



Medication in Lactation

Resources

Lactmed: lactmed.nlm.nih.gov

Medications & Mothers' Milk: <http://j.mp/MedsMilk>

Infant Risk Center – infantrisk.com

Phone 806-352-2519

Lactation consult

Pager WebXchange 347-1562

Phone 984-974-5435

If any breastfeeding mother or child is hospitalized, please consult lactation for support on sustaining breastfeeding while dyad is separated.

Breastfeeding Medicine Inpatient Consult

Pager WebXchange 123-4480

The Breastfeeding Medicine Consult Service is staffed by a multidisciplinary team of Ob/Gyn, Family Medicine, and Pediatrics faculty.

Reasons for consultation include:

- Medications concerns in mother of sick/preterm infant, or mother taking 3 or more L3 medications, or any L4 or L5 medications
- Concerns about the effect of a maternal disease process on breastfeeding or effect of breastfeeding on the disease process
- Concerns about the effect of infant illness on breastfeeding or effect of breastfeeding on infant illness

Epic Smart Phrases

LACTCOMMONMEDS - MMM and Lactmed summary for commonly prescribed medications

LACTPNMEDCONSULT – Prenatal consult note

LACTPPMEDCONSULT – Postpartum consult note

LACTPTDMEDICATIONS – AVS information for patient

ICD10 Visit Diagnosis / Problem List Code

O92.79 Encounter for antepartum consultation regarding lactation

O92.70 Lactation problem

Indications to review medication safety in breastfeeding:

- During prenatal care, ideally at 28-32 weeks, to provide anticipatory guidance and assist with feeding decisions
- On admission when delivery is anticipated
- When prescribing or recommending medications for a lactating women

Breastfeeding mother needs medication(s)
Effective non-pharmacologic therapy not available

Drug(s)
systemically
absorbed?

No

No risk to infant,
reassure mother

Yes

Look up drug at
lactmed.nlm.nih.gov and
Medications & Mother's Milk
<http://j.mp/MedsMilk>

Drug L1 or L2,
reassuring summary

No

Safer drug available
with similar efficacy?

No

Preterm / sick baby OR
Mother requires 3 or more L3
medications, OR any L4/L5

Yes

Call Infant Risk Center
(806) 352-2519
Consider Breastfeeding
Medicine Consult

No

Review information with mother
and with infant's provider
Discuss risks of drug exposure via
milk vs risk of disrupting
breastfeeding.

Support shared decision with mother:

- Continue breastfeeding with medication
- Express & discard milk for duration of treatment
- Initiate / continue medication and wean

Prescribe safer drug

Prescribe originally
selected drug

If members of the management team have concerns about medication exposure, a mother can express and store milk pending a shared decision-making discussion.

DO NOT DISCARD EXPRESSED MILK UNTIL THIS DISCUSSION HAS OCCURRED.

Counseling and follow-up

1. Document all provider counseling regarding breastfeeding and medication/substance use in the medical record. Document prenatal consultation in the problem list under O92.79, Encounter for antepartum consultation regarding lactation.
2. Review information from MMM and LactMed with mother and discuss risks of infant drug exposure vs. risks of disrupting breastfeeding for both mother and infant
3. Include MMM L-rating and LactMed summary for the selected drug in patient AVS. Consider printing entire LactMed monograph and Medications and Mother's Milk Summary and placing in chart / providing copy to mother to share with the infant's provider.
4. With mother's permission, copy infant's provider on encounter documentation so that s/he can follow infant for any side effects.
5. When mother is taking medication and breastfeeding:
 - a. encourage her to share LactMed and MMM information with her infant's provider
 - b. Review common / worrisome infant side effects
 - c. Advise her that pharmacists may instruct her not to use the drug while breastfeeding, despite safety data
 - d. Provide contact number for her to call with questions.
6. Time dose to minimize exposure, if possible: after feeding or before prolonged infant sleep.

Medications in Lactation Quick Reference

Common scenarios in which lactation should NOT be interrupted

General anesthesia

"Mothers with normal term or older infants can generally resume breastfeeding as soon as they are awake, stable, and alert. Resumption of normal mentation is a hallmark that these medications have redistributed from the plasma compartment (and thus generally the milk compartment) and entered adipose and muscle tissue where they are slowly released."¹

If a lactating woman is undergoing a surgical procedure, it's optimal for her to feed or pump right before her surgery, and then be able to feed or express milk 2-3 hours later, so that she does not become engorged.

