

# Medicines Use and Breastfeeding: what you need to know

Laura Kearney and Sarah Fenner  
12<sup>th</sup> May



**UKDILAS**

UK Drugs in Lactation  
Advisory Service

[www.sps.nhs.uk/ukdilas](http://www.sps.nhs.uk/ukdilas)

## Aims for this session

- Introduction to the Service
- Why this topic is important
- Guide to the lactation information on the SPS website
- What other resources are available
- Commonly asked questions
  - COVID-19 vaccines
  - Analgesia, including codeine

# UK Drugs in Lactation Advisory Service

- A specialist arm of the UKMi network, part of SPS
- Provided by a team of highly specialist pharmacists based within the Midlands & East Medicines Advice Service
- NHS resource
- Free to use for all UK healthcare professionals



# UK Drugs in Lactation Advisory Service

- Enquiry Answering service
- Concise medicine specific advice/detailed evidence reviews
- Training of the rest of the UKMi network
  - 9000 calls/year (UKMi)
  - 500/year directed to the specialist service
- Premature infants and multiple medications

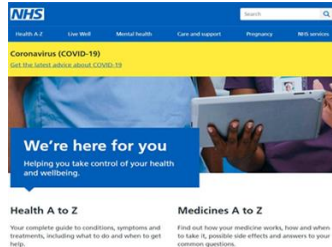


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UK Medicines Information



# Collaborations



NHS medicine leaflets

**NICE**

NICE stakeholder



**MHRA**

MHRA consortium



ConCeption



Public Health England



Medicines Learning Portal





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# Our Aim

- To protect the breastfeeding relationship wherever possible
- To allow appropriate medicine use when it is needed
- Evidence based information and advice
- There are 3 options:
  1. Mum stops BF due to perceived risk of medicine exposure
  2. Mum does not take the medicine, and carries on with BF
  3. **Mum continues with both medicine and breastfeeding**





# Importance of Breastfeeding

Mother	Infant
Reduced risk of breast cancer	Reduced gastric, respiratory, urinary tract infection
Delayed resumption of menstrual cycle	Reduced obesity in later life
Protection against Type II diabetes	Reduced risk of Sudden Infant Death
Protection against ovarian cancer	Increased intelligence
Reduced risk of hypertension	Reduced risk of juvenile onset diabetes

**Advising not to breast feed is not  
a “no risk” option**

<https://www.unicef.org.uk/babyfriendly/news-and-research/baby-friendly-research/>



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**NHS**

# Current Guidance

- Exclusive breastfeeding for first 6 months
  - 6-8 weeks = 48%
  - 6 months = 1%
- Do not want medication use to be an unnecessary barrier
- Advising to stop breastfeeding, even for a short while, can be practically very difficult





# Evidence (...or lack of it)

- Very limited and poor evidence available
- NICE criteria
- Single case reports or small short term studies
- No, or very limited, long term data on infant development
- Huge information gap compared to pregnancy
- Evidence of harm?
- Risk assessment often made on extrapolation



