

# Newborn Critical Care Center (NCCC) Clinical Guidelines

## Breastfeeding Medications and Contraindications

### MEDICATION CONSIDERATIONS

- Few maternal medications are strictly contraindicated for lactating mothers – one must consider each case individually.
- Resources to determine safety:
  - [LactMed HYPERLINK "https://www.ncbi.nlm.nih.gov/books/NBK501922/" - NIH Drugs and Lactation Database](https://www.ncbi.nlm.nih.gov/books/NBK501922/)  
(Most up-to-date resource recommended by AAP, free app on iPhone and Android)
  - [Medications and Mother's Milk](https://www.infantrisk.com/) by Thomas Hale <https://www.infantrisk.com/>  
(Use your UNC onyen to sign on)
  - [UNC HYPERLINK "https://www.mombaby.org/wp-content/uploads/2019/10/Medication-in-Lactation-Rev-10.19.2019.pdf" Medications in Lactation algorithm](https://www.mombaby.org/wp-content/uploads/2019/10/Medication-in-Lactation-Rev-10.19.2019.pdf)  
(Includes information on how to contact the Breastfeeding Medicine Consult Service which is staffed by a multidisciplinary team of Ob/Gyn, Family Medicine, and Pediatrics faculty)
- Drugs are more likely to be transferred into breast milk if they:
  - Are not highly protein-bound
  - Are more basic (alkaline)
  - Are more lipid-soluble
  - Have a lower molecular weight
  - Have a longer half-life (avoid long-acting or sustained release medications)
- Premature infants are at somewhat greater risk for developing high plasma concentrations of drugs because of their immature hepatic and renal clearance systems

### GENERALLY CONTRAINDICATED MEDICATIONS & SUBSTANCES

- Amphetamines
- Chemotherapy agents – e.g. antimetabolites that interfere with DNA replication and cell division
- Ergotamines
- Statins
- Antiretroviral medications
- **Illicit "Street" drugs** – Maternal substance abuse is not a categorical contraindication to breastfeeding. Adequately nourished narcotic-dependent mothers can be encouraged to breastfeed if they are enrolled in a supervised maintenance program and have negative screening for HIV and illicit drugs. Street drugs such as opioids, PCP (phencyclidine) and cocaine can be detected in human milk. Their use by breastfeeding mothers is of concern, particularly with regard to the infant's long-term neurobehavioral development and are thus contraindicated. **For mothers who discontinue illicit opioids or other substances and are on stable methadone or buprenorphine maintenance therapy, breastfeeding should be encouraged.** Maternal use of cannabis should be judged on a case-by case basis.

## SUBSTANCES OF CONCERN

- Antidepressants – Medication should be used by the lactating mother at the lowest effective dose
- Anticonvulsants – Infants should be monitored for adverse effects
- Radioactive compounds – Expressed milk can be stored prior to administration. The [US Nuclear Regulatory Commission](#) provides detailed guidelines regarding the necessity for and duration of temporary cessation of breastfeeding after maternal exposure to diagnostic radioactive compounds.
- Lithium – Clearance is slower in infants compared to adults so blood concentrations may be high. Monitor for adverse effects and consider monitoring drug levels in the infant. Daily allowance is often linked to the health of the infant.
- Alcohol – May blunt prolactin response to suckling and negatively affects infant motor development. Ingestion of alcoholic beverages should be minimized and limited to occasional intake. Nursing should take place 2 hours or longer after alcohol ingestion.
- Tobacco – Maternal smoking is strongly discouraged because it is associated with an increased incidence in infant respiratory allergy and SIDS.

## OTHER CONTRAINDICATIONS/CONSIDERATIONS TO BREASTFEEDING (INFANT OR MATERNAL CONDITIONS)<sup>6</sup>

1. Mother should **not** breastfeed or feed expressed breast milk if:

- Infant diagnosed with classic galactosemia
- Mother has **human immunodeficiency virus (HIV) with following criteria:**
  - \*Mother not on HIV treatment (antiretroviral therapy or ART)**
  - or**
  - \*Mother on ART but has not achieved sustained viral suppression during pregnancy (at a minimum throughout the third trimester) or at the time of delivery. Women on ART should also not breastfeed if they are unable to maintain sustained viral suppression after giving birth.**
- Mother infected with human T-cell lymphotropic virus type I or type II (HTLV - 1/2)
- Mother has suspected or confirmed Ebola virus disease

2. Mother should **temporarily** not breastfeed or feed expressed breast milk if:

- Mother infected with untreated **brucellosis**
- Mother undergoing **radiation therapy**
- **Mother with active herpes simplex lesions** (on the breast) – breastfeeding can resume when lesions are scabbed and crusted; mother *may continue to breastfeed or express milk from unaffected breast* but should cover lesions on affected breast
- Mother with **monkeypox** virus infection (Note: breastfeeding should be delayed until criteria for discontinuing isolation have been met, including all lesions have resolved, the scabs have fallen off, and a fresh layer of intact skin has formed.

- Maternal **positive RPR status**: breastfeeding is generally considered safe only if no infectious lesions (chancres) are present on the breast or nipple. If lesions are present, breastfeeding/pumping should stop until they heal.

3. Mother should temporarily not breastfeed, but can feed expressed breast milk if:

- Mother with untreated, active **tuberculosis**; breastfeeding can resume when a mother with TB is treated for a minimum of 2 weeks and it is documented that she is no longer infectious
- Mothers who develop **varicella** 5 days before through 2 days after delivery (should also be separated from their infant)

### OTHER CONSIDERATIONS

- It is safe for mothers with Hepatitis B and/or C positive to breastfeed.<sup>6</sup>
  - Insufficient data about risk of breastfeeding if nipples are cracked and bleeding. The CDC recommends stopping breastfeeding until nipples are healed.
- Infants <30 weeks GA and <1500g who acquire CMV from mother's milk are at risk for a late-onset sepsis-like syndrome.<sup>6</sup> Freezing reduces but does not eliminate CMV from breastmilk. Pasteurization eliminates CMV but adversely affects other factors and nutrients.<sup>2</sup>
- Additional resources for Breastfeeding Special Circumstances can be found at <https://www.cdc.gov/breastfeeding-special-circumstances/hcp/illnesses-conditions/index.html>

### References:

1. AAP Clinical Report: The Transfer of Drugs and Therapeutics into Human Breast Milk: An Update on Selected Topics. *Pediatrics* 132(3):e796-e809: 2013.
2. AAP Policy Statement: Breastfeeding and the Use of Human Milk. *Pediatrics*. 150(1): e2022057988, 2022.
3. ABM Clinical Protocol #18: Use of Antidepressants in Breastfeeding Mothers. *Breastfeeding Medicine*. 10(6):290-299: 2015. doi:10.1089/bfm.2015.29002.
4. ABM Clinical Protocol #21: Breastfeeding in the Setting of Substance Use and Substance Use Disorder. *Breastfeeding Medicine*. 18(10):715-733: 2023. DOI: 10.1089/bfm.2023.29256.abm.
5. ICRP, 2004. Doses to Infants from Ingestion of Radionuclides in Mothers' Milk. ICRP Publication 95. *Ann. ICRP* 34 (3-4). PMID: 16168243
6. CDC: Contraindications to breastfeeding or feeding expressed breastmilk to infants. (2025). <https://www.cdc.gov/breastfeeding-special-circumstances/hcp/contraindications/index.html>
7. American Academy of Pediatrics (2024). Infant Feeding for Persons Living With and at Risk for HIV in the United States: Clinical Report. *Pediatrics*, 153 (6): e2024066843.