Is This Safe to Take While I’m Breastfeeding?

This chapter explains what we know about how some common drugs and substances affect breast milk and breastfeeding.

Alcohol
Alcohol goes into breast milk very quickly. It can limit the “let-down” reflex, so your baby may get less breast milk.

If you drink once in a while:

- **Do not breastfeed for 3 hours** after having 1 drink. “1 drink” is 4 ounces of wine, 12 ounces of beer, or 1 ounce of hard liquor.

- **Wait 1 extra hour** before breastfeeding for each drink after your first. For instance, if you have 2 drinks, wait 4 hours to nurse.

If you drink every day or you “binge” drink, talk with your provider.

Anesthesia Drugs
Sometimes mothers are told to pump and throw away their milk after they receive anesthesia (drugs that make you sleep during surgery). But, very little of these drugs enter your breast milk, and even less are absorbed by your baby. The American Academy of Pediatrics (AAP) and other medical sources agree that anesthesia and most pain medicines do not affect breastfeeding.

If you receive anesthesia, you can start breastfeeding again as soon as you have recovered from the effects of the drug.

Contraceptives (Birth Control Methods)
Your risk of getting pregnant **in the first 6 months** after giving birth is lower:

- If you are feeding your baby only by breastfeeding.
- And your menstrual periods have not returned.
Still, you may want to use a contraceptive to decrease the chance that you might get pregnant right away. To make sure you have a good plan for contraception after your baby is born, please talk with your doctor about family planning:

- At your prenatal care visits
- In the hospital after you give birth
- At your 6-week postpartum visit

**Birth Control Without Hormones**

These birth control methods are safe for your baby, do not contain hormones, and do not affect your milk supply:

- Condoms
- Diaphragms
- Cervical caps
- Some IUDs

**Contraceptives That Contain Hormones**

Contraceptives that contain estrogen may reduce your milk supply. These include some pills, patches, and vaginal rings. Contraceptives that contain progesterone seem to be a better choice during breastfeeding. These include some pills, some IUDs, shots, and implants. Some experts caution mothers to wait to start using any hormones until after their milk supply is established.

**Caffeine**

Caffeine enters breast milk in fairly small amounts. It is considered safe for breastfeeding mothers to drink 2 servings a day. One serving is about 8 ounces of coffee (150 mg of caffeine).

In a study of breastfed infants whose mothers had 8 to 9 servings of caffeine a day, the babies had problems sleeping and were more fussy than usual.

**Cocaine**

If you use cocaine, do not breastfeed. Babies can have severe health problems from exposure to cocaine through breast milk. They can:

- Have seizures
- Be very fussy
• Have diarrhea
• Vomit

If you plan to stop using cocaine so that you can breastfeed, get help from a drug treatment program.

If you are breastfeeding and you use cocaine, pump and discard your milk for at least 36 hours after using the drug.

Do not let people use cocaine around your baby. Secondhand smoke from freebased cocaine can cause the same symptoms in your baby as it does in the user.

**Methadone**

Women who are on methadone maintenance can breastfeed their infants, according to the AAP.

**Cold Medicines**

The AAP says it is OK for breastfeeding mothers to use decongestants, but these medicines may reduce your milk supply. If your milk production is already low, do not use decongestants.

A saline nasal spray or nasal wash with sterile water can help clear nasal congestion. It can also help you recover from a cold faster.

**Local and Dental Anesthetics**

Numbing medicines (anesthetics) for dental work or other procedures are usually found only at very low levels in breast milk. You do not need to stop breastfeeding if you are given local anesthetics.

**Marijuana**

Do not breastfeed for several hours after using marijuana. The drug can reach high levels in breast milk. Marijuana:

• Delays your baby’s motor development
• May inhibit the hormones you need for breast milk production
• May impair your ability to care for your baby well

**Pain Medicines**

• **Acetaminophen (Tylenol and other brands):** Only small amounts of acetaminophen get into breast milk. The AAP says it is OK for breastfeeding mothers to use acetaminophen.
• **Ibuprofen (Advil, Motrin, and other brands):** Ibuprofen gets into milk in very low levels. The AAP approves ibuprofen for use by breastfeeding mothers.

• **Naproxen (Aleve, Naprosyn, and other brands):** Naproxen is approved for use by the AAP. But, because it stays in your body longer than acetaminophen or ibuprofen, some nursing mothers choose those pain medicines instead.

**Tobacco**

**Make every effort to stop smoking during pregnancy and while you are breastfeeding.** Nicotine passes easily into breast milk. The more cigarettes you smoke, the more nicotine is in your breast milk. Nicotine can:

- Decrease your milk supply
- Cause these symptoms in your baby:
  - Vomiting
  - Diarrhea
  - Restlessness
  - Colic

If you cannot stop all the way, smoke as little as possible. **Never** smoke just before nursing. **Never** smoke in the room your baby is in. Also, do not let others smoke near you and your baby.

**Ultrasound, X-rays, and Radiopaque Dyes**

The American College of Radiology says that nursing mothers do not need to stop breastfeeding if they have an ultrasound or an X-ray. Even if you need to take *contrast* (X-ray dye) for a test, only very small amounts of the dye enter your breast milk. The iodine in these dyes is not absorbed by your baby.

**Foods You Avoided During Pregnancy**

Some foods that you avoided while you were pregnant are OK to eat while you are breastfeeding. These include soft cheeses, sushi, and luncheon meats.

**Questions?**

Your questions are important. If you have questions about medicines and other substances and breastfeeding, call Lactation Services at 206.598.4628.

Now, please go back to the Table of Contents in this workbook and check the box so your nurses will know you have read this chapter.