What Can I Take While Lactating?

When you are breastfeeding or pumping (lactating), what you put in your body can enter your breastmilk. This includes food and drinks, as well as medicines, drugs and other substances. This list outlines what we know about some common drugs and substances. If you have further questions or need further advice about items on this list, talk with your doctor, your baby’s doctor or your lactation consultant.

Medicine (prescription and over-the-counter)

Use medicines only if recommended by your healthcare provider. Check with your healthcare provider first before taking any type of medicine, including medicine you buy without a prescription (over-the-counter medicine). Make sure your provider knows you are lactating.

Pain medicines

- Acetaminophen (Tylenol) or ibuprofen (Advil, Motrin) are considered safe to take when breastfeeding or pumping.
- Naprosyn (Aleve, Naproxen) is considered safe to take when breastfeeding or pumping. If possible, choose acetaminophen or ibuprofen first because Naprosyn stays in your body longer.
- Oxycodone, hydrocodone or other prescription medicines sometimes given after childbirth or cesarean section are considered safe to take when breastfeeding or pumping. The benefits of taking these medicines usually outweigh any potential effects on your baby. These medicines can make your baby drowsy, so it is best to take it after breastfeeding or pumping.

Long term, chronic use of pain medicines should be monitored closely by a chronic pain doctor who is familiar with lactation.

Diuretics

Make sure your healthcare provider knows that you are lactating. Generally, these medications are safe when you are breastfeeding or pumping. However, sometimes diuretics may reduce how much milk you make. Your lactation consultant can look up a specific medicine for you, as some diuretics may affect milk supply more than others. If you are struggling with low milk supply while on a diuretic, ask your provider if there are other options.

Birth control (contraceptives)

Both hormonal and non-hormonal types of birth control are safe when you are lactating, but some hormonal types may reduce how much milk you make. To be cautious, some experts recommend waiting to start estrogen or progesterone birth control until after your milk supply is well established (about 4 weeks after birth).

To Learn More

- Lactation Services
  206-987-1420
- Ask your child’s healthcare provider
- seattlechildrens.org

Free Interpreter Services

- In the hospital, ask your nurse.
- From outside the hospital, call the toll-free Family Interpreting Line, 1-866-583-1527. Tell the interpreter the name or extension you need.
## Types of Birth Control

<table>
<thead>
<tr>
<th>Estrogen Hormonal</th>
<th>Progesterone Hormonal</th>
<th>Non-hormonal</th>
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<tbody>
<tr>
<td>May reduce your milk supply.</td>
<td>May, but usually does not reduce your milk supply.</td>
<td>Will not reduce your milk supply.</td>
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<tr>
<td>• Birth control pills with estrogen</td>
<td>• Birth control pills with progesterone only (sometimes called Mini-pill)</td>
<td>• Condoms</td>
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<td>• Birth control patch</td>
<td>• Some IUDs (Mirena, Skyla)</td>
<td>• Diaphragms</td>
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<td>• Vaginal rings</td>
<td>• Some shots (Depo-Provera)</td>
<td>• Cervical caps</td>
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<td></td>
<td>• Implants (Implanon or Nexplanon)</td>
<td>• ParaGard (copper) IUD</td>
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Please talk with your health care provider about family planning.

## Cold medicines

Check the active ingredients carefully before taking a cold medicine. It is safe to take most cold medicines while you are breastfeeding or pumping. However, cold medicines containing the decongestant pseudoephedrine can reduce your milk supply. Consider cold medicines such as nasal sprays to reduce symptoms rather than those with pseudoephedrine or antihistamines.

## Antihistamines

Some cold medicines have antihistamines. There are 2 types of antihistamines: a type that make you sleepy (sedating) and a type that do not (non-sedating).

