

# Breastfeeding...

# Medications

## How do I know if a medication is safe?

Just like during pregnancy, it is extremely important to talk to your doctor, pharmacist or lactation consultant before taking any medications. Most medications are safe, but there are many that can pass through your breastmilk to baby. Your lactation consultant also has access to resources about medication safety and breastfeeding.

## Common medications and their safety

Medication	Category
Acetaminophen (Tylenol)	L1
Amoxicillin	L1
Aspirin	L3
Birth Control – ONLY Norethindrone, Depo-Provera, Implanon, Mirena, Plan B	Acceptable
Cetirizine (Zyrtec)	L2
Dextromethorphan (Robitussin etc.)	L1
Dimenhydrinate (Dramamine)	L2
Diphenhydramine (Benadryl)	L2
Fluoxetine (Prozac)	L2
Guaifenesin (Mucinex)	L2
Hydrocodone (Vicodin)	L3
Ibuprofen	L1
Loratadine (Claritin)	L1
Lorazepam (Ativan)	L3
Pseudoephedrine (Sudafed)	L3

Dr. Hale's Lactation Risk Categories	
<b>L1</b>	<b>Safest</b> 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.
<b>L2</b>	<b>Safer</b> 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.
<b>L3</b>	<b>Moderately Safe</b> 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.
<b>L4</b>	<b>Possibly Hazardous</b> There is positive evidence of risk to a breastfed infant or to breast-milk production, but the benefits of 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).
<b>L5</b>	<b>Contraindicated</b> 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.

Resources:

- Hale, Thomas. *Medications and Mothers' Milk*, 15th Edition. Pharmasoft Medical Publishing, 2012.
- Infant Risk Center (806) 352-2519

Need breastfeeding help? Call 715-421-8911 for a lactation consultant.

