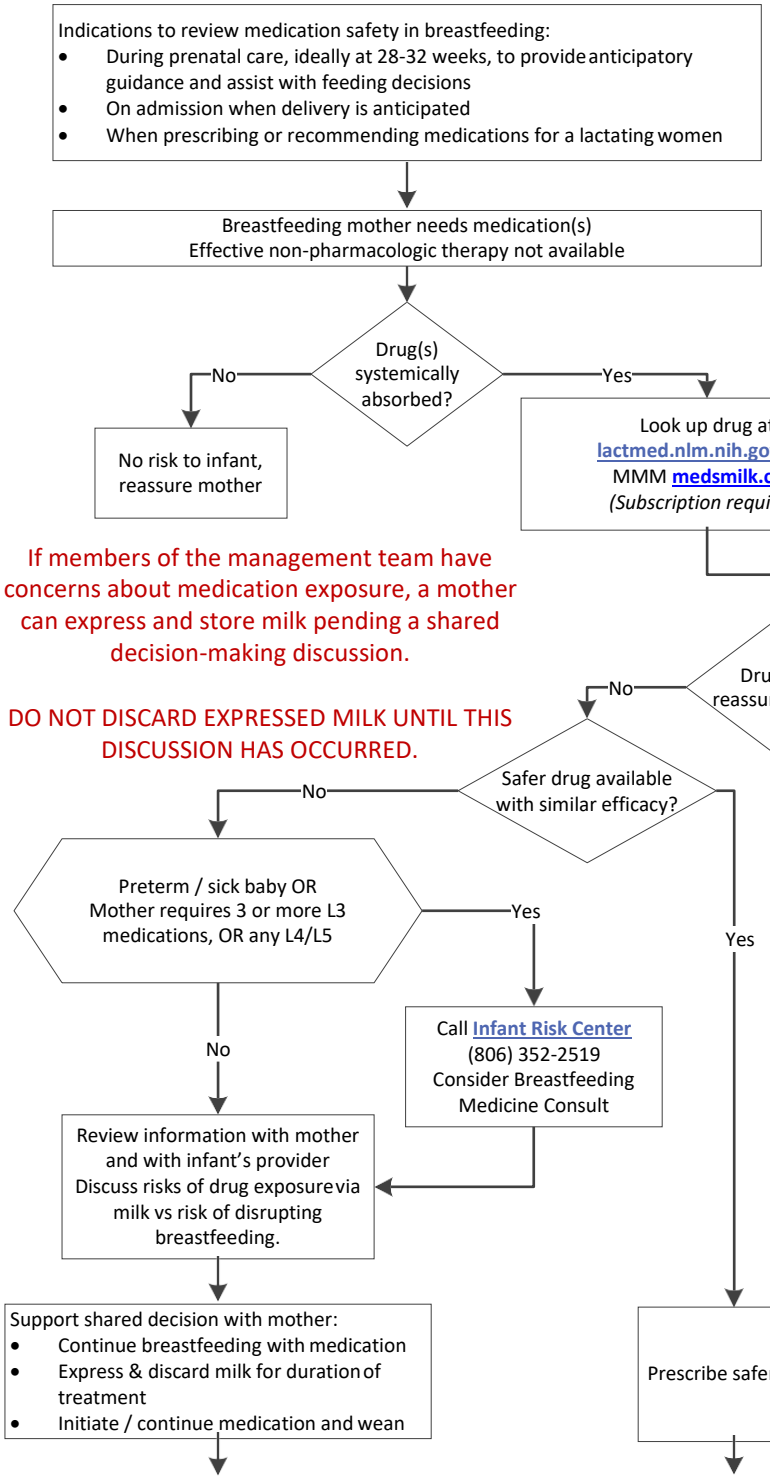
Kansas Breastfeeding Coalition, Inc.

Medication in Lactation



Resources
LactMed: lactmed.nlm.nih.gov
Medications & Mothers' Milk (MMM): **medsmilk.com** *(subscription required)*
Infant Risk Center – infantrisk.com
Phone 806-352-2519

Lactation support/consult
[insert hospital-specific information HERE]

Kansas Local Breastfeeding Resource Directory: http://ksbreastfeeding.org/local-resources/ (searchable by zip code)

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

ICD10 Visit Diagnosis / Problem List Code

O92.79	Encounter for antepartum consultation regarding lactation
O92.70	Lactation problem
S9443	KanCare code for *non-physician* IBCLC's

Full list of ICD10 Breastfeeding Codes for physicians: https://www.aafp.org/dam/AAFP/documents/patient_care/breastfeeding/HOPS%20-%20Breastfeeding%20Codes%20(FINAL).pdf

*See page 3 for definitions of L3, L4, and L5 medications

Counseling and follow-up
1. Document all provider counseling regarding breastfeeding and medication/substance use in the medical record. See Resource List above for appropriate diagnosis codes 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. Printing entire LactMed monograph and Medications & 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 Medicine[1].

IV contrast studies

Both the American Academy of Pediatrics[2] 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. *Radioactive compounds* may require temporary cessation, depending on half-life. See LactMed **lactmed.nlm.nih.gov** or Medications & Mother's Milk **medsmilk.com** *(subscription required)*

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. The baby's doctor might ask the mother to pump and store her milk until her baby is healthy. If this is needed, the 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 Breastfeeding[6]

Permanent contraindications

1) Maternal HIV; 2) human T-lymphotropic virus type I/II infection; 3) Ebola virus disease

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.

Breast pump resources

http://ksbreastfeeding.org/resources/pumping/
http://ksbreastfeeding.org/wp-content/uploads/2018/06/Breast-Pump-Insurance-Coverage-PPT-SHenry-June-2018.pdf

Lactation Risk Categories: (Dr. Thomas Hale, Medications & Mothers Milk)

L1 - Compatible
Drug which has been taken by a large number of breastfeeding mothers without any observed increase in adverse effects in the infant. Controlled studies in breastfeeding women fail to demonstrate a risk to the infant and the possibility of harm to the breastfeeding infant is remote; or the product is not orally bioavailable in an infant.

L2 - Probably Compatible
Drug which has been studied in a limited number of breastfeeding women without an increase in adverse effects in the infant. And/or, the evidence of a demonstrated risk which is likely to follow use of this medication in a breastfeeding woman is remote.

L3 - Probably Compatible
There are no controlled studies in breastfeeding women; however, the risk of untoward effects to a breastfed infant is possible, or controlled studies show only minimal non-threatening adverse effects. Drugs should be given only if the potential benefit justifies the potential risk to the infant. (New medications that have absolutely no published data are automatically categorized in this category, regardless of how safe they may be.)

L4 - Possibly Hazardous
There is positive evidence of risk to a breastfed infant or to breastmilk production, but the benefits from use in breastfeeding mothers may be acceptable despite the risk to the infant (e.g., if the drug is needed in a life-threatening situation or for a serious disease for which safer drugs cannot be used or are ineffective.)

L5 - Hazardous
Studies in breastfeeding mothers have demonstrated that there is significant and documented risk to the infant based on human experience, or it is a medication that has a high risk of causing significant damage to an infant. The risk of using the drug in breastfeeding women clearly outweighs any possible benefit from breastfeeding. The drug is contraindicated in women who are breastfeeding an infant.

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. Commitee 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. https://www.cdc.gov/breastfeeding/breastfeeding-special-circumstances/contraindications-to-breastfeeding.html Accessed March 4, 2019.

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Contributing Partners:

KU Pediatrics

This algorithm is 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.