**Sedating**
- Benadryl (Diphenhydramine)
- Chlor-Trimeton (chlorpheniramine maleate)

**Non-sedating**
- Claritin (loratadine), Claritin-D (loratadine/pseudoephedrine)
- Clarinex (desloratadine), Clarinex D (desloratadine/pseudoephedrine)
- Allegra (fexofenadine), Allegra-D (fexofenadine/pseudoephedrine)
- Zyrtec (cetirizine hydrochloride)

Non-sedating is generally preferred. You and your baby may be more sleepy if you choose the sedating type.
### Anesthesia

Make sure your provider knows that you are lactating. Usually, you can restart breastfeeding or pumping as soon as you have recovered enough from anesthesia. You do not need to throw away any breastmilk after anesthesia, as only a small amount of the medicine used to make you sleep enter your breastmilk, and even less is absorbed by the baby.

**Local and dental anesthetics**

If you have numbing medicine (anesthetics) for medical procedures or dental work, it is usually still OK to provide breastmilk for your baby. Check with your provider to make sure.

### Ultrasound, X-Rays and Radiopaque Dyes

The American College of Radiology has a policy that states a nursing mother does not need to stop breastfeeding or pumping after receiving a contrast dye.

### Supplements

#### Caffeine

Caffeine is found in coffee, energy drinks, chocolate and many sodas. Since only a small amount of caffeine enters breastmilk, about 300mg per day is considered safe when you are lactating.

There are about 175 mg of caffeine in 8 ounces of brewed coffee (a small or a “short” at Starbucks). However, a large or “venti” brewed coffee has 410mg. The caffeine in your breastmilk is highest 1 to 2 hours after you consume it.

**What if I have more than 300mg per day of caffeine?**

If you have more than 300mg of caffeine per day, breastfeed or pump right before having the caffeine. This allows your body time to process the caffeine before you are due to breastfeed or pump again.

Younger and more fragile babies are more sensitive to caffeine. This is because it takes their bodies longer to process caffeine than older or stronger babies. It is rare but possible for infants to have sleeping problems and more fussiness with heavy caffeine use (8 servings or 1200mg per day).

#### Herbal Supplements

If you take herbal medicines or supplements, it is still safe to provide breastmilk for your baby in most cases. Check with your healthcare provider or lactation consultant for the most complete list and latest information on safety.

**Avoid these herbal medicines:**

- Blue Cohosh
- Comfrey
- Ginseng
- Goldenseal
- Kava Kava
- Licorice
- Mate tea
- Mint
- Sage
- Senna
Recreational Substances

Alcohol

**Drink in very limited amounts.** There is no known safe level of alcohol for a baby. If you drink every day or drink to the point of intoxication daily (feeling “tipsy” or “woozy” or drunk), talk with your healthcare provider about getting help for yourself and choosing to not breastfeed.

Alcohol goes into your breastmilk very quickly and inhibits your milk-ejection reflex. This means that when you breastfeed or pump after drinking alcohol, less milk comes out and it has a high concentration of alcohol in it. Breastmilk with alcohol in it can change the flavor and smell of the breastmilk and make your baby sleepy or fussy.

Especially for your baby’s first 3 months of life, it is best to not drink alcohol at all. Before 3 months of age, babies have an immature liver and decreased ability to process the alcohol.

**If you choose to drink occasionally**

- Breastfeed or pump right before having a drink. This allows your body time to process the alcohol before you are due to breastfeed or pump again.
- If you feel the effects of alcohol (feeling “tipsy” or “woozy” or drunk), do not breastfeed or pump for 2 hours after having 1 drink (“1 drink” is 4 oz. of wine, 12 oz. of beer or 1 oz. of hard liquor).
- If you have more than 1 drink, delay breastfeeding or pumping for an additional 2 hours for each drink after your first one. In this case it would be advisable to pump and dispose of the breastmilk, sometimes called “pump and dump.”
- Store alcohol-free breastmilk or formula for use instead of breastfeeding after moderate or heavy drinking.
- Eat before and while drinking alcohol.
- Make sure your baby is being cared for by someone not under the influence of alcohol.
- Make sure your baby is not sleeping on the same surface as or sharing a bed with anyone under the influence of alcohol.

