



**Resources**

Lactmed: [lactmed.nlm.nih.gov](http://lactmed.nlm.nih.gov)  
 Medications & Mothers' Milk: <https://www.halesmeds-com.libproxy.lib.unc.edu/>

Infant Risk Center – [infantrisk.com](http://www.infantrisk.com)  
 Phone 806-352-2519

**Lactation consult**

Pager [WebXchange 347-1562](http://www.webxchange.com)  
 Phone Vocera Lactation Consultant  
*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](http://www.webxchange.com)  
 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

**EpicSmart Phrases**

LACTCOMMONMEDS - MMM and Lactmed summary for commonly prescribed medications  
 LACTPNMEDCONSULT – Prenatal consult note  
 LACTPPMEDCONSULT – Postpartum consult note  
 LACTPTMEDICATIONS – AVS information for patient

**ICD10 Visit Diagnosis / Problem List Code**

O92.79 Encounter for antepartum consultation regarding lactation  
 O92.70 Lactation problem

## **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."<sup>1</sup>

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 Medicine<sup>1</sup>.

#### *IV contrast studies*

Both the American Academy of Pediatrics<sup>2</sup> and the American College of Obstetricians and Gynecologists<sup>3,4</sup> 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<sup>5,6</sup>**

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 Breastfeeding<sup>6</sup>**

#### *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](http://intranet.unchealthcare.org/intranet/policies/nursing_clinical_practice/nurs0067.pdf/at_download/file). Accessed August 23, 2016.

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*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.*

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[www.mombaby.org](http://www.mombaby.org)