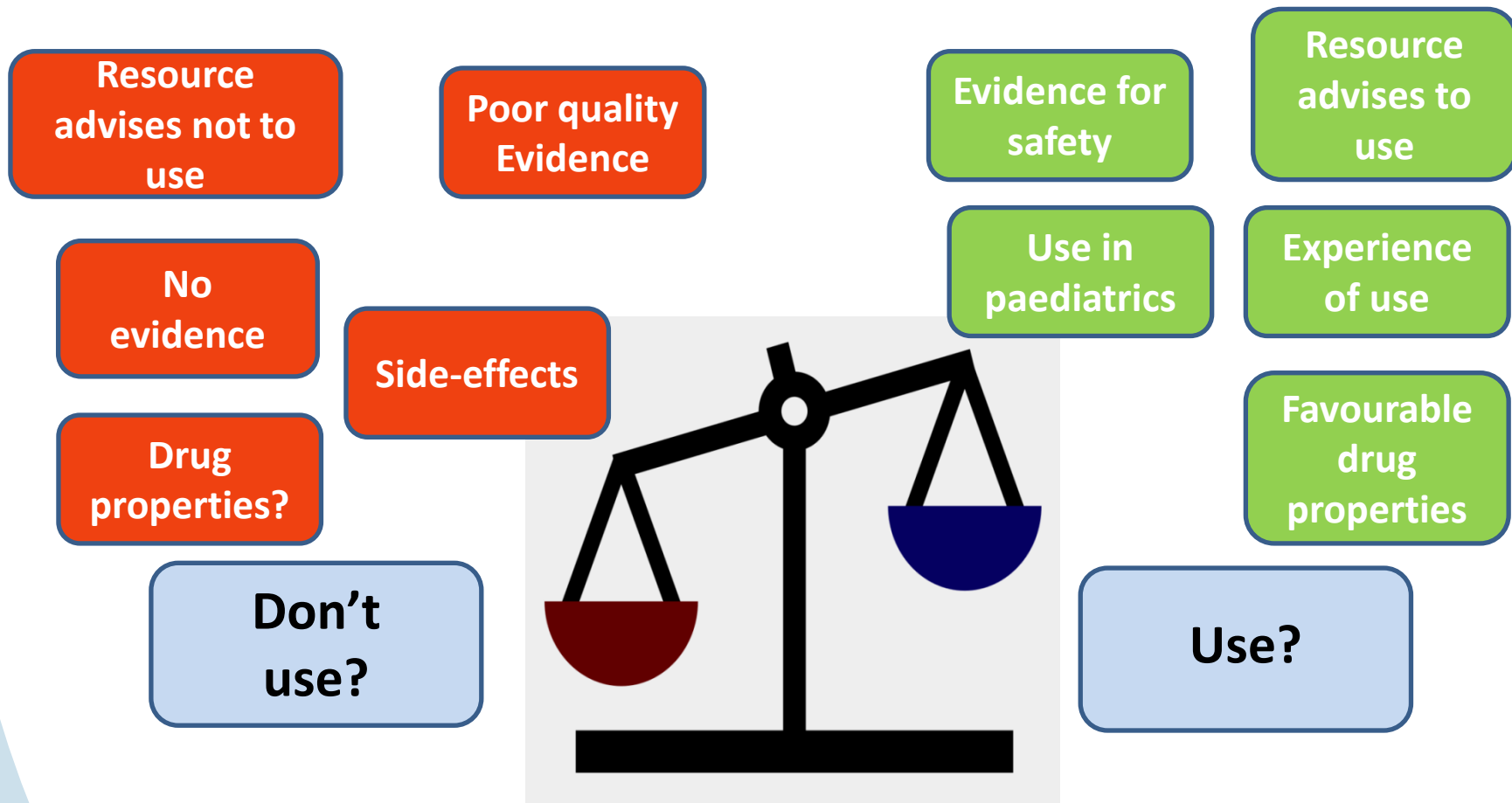


# Extrapolation?

- Practical use in real life
- Clinical appropriateness
- Evidence available for a drug within the same class
- Use in paediatrics therapeutically
- Properties of the drug
  - pharmacokinetics
  - side-effects



# Variation in interpretation





# Outcome

- Confusion
- Told to stop breastfeeding unnecessarily
- Mixed messaging from different healthcare professionals
- Mothers lack confidence in the information given

Training and  
re-education?



What about those who  
don't look it up?



# Training Information



**Specialist Pharmacy Service**

The first stop for professional medicines advice

[www.sps.nhs.uk](http://www.sps.nhs.uk)

COVID-19 Vaccines **Guidance** Events Networks Planning Training Publications

Guidance	Guidance by Care Setting
<ul style="list-style-type: none"> <li>Guidance index</li> <li>COVID-19 Medicines Optimisation</li> <li>Medical gases</li> <li>Patient Group Directions</li> <li>Administering</li> <li>Dosing</li> <li>Monitoring</li> <li>Switching</li> <li>Interactions</li> <li>Supply</li> <li>Polypharmacy</li> <li>Best practice sharing</li> </ul>	<ul style="list-style-type: none"> <li>Care homes</li> <li>Care of the elderly</li> <li>Community Health Services</li> <li>Critical care</li> </ul>