Marijuana

If you use marijuana occasionally (not daily), it is likely still best to breastfeed or provide breastmilk for your baby. The benefits of breastmilk and breastfeeding seem to outweigh most potential harmful effects of marijuana. However, there are not adequate studies to say how much marijuana is safe and at what point it becomes harmful to your baby. Some facts we know include:

- THC (tetrahydrocannabinol) is the chemical in marijuana that makes you feel “high.” This chemical passes to your baby during pregnancy and during breastfeeding and is stored in your baby’s fatty tissue for several weeks. Babies have a high percentage of body fat, especially in their developing brain. There is no known safe amount of THC for your baby. Some studies show that THC exposure in babies may affect their ability to learn and focus later in life.
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- Marijuana products (weed, joints, hash, tinctures, sprays, oils and edibles, such as cookies or brownies with marijuana added) have a very high concentration of THC. Keep all marijuana products locked up and away from children.
- Because THC stays in the body so long, pumping and discarding your breastmilk is not a useful way to clear your breastmilk of THC. We do not know how long it takes for THC to clear from breastmilk, but some experts recommend waiting at least 24 to 48 hours after consuming marijuana to breastfeed or pump. Have pumped breastmilk or formula on hand for this.
- Marijuana use may impair your judgement and ability to properly care for your baby, so make sure your baby is being cared for by someone not under the influence.
- Do not smoke, or let anyone else smoke marijuana around your baby. Second hand smoke is not good for your baby and your baby will be exposed by inhaling the smoke.
- Wear something over your clothes and hair that you can remove when you go back to your baby.
- Wash your hands and face after smoking. Make sure your baby is not sleeping on the same surface as or sharing a bed with anyone who has been smoking marijuana.

Dronabinaol (Marinol)

If you take medical marijuana in the form of dronabinaol (Marinol):

- Long term, chronic use of this medicine may not be recommended when breastfeeding or pumping.
- Short term use in small doses determined by your provider may be safer when breastfeeding because there is less THC exposure to your baby than a marijuana cigarette.

Daily use

If you use marijuana often (daily), it may be best not to breastfeed or use breastmilk with your baby at all. Talk to your healthcare provider and discuss resources to help you decrease or stop using marijuana. For information on marijuana laws and use in Washington State, see learnaboutmarijuanawa.org/factsheets/reproduction.htm.

Tobacco, nicotine, cigarettes and e-cigarettes

It is best not to use tobacco products when you are breastfeeding because nicotine passes easily into breastmilk.

If you use tobacco products, you should still breastfeed your baby since breastmilk helps protect your baby from the effects of nicotine, including second-hand-smoke. Nicotine can decrease your milk supply and may cause vomiting, diarrhea, restlessness and colic in your baby.

The more tobacco you use, the more nicotine there is in your breastmilk.
If you are trying to stop using tobacco

If you cannot stop completely, try to use tobacco:

• As little as possible.
• Just after breastfeeding or pumping and wait at least 90 minutes to breastfeed or pump again.
• Away from your baby and wear something over your clothes and hair that you can remove when you go back to your baby.

When you are done, wash your hands and face. Do not let others use tobacco near you and your baby.

Illegal Substances

Cocaine and crack cocaine, GHB (or liquid ecstasy), Heroin, Meth, PCP, Non-prescribed prescription medicines (ex. Oxycodone)

If you use any form of any of these substances, do not breastfeed or give pumped breastmilk to your baby. Babies can die from exposure to illegal substances through breastmilk. Exposure causes babies to have seizures, extreme irritability, diarrhea, vomiting and dilated pupils.

If you plan to stop

If you plan to stop using illegal substances so that you can breastfeed or pump:

• Get help from a drug treatment program. Social Workers can provide resources to get you started.
• Pump 8 times per day to maintain your milk supply. Once you are in treatment and sober, you will be able to feed your baby your breastmilk.
• Make sure your baby is being cared for by someone who is not using drugs.
• Make sure your baby is not sleeping on the same surface or sharing a bed with anyone who is taking illegal substances.
• If your baby is breathing in second-hand smoke from drugs, it is as dangerous as if you are using drugs and breastfeeding. It can cause seizures, irritability, diarrhea, vomiting and dilated pupils. Do not let people use illegal substances around your baby.

Methadone or buprenorphine

If you are on methadone or buprenorphine maintenance therapy and followed by a medical provider, it is still safe to breastfeed or pump for your baby.