Medications and Breastfeeding

Do you need to wean to take a medication? Almost certainly not! The drug is rarely as risky as formula would be. A single bottle of formula increases the risk of many childhood and adult illnesses and diseases, and disrupts the baby’s intestines for up to a month. “Playing it safe” almost always means continued breastfeeding, not weaning. Here are some of the reasons:

- Even if a mother’s blood level for a given drug is high, it’s still very dilute for her breastfeeding baby to swallow in her milk, digest, and put into his bloodstream.
- Age matters. Some drugs that might be a concern for premature infants are not a concern for full-term babies. The older the baby, the less the concern. Some mothers are mistakenly told to wean for a drug that may be given directly to babies or small children.
- When in doubt, check the baby’s blood or just watch for changes like diarrhea or fussiness.
- Temporary weaning—and pumping, and bottle-feeding an unhappy baby—is a huge physical and emotional stress during an already stressful time.
- Breastfeeding is not a faucet. Turning it off abruptly can mean turning it off permanently. Talk about risks!
- Further risk reduction: Nursing before taking the dose, waiting five “half-lives,” finding a safer drug or treatment, even nursing part-time—all far better choices than even temporary weaning.
- Drug companies tend to recommend weaning to avoid litigation. The actual research rarely supports weaning.

For more information, check Thomas Hale’s book Medications and Mothers’ Milk or:

- LactMed, the U.S. National Institutes of Health’s Drugs and Lactation Database (toxnet.nlm.nih.gov/cgi-bin/sis/htmlgen?LACT)
- Dr. Hale’s website (neonatal.truhsc.edu/lact)
- The UK National Health Service Quick Reference Guide for Drugs in Breast Milk (ukmicentral.nhs.uk/drugpreg/qrg_p1.htm)