- Safety in breastfeeding**
- Stability outside the fridge
- Excipients
- Stability in dosette boxes
- Stability of cytotoxics
- Aseptic services
- Manufacturing and prepa
- Unlicensed medicines
- Homecare
- ATMPs
- Q Search Guidance



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COVID-19 Vaccines **Guidance** Events Networks Planning Training Publications Q Search

COVID-19 Medicines Optimisation Medical gases Patient Group Directions Administering Dosing Monitoring Switching Interactions Supply More

## Safety in breastfeeding

### Training resources for breastfeeding

#### Why breastfeeding is important and how pharmacy can help

Registered pharmacy professionals have a role in ensuring breastfeeding can continue whilst medicines are used

**Training materials** · 4 December 2020

#### Questions to ask when giving advice on medicines and breastfeeding

Information should be gathered on both the mother and the infant. Questions are provided to help determine clinical details.

**Training materials** · 4 December 2020

#### Information products that give advice on medicines and breastfeeding

SPS and other resources can help pharmacy professionals give advice on use of medicines during breastfeeding.

**Training materials** · 4 December 2020

#### Advising on medicines regimens during breastfeeding

Most medicines can be used throughout breastfeeding, in some cases further risk-reducing methods may be required highlighted here

**Training materials** · 4 December 2020

### All content

Guidance > COVID-19 Medicines Optimisation > Specialty Guidance

**Monthly MUS Webex – Medicines use and Breastfeeding – what you need to know**



# SPS training information



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COVID-19 Vaccines Guidance Events Networks Planning Training Publications Q Search

COVID-19 Medicines Optimisation Medical gases Patient Group Directions Administering Dosing Monitoring Switching

## Why breastfeeding is important and how pharmacy can help

**Vanessa Chapman**, Associate Professional Lead for Medicines Information, Midlands & East, Midlands and East Medicines Advice Service (Midlands site) & UK Drugs in Lactation Advisory Service · Published 4 December 2020 · Last updated 9 April 2021 · [See all updates](#)

Topics: [Safety in Breastfeeding](#) · [Training materials](#)

Registered pharmacy professionals have a role in ensuring breastfeeding can continue whilst medicines are used

This article forms part of a series

### Why breastfeeding is important and how pharmacy can help

- [Questions to ask when giving advice on medicines and breastfeeding](#)
- [Information products that give advice on medicines and breastfeeding](#)
- [Advising on medicines regimens during breastfeeding](#)

[www.sps.nhs.uk/articles/why-breastfeeding-is-important-and-how-pharmacy-can-help/](http://www.sps.nhs.uk/articles/why-breastfeeding-is-important-and-how-pharmacy-can-help/)

### Why breastfeeding is important and how pharmacy can help

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Registered pharmacy professionals have a role in ensuring breastfeeding can continue whilst medicines are used

This article forms part of a series  
**Why breastfeeding is important and how pharmacy can help**

- [Questions to ask when giving advice on medicines and breastfeeding](#)
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- [Advising on medicines regimens during breastfeeding](#)

#### Benefits of breastfeeding

Breastfeeding provides nutrition tailored to the infant's needs. It also provides additional nutrients and immunoglobulins, and has other [health benefits](#) for the infant and for the mother. Current [guidance](#) recommends exclusive breastfeeding for around the first 6 months of life and all women should be encouraged to breastfeed.

#### The pharmacy role

Registered pharmacy professionals are ideally placed to undertake a risk assessment and give informed advice if the mother wants to continue to breastfeed whilst taking medicines.

Stopping breastfeeding when a medicine is prescribed is not a "no risk" option to either the mother or the infant as they would lose all the benefits of breastfeeding. Equally, a mother should not be denied a medicine she needs due to a perceived unacceptable risk.

The following quote from a health visitor demonstrates the importance to patients of individualised advice.

"A mother was devastated after being told she couldn't breastfeed due to the medicines she was taking. This was an IVF pregnancy and she may not have the chance to have another baby. After getting some advice from the pharmacist, she is now breastfeeding a large term baby and she is ecstatic! I wish you could have seen her beaming smile."

#### Podcast

[Listen](#) to a conversation with an expert pharmacist discussing why this is an important topic and the role registered pharmacy professionals can play in advising patients and colleagues.

