

Bryan Neonatal Intensive Care Unit

Medications in Mothers' Milk for NICU Babies

Many mothers whose babies are admitted to the Bryan Neonatal Intensive Care Unit (NICU) have pregnancy and birth complications that require they take prescription medications after their babies are born. All families are concerned about whether these medications can be safely taken during breastfeeding or milk expression for their babies.

This information sheet will help you understand how the doctors and nurses in the NICU make decisions about medications in mothers' milk. In addition, your baby's doctor or nurse will talk with you about your specific medications and discuss them in relation to your baby's feeding plan.

What determines if a medication can be taken while I am breastfeeding or expressing milk for my NICU baby?

Most medications can be safely taken while mothers are breastfeeding or expressing milk for their babies. This is because the medication has to go through several steps before it reaches a baby's bloodstream.

First, the medication has to be in the mother's bloodstream long enough and in high enough amounts that it reaches the milk-making tissue in the breast.

Second, the medication has to pass through tiny barriers between the milk-making tissue and the ducts of the breast where the milk is removed by the baby or the breast pump. Some medications pass through these barriers more easily than others, and some can't get through at all.

Finally, some medications can make it into the milk, but are not easily absorbed into the baby's bloodstream from the baby's stomach and intestines.

Are there lists about which medications can be taken during lactation and which ones cannot?

The doctors and nurses in the NICU and the lactation department check mothers' medications with several sources, including recommendations by the American Academy of Pediatrics and by researchers who specialize in studying medications in mothers' milk. For many medications, these resources compare the amount of the medication in the mother's bloodstream, her milk and the baby's bloodstream.

These resources also alert us to any possible side effects to watch for. Your baby's care provider can share these publications and websites if you want more information.

Why do I receive different information from others about medication that can be taken during lactation?

Mother's milk helps protect babies—especially those born prematurely—from infection and other complications. NICU care providers try to balance the risk of NOT feeding mothers' milk with possible effects from medications mothers need to take.

This is especially true of colostrum, or the milk that is produced during the first days after giving birth. Colostrum is rich in protective substances. Babies receive maximum protection from the colostrum, and minimum amounts of any medications that may have been released into the milk.

Why do I receive different information from other doctors and nurses about medications that can be taken during lactation?

Medications in mothers' milk is a subspecialty of lactation practice that is relatively new. Many healthcare providers who work outside of this area may not be aware of the new guidelines and resources listed above. Instead, they often rely on product inserts that accompany a medication; these inserts almost always advise against combining the medication with lactation.

Your baby's NICU care provider is best able to advise you about combining medications and lactation, because we understand your baby's condition and the transfer of medications into mother's milk. If you like, we will contact the doctor who ordered your medications to discuss our recommendations and clarify your baby's feeding plan.

In any case, we recommend that you begin expressing and storing your colostrum until we can determine the suitability of the specific medication you are taking. Be sure to notify your baby's doctor if you are on any medication. We will check the medication and discuss it with you before feeding the milk to your baby.

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