

1. Warfarin in breastfeeding

A nurse contacts you to ask if a woman on warfarin can continue breastfeeding. She knows that warfarin is a very potent drug and is concerned that it would harm the infant. She asks you for confirmation that the woman should not breastfeed. How would you answer?

Suggested questions to ask include:

(a) What is the dose of warfarin and the indication?

Warfarin is usually compatible with breastfeeding, but a very high dose might make you more cautious about recommending it. The medical condition may determine what alternatives are available. It's also good practice to check drug doses during any clinical problem in case of errors.

(b) Is the mother currently taking warfarin and breastfeeding?

If so, how long has this been going on for?

(c) Why does the nurse think that the patient should not breastfeed?

Check that there are no other reasons for the patient not breastfeeding – e.g. patient advised not to breastfeed for a medical reason by an obstetrician etc. Has anyone told the nurse that the patient should not breastfeed? Has the patient expressed some concern?

(d) Is the baby full-term and healthy?

Normally warfarin would be considered an acceptable drug to take while breastfeeding but you might be less confident if the baby was very premature or suffered from a bleeding disorder.

(e) Who else needs to know the answer to this enquiry?

Since there may be some confusion here, do you also need to communicate your answer to e.g. a GP or neonatologist? Do you need to advise the patient personally?

Suggested Sources:

- UKDILAS, the UKMi breastfeeding specialist service, has a guide to medicines in breast milk on the [SPS website](#).
- [LactMed](#); [Hale](#) (if you have access).

2. Antihistamine in breastfeeding

A midwife phones, confused about what advice to give. A patient was told by her GP that it was OK for her to take cetirizine while breastfeeding. Her community pharmacist expressed alarm that she had been told this and advised her that this was inappropriate. She went back to her GP who told her to ignore what the pharmacist said. She had the prescription dispensed and has read the patient information leaflet which says to avoid taking it while breastfeeding. What advice would you give?

Suggested questions to ask include:

(a) What is the indication?

Maybe there are more suitable alternatives, but you need a diagnosis first.

(b) Has the patient taken cetirizine for this before, and did it work?

The choice of therapy should not be made solely on suitability in breastfeeding, but what treatment is effective for mum. Equally, if the benefits to the mother are marginal or not apparent, then you may want to advise on potential alternatives.

(c) Are topical preparations suitable?

Generally, topical preparations are likely to expose the baby to lower levels of drug, so these may be a preferred alternative for some conditions (e.g. hay fever).

(d) What is the cetirizine dose?

Although there is a fixed adult dose (10mg daily, see SPC), some doctors use very high doses (e.g. 40mg daily, unlicensed) and it may have been high doses of this nature that concerned the community pharmacist. There are unlikely to be any safety data on doses this high in breastfeeding mothers. This doesn't mean that the cetirizine can't be used, but a risk-benefit assessment is needed for the mother and baby.

(e) Is the infant full-term and healthy?

You need to ensure that the infant would not be predicted to be at increased risk of antihistamine side effects.

(f) Who else needs to know?

Do you need to contact the GP or community pharmacist to help resolve the conflict? SPCs and patient information leaflets are often conservative in their advice about safety in breastfeeding, and don't necessarily reflect what happens in practice or what is clinically appropriate for an individual patient.

Suggested Sources:

- UKDILAS, the UKMi breastfeeding specialist service, has a guide to antihistamines in breast milk on the [SPS website](#). You can also find a Medicines Q&A about treating hay fever in breastfeeding mothers here too.
- [LactMed](#); [Hale](#) (if you have access).

3. Depression in breastfeeding

An obstetrician asks about treating depression in a breastfeeding mother. His patient took sertraline for the last few weeks of pregnancy, but it was not very effective. Now that she has given birth he is considering swapping to another drug. He asks if this is OK. The infant is healthy.

Suggested questions to ask include:**(a) What antidepressant did you have in mind?**

This is a useful guide to where to begin your search for information. You can target the enquirer's preferred choice of agent and avoid looking for data on drugs that would not be suitable.

(b) Is the infant full-term and healthy?

Check that there are no particular reasons for the chosen antidepressant exposing the infant to undue risk.

(c) Is the mother otherwise well?

It can be easy to forget the mother when dealing with breastfeeding questions and concentrate solely on the risks to the baby. Don't forget that product choice in breastfeeding needs to take account of any medical conditions that the mother suffers from and any potentially interacting medication.

Suggested Sources:

- There are some Q&As from UKDILAS on antidepressant choice in breastfeeding mothers and summaries of the various agents on the [SPS website](#).
- [LactMed](#); [Hale](#) (if you have access).
- Mental health resources such as Maudsley and Bazire for assessing alternative choices of therapy for depression.