#### Change history

9 April 2021	Amended layout for clearer navigation.
4 December 2020	Published



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Pharmacy  
Service**



# Key questions

- The medicine(s)
  - Is this new/already taking?
- Is the infant well?
  - Medical conditions/taking medicines
- How old is the infant?
  - *Determines how they handle medicines*
  - *Volume of milk (and therefore dose)*
- Exclusively breastfed?
- Downloadable question sheet available

[www.sps.nhs.uk/articles/questions-to-ask-when-giving-advice-on-medicines-and-breastfeeding/](http://www.sps.nhs.uk/articles/questions-to-ask-when-giving-advice-on-medicines-and-breastfeeding/)

## Questions to ask when giving advice on medicines and breastfeeding

Veronica Chapman, Associate Professional Lead for Medicines Information, Midlands & East, Midlands and East Medicines Advice Service (Midlands site) & UK Drugs in Lactation Advisory Service | Published 4 December 2020  
Topic: Safety in Breastfeeding - Training materials

Information should be gathered on both the mother and the infant. Questions are provided to help determine clinical details.

This article forms part of a series

Why breastfeeding is important and how pharmacy can help

— [Questions to ask when giving advice on medicines and breastfeeding](#)

— [Information products that give advice on medicines and breastfeeding](#)

— [Advising on medicines regimens during breastfeeding](#)

### Contents

**Which medicine(s) is the mother taking?**

Is the mother already taking the medicine or is something that is newly prescribed?

Has the mother taken the medicine during pregnancy?

Is the infant at increased risk of harm from a medicine (e.g. kidney or liver dysfunction)? Are they prescribed any medicines themselves?

How old is the infant? Is he/she premature or full-term?

Is the infant exclusively on breastmilk?

How often is the mother breastfeeding?

Checklist to download

### Which medicine(s) is the mother taking?

Remember to include over the counter medicines, complementary medicines and supplements. Check for the duration of therapy and if the mother is actually taking what has been prescribed. This will allow you to check whether all medicines are suitable or if there are any interactions.

### Is the mother already taking the medicine or is it something that is newly prescribed?

You may be considering two or more medicines or be willing to use an alternative. If you find that one of the options is unsuitable in breastfeeding, recommending a preferred alternative is more feasible if the mother hasn't already been taking the medicine.

If a mother is already established on a medicine, switching to an alternative because of breastfeeding may not be a suitable clinical option for the mother.

For example, you may be much more willing to accept a change to an antiepileptic medicine if it is being used for neuropathic pain as opposed to its use for epilepsy.

### Has the mother taken the medicine during pregnancy?

Some medicines may be started, stopped or switched during pregnancy. It cannot be assumed that a medicine that was safe or unsafe during pregnancy will be so during breastfeeding.

A separate risk assessment for the use of a medicine in breastfeeding is still required.

### Is the infant at increased risk of harm from a medicine (e.g. kidney or liver dysfunction)? Are they prescribed any medicines themselves?

It is just as important to take a full medical and drug history of the infant. Their ability to excrete medicines they are exposed to via breastmilk, or their medical conditions, may be affected or aggravated by the side-effect profile of the medication they are being exposed to via breastmilk.

### How old is the infant? Is he/she premature or full-term?

The handling of medicines is completely different between, for example, a premature infant born at 28 weeks gestation, compared with a two year old infant who may still be having comfort feeds.

### Is the infant exclusively on breastmilk? How often is the mother breastfeeding?

Infants are weaned onto solid foods at around six months of age. Advice and any potentially mitigating factors will be very different for a newborn infant being fed on demand compared with an older infant having night-time comfort feeds.

Exposure to medicines in breastmilk is greatest for infants who are exclusively breastfed. If an infant is being part formula fed, or started on solids, this reduces the overall medicine exposure.

### Checklist to download

The template below can be downloaded and used to record responses during discussions with mothers or others. The completed form can be uploaded to a patient's medical record.

