

- Use the lowest appropriate dose to treat the mother.
- Only medicines essential for the treatment of a maternal condition should be prescribed.
- Administer maternal medicine immediately after a feed. This could be a useful strategy for drugs with short half-lives or those given once daily. It is of limited value for drugs with long half-lives, particularly in the neonatal period, when infants feed frequently.
- Breastfeeding may be withheld temporarily where a drug is administered in a single dose or intermittently (e.g. some radio-isotopes or chemotherapeutic drugs). Milk should be expressed and discarded during the period breastfeeding is withheld. However, advice to discontinue breastfeeding or to express and discard milk should not be given without consideration since this may cause difficulties for both mother and infant and deprive them of the benefits of breast milk.
- Within a drug class, choose a drug that has a lower relative infant dose if it is clinically suitable for the mother (e.g. sertraline rather than fluoxetine, ibuprofen rather than naproxen).

Specific medicines

Breastfeeding is contraindicated if a drug has a direct adverse effect on the infant or if the drug decreases milk supply (e.g. pseudoephedrine, oestrogens). For information on medicines that are contraindicated or require caution when breastfeeding, see monographs in 'Clinical monographs', Section B). Some of the recommendations are theoretical and are usually based on the relatively high level of toxicity of the agents concerned. While there have been instances of adverse effects with complementary medicines, each substance should be considered on its own merits (see 'Complementary medicines monographs', in Section C). Social (also known as recreational) drugs may also affect the infant. Alcohol, amphetamines, cannabis and nicotine all transfer readily to breast milk. Nicotine ingested by the mother in nicotine replacement therapies such as patches or gums is preferable to nicotine ingested from smoking.

Specialist medicines information centres

Medicines information centres attached to the major women's hospitals can provide additional specialised information on the use of medicines in breastfeeding and during pregnancy. See below for contact details.

ACT

The Canberra Hospital
Tel: (02) 6244 3333

NT

Royal Darwin Hospital
Tel: (08) 8922 8424

SA

Women's and Children's Hospital
Tel: (08) 8161 7222

VIC

Royal Women's Hospital
Tel: (03) 8345 3190
Email: drug.information@rwh.org.au

NSW

Mother Safe
Tel: (02) 9382 6539
Toll free (NSW): 1800 647 848

QLD

Queensland Drug Information Centre
Tel: (07) 3636 7098 or (07) 3636 7599

TAS

Royal Hobart Hospital
Tel: (03) 6222 8737

WA

Women and Newborn Health Service
Tel: (08) 9340 2723

Further information

Briggs GG, Freeman RK, Yaffe SJ. Drugs in pregnancy and lactation. 7th edn. Philadelphia: Lippincott, Williams and Wilkins, 2005.

Hale T. Medications and mothers' milk. 12th edn. Amarillo, Texas: Hale Publishing, 2006.

Hale TW, Hartmann PE, eds. Textbook of human lactation. Amarillo, Texas: Hale Publishing, 2007.

Pharmacy Department, ed. Drugs and breastfeeding. Melbourne: The Royal Women's Hospital, 2004.

TOXNET LactMed database, US National Library of Medicine (vendor), updated when required. At www.toxnet.nlm.nih.gov.

World Health Organization. Breastfeeding and maternal medication. At: <http://whqlibdoc.who.int/hq/2002/55732.pdf>.