Morphine is the preferred narcotic for breastfeeding women because of its poor bioavailability. Detailed recommendations regarding postoperative pain management are available from the Academy of Breastfeeding Medicine¹.

IV contrast studies

Both the American Academy of Pediatrics² and the American College of Obstetricians and Gynecologists^{3,4} concur that lactation should not be interrupted after IV contrast for CT or MRI studies. UNC's policy on imaging in pregnancy and lactation similarly states that mothers do not need to express and discard milk after IV contrast.

Radioactive compounds may require temporary cessation, depending on half-life. See <http://bit.ly/MedsMilk>

Anticipatory guidance for prenatal consults

Some medications may be reasonable for mothers who are breastfeeding term, healthy infants, but may be problematic for preterm or sick infants. Mothers should be counseled accordingly, as noted in the LACTPTEDMEDICATIONS SmartPhrase:

This information is for healthy, full term babies. If your baby {is/was:41136} born early or has health problems, some of these medicines might not be safe in breastfeeding. Your baby's doctor might ask you to pump and store your milk until your baby is healthy. If this is needed, your baby can be fed donor breast milk or formula.

Substance use in breastfeeding women^{5,6}

Smoking, social alcohol use, and opiate replacement therapy are not contraindications to breastfeeding. A mother with active use of other substances should be counseled by her provider and the infant's provider regarding risks and benefits of continued lactation. This discussion should be documented in the patient's chart by the physician or midlevel provider, and the resulting decision should be communicated to the lactation team.

Infectious diseases and Breastfeeding⁶

Permanent contraindications

1) Maternal HIV; 2) human T-lymphotropic virus type I/II infection

Temporary contraindications

1) Active, untreated varicella; 2) Active HSV lesion on the breast - mother may feed from other breast if clear of lesions; 3) Hepatitis C with active bleeding from the nipple; 4) Active or suspected pulmonary TB. Milk can be expressed and fed to the infant by a non-infected person until the mother has been treated sufficiently to be non-contagious.

Obtaining a pump for a patient at UNC

Place an order in Epic for a lactation consultation AND call the main lactation mobile number (4-5435) to arrange a pump – if no answer (overnight) call 5 Women's (4-1377) for access to a pump. Pumps are managed by lactation, not by patient equipment.

To order a pump kit to go with the pump, place an order from central supply for CD # 001704 (double pumping kit). If unable to secure an electric pump- or need to send a manual pump home with the patient - place an order from central supply for CD# 050626 for the Harmony Manual pump.

Symphony Inservice Video

<https://www.medelabreastfeedingus.com/video-page/69/symphony-inservice-video>

References

1. Montgomery A, Hale TW, Academy Of Breastfeeding M. ABM clinical protocol #15: analgesia and anesthesia for the breastfeeding mother, revised 2012. *Breastfeed Med*. 2012;7(6):547-553.
2. Sachs HC. The Transfer of Drugs and Therapeutics Into Human Breast Milk: An Update on Selected Topics. *Pediatrics*. 2013.
3. American College of Obstetricians and Gynecologists. Optimizing support for breastfeeding as part of obstetric practice. Committee Opinion No. 658. *Obstetrics and gynecology*. 2016;127:e86-92.
4. Committee Opinion No. 656: Guidelines for Diagnostic Imaging During Pregnancy and Lactation. *Obstetrics and gynecology*. 2016;127(2):e75-80.
5. Reece-Stremtan S, Marinelli KA. ABM clinical protocol #21: guidelines for breastfeeding and substance use or substance use disorder, revised 2015. *Breastfeed Med*. 2015;10(3):135-141.
6. UNC Health Care. NURS 0067: Breastfeeding and Human Milk 2016; http://intranet.unchealthcare.org/intranet/policies/nursing_clinical_practice/nurs0067.pdf/at_download/file. Accessed August 23, 2016.

Revised 9.2.16 AS

These algorithms are designed to assist the primary care provider in the clinical management of a variety of problems that occur during pregnancy. They should not be interpreted as a standard of care, but instead represent guidelines for management. Variation in practices should take into account such factors as characteristics of the individual patient, health resources, and regional experience with diagnostic and therapeutic modalities.

The algorithms remain the intellectual property of the University of North Carolina at Chapel Hill School of Medicine. They cannot be reproduced in whole or in part without the expressed written permission of the school.

www.mombaby.org