📄 [Key issues to consider when handling questions about the use of medicines in breastfeeding - downloadable version](#)  
Word: 34 KB



# Advising on Medicines

- Most medicines can continue during breastfeeding
- In most cases infant monitoring is required
  - Specific advice
  - General advice
- Ways to reduce risk:
  - Simplify
  - Offer an alternative
- What if there is more than one medicine?

## Advising on medicines regimens during breastfeeding

Vanessa Chapman, Associate Professional Lead for Medicines Information, Midlands & East, Midlands and East Medicines Advice Service (Midlands site) & UK Drugs in Lactation Advisory Service - Published 4 December 2020  
Topics: Safety in Breastfeeding - Training materials

Most medicines can be used throughout breastfeeding, in some cases further risk-reducing methods may be required highlighted here

### This article forms part of a series

Why breastfeeding is important and how pharmacy can help

- Questions to ask when giving advice on medicines and breastfeeding
- Information products that give advice on medicines and breastfeeding
- **Advising on medicines regimens during breastfeeding**

### Contents

**Reducing the risk of side-effects to the infant whilst protecting the breastfeeding relationship**

- Simplify the maternal therapy regimen
- Offer alternatives
- Re-time feeds or withhold breastfeeding temporarily (but seek specialist advice first)

Monitoring the infant

### Reducing the risk of side-effects to the infant whilst protecting the breastfeeding relationship

Where medicines **cannot** be continued as normal whilst breastfeeding, the following can be considered to reduce the risk of side-effects to the infant whilst protecting the breastfeeding relationship.

#### Simplify the maternal therapy regimen

It is always best to avoid unnecessary medicine use, including self-medication. If a mother is taking medicines during pregnancy, review these before delivery to help reduce risks to the infant. Consider whether the medicine could be stopped, or a non-drug option chosen instead.

#### Offer alternatives

Sometimes it may be better to offer an alternative that may be safer or have more evidence for its use. This could include changes to the route of administration.

A good example of this would be for the treatment of hayfever where nasal or ocular preparations may be an option over oral antihistamines.

Remember – when considering alternatives to recommend, it is just as important to ensure they are suitable for the mother's clinical condition in addition to their suitability in breastfeeding.

#### Re-time feeds or withhold breastfeeding temporarily (but seek specialist advice first)

On occasions it may be possible to reduce infant exposure by either:

- giving the maternal dose immediately after the infant has been fed with the aim of avoiding feeding at peak milk concentrations; or
- withholding breastfeeding until after a suitable washout period of the medicine (this technique is most appropriate for short courses of a drug known to be hazardous)

Both techniques rely on knowledge of pharmacokinetic data, which may be unreliable or not readily available. In addition they are often impractical for the mother, especially where young infants are feeding frequently up to 2 hourly.

We suggest you seek further advice from your [regional MI centre](#) or [UKDILAS](#) before implementing either approach.

#### Monitoring the infant

Whatever strategy is used, it's always important to give advice on what to look out for in the infant to indicate if they're experiencing an effect from the medicine through breastmilk: for example, if the infant is more sleepy than usual and not waking up to feed regularly. You can find information on this in our [Medicines specific advice during breastfeeding](#).

If the infant needs monitoring, you may wish to involve all those involved with caring for the infant, for example the father or other members of the family. It is also important to let the mother know that you may need to liaise with the health visitor, midwife GP or others involved in their care.

[www.sps.nhs.uk/articles/advising-on-medicines-regimens-during-breastfeeding/](http://www.sps.nhs.uk/articles/advising-on-medicines-regimens-during-breastfeeding/)




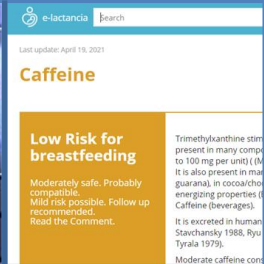

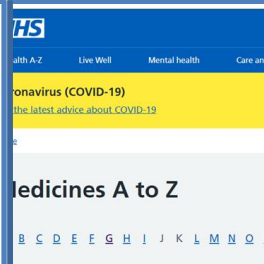
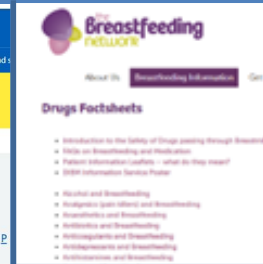
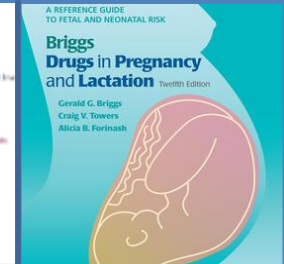


