

1. Anticoagulants and breastfeeding

A nurse contacts you to ask if a patient who is breastfeeding can be prescribed apixaban.

Suggested questions to ask include:

(a) What is the indication for apixaban and intended dose and duration?

The indication may determine what alternatives are available if apixaban is not suitable. You also need to check that the dose is correct for the patient.

(b) Is the patient currently taking any other anticoagulants?

Is this a switch from a different anticoagulant or are they newly starting an anticoagulant. This may become apparent from the answer to (a).

(c) Does the patient have any other medical conditions or take any other medicines?

To check on suitability of apixaban or alternatives taking into account the full clinical picture.

(d) Was the infant born at term, what is their age and are they healthy?

A premature infant may not have the same capacity to clear medicines from their body compared to an infant born at term. If the infant has other medical conditions such as a bleeding disorder this may influence the advice that you give.

(e) How often is the infant breastfeeding?

A newborn infant may be being breastfed regularly throughout the day, whereas an older child may be being breastfed less frequently. Some might be receiving a mixed regime of breast milk and formula milk.

Suggested sources:

- SmPC on the emc or MHRA website
- [UKDILAS](#) has a guide to using medicines in patients who are breastfeeding.
- [LactMed](#) and [Medications in Mothers' Milk](#) (if you have access)
- You may need to search for primary literature on the topic such as through Embase and/or Medline.
- The [TRIP](#) database may help you to identify if there is expert guidance from national or international bodies on the subject.

2. Kaftrio and breastfeeding

A patient rings your Medicines Helpline to ask if she can breastfeed her newborn infant if she takes Kaftrio for cystic fibrosis.

Suggested questions to ask include:

(a) Has the patient already started taking Kaftrio or does she plan to start? What is the dose?

(b) Is the patient currently breastfeeding?

The answers to (a) and (b) will help to understand whether the infant has been exposed to the medicine already or whether this is a prospective enquiry.

(c) Does the patient have any other medical conditions or take any other medicines?

(d) Was the infant born at term and are they healthy?

(e) How often is the infant breastfeeding?

(f) Are the cystic fibrosis team that care for the patient aware of her question?

Presumably her specialist multi-disciplinary team will have been involved throughout her pregnancy and maybe post-natally but you need to check. Any advice that you give might need to be shared with them.

Suggested sources:

- SmPC on the emc or MHRA website
- [LactMed](#) and [Medications in Mothers' Milk](#) (if you have access)
- You may need to search for primary literature on the topic such as through Embase and/or Medline.
- The [TRIP](#) database may help you to identify if there is expert guidance from national or international bodies on the matter.
- You could speak to the team at [UKDILAS](#) but only after you have checked the resources you have available to you. Make sure you have gathered all the relevant information about the mother and the infant.

3. Treating depression whilst breastfeeding

A pharmacist covering your antenatal ward asks about a patient who is currently pregnant and takes venlafaxine for major depression. The patient has asked whether she will be able to breastfeed.

Suggested questions to ask include:

(a) How many weeks pregnant is the patient?

Although not the question asked, you may have to investigate the safety of venlafaxine during pregnancy, unless this has been considered already for the patient. Knowing the stage of the pregnancy will also help you to decide how urgent this question is.

(b) How is the pregnancy progressing – are there any concerns about the health of the fetus?

Answering questions about medicines and breastfeeding is difficult if the infant has not been born yet. Depending upon the stage of pregnancy, the infant could be born prematurely and/or with medical conditions yet to be diagnosed. As above in question 1, this may influence the advice that you give.

(c) Does the patient have any other medical conditions or take any other medicines?

(d) What is the dose of venlafaxine and is it effective?

If venlafaxine is not working then it needs to be reviewed to ensure that the patient's mental health is optimised.

(e) Does the patient know if she plans to exclusively breastfeed or use a mixed regime with formula feed?

Suggested sources:

- SmPC on the emc or MHRA website
- There is some guidance from [UKDILAS](#) on antidepressant choice in breastfeeding mothers and summaries of the various agents.
- [LactMed](#) and [Medications in Mothers' Milk](#) (if you have access)
- Mental health resources such as the Maudsley Prescribing Guidelines and Bazire's Psychotropic Drug Directory may be helpful.
- The [NHS website](#) has some helpful information that may help to guide the patient's decision-making.