry of Health, 2012).