# Medicine specific advice

- The risk of the medicine itself will depend on many things:
  - Drug dose
  - Route of administration
  - Toxicity and side effects of the drug
  - Long or short term administration
  - Pharmacokinetics
- Where can you find this specific advice?
- [www.sps.nhs.uk](http://www.sps.nhs.uk)



# Other resources

					
LactMed	eLactancia	Medication & Mother's Milk (Hale)	NHS Website: Medicines A-Z	Breastfeeding Network fact sheets	Briggs' Drugs in Pregnancy and Lactation

➔ What about the manufacturers information and the BNF?

<https://www.sps.nhs.uk/articles/information-products-that-give-advice-on-medicines-and-breastfeeding/>

# Resources

- Resources often may not always be aligned
  - Poor quality data and subject to interpretation
- UKDILAS information on the SPS website
  - Looks at all the resources
  - Provide a peer reviewed assessment

SPS and other resources can help pharmacy professionals give advice on use of medicines during breastfeeding.

**This article forms part of a series**

- Why breastfeeding is important and how pharmacy can help
- Questions to ask when giving advice on medicines and breastfeeding
  - **Information products that give advice on medicines and breastfeeding**
  - Advising on medicines regimens during breastfeeding

**Contents**

- SPS Breastfeeding resources
- Our top 3 additional suggestions
  - NHS website: Medicines A-Z
  - Medicines Learning Portal
  - UK Infant Feeding Network
- Other products you may find useful
  - NICE Clinical Knowledge Summaries
  - Electronic Medicines Compendium
  - BNF
  - BNF for Children
  - Unicef Baby Friendly Initiative
  - LactMed
  - e-lactancia
  - Medications and Mothers' Milk (MML)
  - Briggs' Drugs in Pregnancy & Lactation

**SPS Breastfeeding resources**

SPS produces [Medicine specific advice during breastfeeding](#) which we would always advise checking first and which should give objective answers. You can also [read more](#) about how we put our content together.

**Our top 3 additional suggestions**

In addition to our own resources, we particularly recommend the following top 3:

**NHS website: Medicines A-Z**

The [NHS Website: Medicines A-Z](#) provides:

- We particularly recommend this for patients and for patient-facing material
- It contains information for patients on a wide range of commonly used medicines, including over the counter medicines
- Each webpage for an individual medicine has a section on pregnancy and breastfeeding in patient-friendly language

**Medicines Learning Portal**

- We recommend this to support the training of the pharmacy team
- It contains a tutorial on breastfeeding written in conjunction with [UKDILAS](#)

**GP Infant Feeding Network**

- We also recommend this to find out more about best practice in healthy infant feeding in general, including breastfeeding
- It gives practical advice on feeding related issues, e.g. mastitis, candida infection, vitamin D supplementation

**Other products you may find useful**

In addition to the above, and particularly if you find yourself answering a lot of enquiries about medicine use in breastfeeding, you may find these additional resources helpful:

**NICE Clinical Knowledge Summaries**

- Guidelines advice on the management of conditions in breastfeeding mothers and there is also a specific guideline on breastfeeding problems

**Electronic Medicines Compendium**

- Summaries of Product Characteristics (SPiC) and Patient Information Leaflets (PILs)
- This information clarifies the licensed status of a medicine's use during breastfeeding and is not clinical advice. Manufacturers generally take a very cautious approach because of a lack of data
- This should not be used as a sole information source for these types of medicines-related question

**BNF**

- Statements on use of medicines during breastfeeding are brief and may be based largely on SmiTC statements. As such, the information is generally over cautious and gives little additional guidance over and above the SmiTC

**BNF for Children**

- In some circumstances it may be helpful to check the BNF for Children to see if the medicine can itself be used in neonates or infants as this provides reassurance of use in the paediatric population

**Unicef Baby Friendly Initiative**

- Contains an interesting evidence section and advice on breastfeeding support in general

**LactMed**

- This resource is part of the US National Library of Medicine website
- It is considered a reputable and up to date resource although not all medicines are included
- Provides information on whether the medicine affects the lactation process itself

**e-lactancia**

- A Spanish website with an English version provided
- Wide coverage of products with succinct entries including a lactation risk category. Some monographs have what additional notes
- Suitable alternatives are given where available

**Medications and Mothers' Milk (MML)**

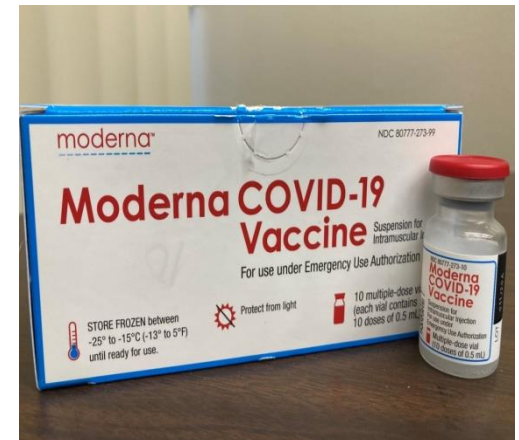
- This is a US reference source and requires a subscription
- It is considered a reputable and up to date resource
- It is particularly useful for breastfeeding related pharmacokinetics

**Briggs' Drugs in Pregnancy & Lactation**

- This is a US reference source and requires a subscription
- The pregnancy information dominates each monograph and therefore the level of detail is not usually sufficient or helpful for Briggs to be used as a resource for drugs in breastfeeding



# COVID-19 Vaccines





# COVID-19 vaccine

- PHE/JCVI advise all breastfeeding women can have *any* vaccine
- Recent age restriction of AZ vaccine use in <40  
- *rare risk of blood clots with first dose*
- Does not change the safety profile in breastfeeding
- May change which vaccine a breastfeeding women gets

UKDILAS/SPS advice:

<https://www.sps.nhs.uk/articles/using-covid-19-vaccines-in-breastfeeding-women/>



# Burning Questions

- Can COVID-19 infection transmit through breast milk?
- Can antibodies from the vaccine transfer into breast milk?
- Can the vaccine cause any adverse effects to the infant?



# Can COVID-19 transmit through breast milk?

- Infective COVID-19 virus not found in milk
  - *Even when mother is positive*
  - *10% of cases indicate viral RNA present*

**Does not = infective virus**

- 2 x case reports of infant fed viral RNA milk:
  - *infant did not get COVID-19*
  - *infant tested positive—but was it the breast milk?*
- **EVEN if test positive, breastfeed as normal.**



# Can antibodies from the vaccine transfer to breast milk?

- 3 publications, 120 women
- IgA/IgG/IgM antibodies detected
- Significant levels detected from 2 weeks post vaccination (maybe before?)
- More Ab detected in milk than from native infection, but different profile:
  - *More IgG compared to IgA*
- Does this mean protection in the infant?





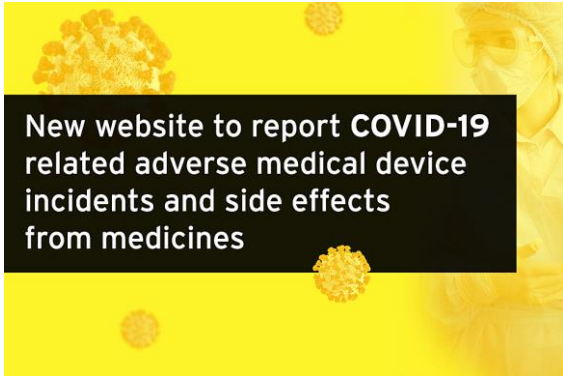
# Can the vaccine cause any adverse effects to the infant?

- From one report, 4 infants developed fever
- Non-live vaccines
  - *No ADRS reported via breastmilk exposure form any other non-live vaccine*
- No plausible mechanism by which any component could be excreted into breast milk
  - Even if they were, destroyed by infant gut
  - PEG in Pfizer is not absorbed orally

# MHRA Yellow Card data

- Updated to allow exposure via breastfeeding to be reported.
- <https://coronavirus-yellowcard.mhra.gov.uk/>

	AstraZeneca	Pfizer
No of reports	759	169
Infant side-effects	20	5
Lactation issues	15	4



New website to report **COVID-19**  
related adverse medical device  
incidents and side effects  
from medicines



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# Case study: codeine and analgesia



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## Case study – codeine and analgesia

- Baby 4 months old, full term, fit and healthy, exclusively BF
- Mum taken 2 co-codamol 8/500 tablets this morning following dental extraction.
- Mum has since read PiL – which states -Do not take co-codamol if breastfeeding

**Breast-feeding**

**Do not** take Co-codamol tablets while you are breast-feeding. Codeine and morphine pass into breast milk.

### Questions

- How long before BF can be resumed?
- What analgesia can be taken – still in significant pain?



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## Background

Codeine is contra-indicated in breastfeeding by MHRA & EMA following fatal case morphine toxicity in a breast fed infant

## Advice

- Ideally mum should withhold BF for 20 hours
- As small one-off dose codeine taken in this case, no absolute need to withhold BF for this long if not practical



## Advice

- Do not take any further co-codamol (or codeine) whilst BF
- Paracetamol and/or ibuprofen are analgesics of choice during BF
- If opioid analgesic required – dihydrocodeine or tramadol can be considered
- Monitor baby for drowsiness, breathing difficulties, constipation, adequate weight gain



# Information Resources on SPS

- Individual medicine entries
- Medicines Q&As

Which weak opioids can be used during breastfeeding? Considering the evidence for codeine, dihydrocodeine, and tramadol

Can breastfeeding mothers take paracetamol or combination paracetamol products?

Can breastfeeding mothers take ibuprofen?

- Contents
- dm+d
- Articles
- Medicine Compliance Aid Stability
  - generic - Non-proprietary
- Lactation Safety Information**
  - For acute diarrhoea
  - For cough
  - For pain

## Lactation Safety Information

### For acute diarrhoea

Route Notes	For acute diarrhoea
Use when breastfeeding	No
Alternative	Kaolin, Loperamide
Comments	Reports of apnea in breastfed infants. Report of infant death where mother was ultrarapid metaboliser genotype which may lead to increased levels of metabolite morphine.  European and UK regulatory bodies (EMA/MHRA) have contraindicated the use of codeine in breastfeeding mothers
Therapeutic group summary	
Reviewed	11 July 2016

**Medicines Q&As**

**NHS** **UKMi**

**Which weak opioids can be used during breastfeeding? Considering the evidence for codeine, dihydrocodeine, and tramadol**

Prepared by UK Medicines Information (UKMi) pharmacists for NHS healthcare professionals before using this Q&A, read the disclaimer at [www.ukmi.nhs.uk/medicines-information](http://www.ukmi.nhs.uk/medicines-information)

Date prepared: 10<sup>th</sup> March 2016

**Background**

Codeine used to be considered the preferred opioid for use in breastfeeding mothers. However there has been a shift in the way of morphine toxicity in a small but infant following maternal use of codeine [1]. Based on this safety, the Medicines and Healthcare Products Regulatory Authority (MHRA) and European Medicines Agency (EMA) have contraindicated its use in women who are breastfeeding [2]. Therefore, codeine use is no longer being recommended for this patient group.

Breastfeeding women may need short term analgesia and this may be codeine. This Q & A considers the lactation safety of codeine and other weak opioids which can be considered as alternatives.

**Answer**

Although most studies in the literature report bioavailable levels of codeine in breastfed infants, it is not clear if breast risk (A, S, C). There have also been reports of breastfed infants following maternal use of codeine. However, the main concern is the potential for codeine to cause depression, although, it is not clear if this is due to codeine or its metabolite.

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# Take home messages

- Lots of resources out there to help
- Think twice before advising 'no' because there are often solutions
- *Shared* decision making
- We cannot guarantee that any medicine exposure is completely risk free
  - Language choice
  - Managing the risks
- Give practical/achievable advice





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# Get in touch



**0116 258 6491 (Mon–Fri 09.00–17.00)**



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