

EMDEX RapidRx

Providing access to best evidence for patient-centered care

Table 1: Drugs Generally Considered Incompatible with Breastfeeding	
Amiloride	Avoid if possible. May inhibit lactation
Amiodarone	Excretion into breastmilk is high. Amiodarone contains large amounts of iodine which can affect infant's thyroid gland.
Antineoplastic drugs	Avoid breastfeeding
Atenolol	Avoid if possible, especially if the infant is premature or less than 1 month old. Monitor the infant for side-effects (bradycardia, hypotension and cyanosis)
Bromocriptine	Suppresses lactation by decreasing prolactin levels
Chloramphenicol	Avoid if possible, especially if the infant is less than 1 month old. Monitor the infant for side-effects (haemolysis and jaundice). Theoretically, there is a risk of bone marrow depression, but this has never been reported
Chlorphenamine	Avoid if possible. Monitor infant for side-effects (drowsiness, irritability). May inhibit lactation
Chlorpromazine	Avoid if possible. Monitor the infant for drowsiness
Ciclosporin	Avoid breastfeeding
Cigarette smoking	Smoking cessation advised; may decrease milk supply. Benefits of breastfeeding outweigh potential neonatal risks.
Cimetidine	Avoid if possible. Insufficient data on long-term side effects
Ciprofloxacin	Avoid if possible, until more data are available
Clindamycin	Avoid if possible. Monitor infant for diarrhoea or bloody stools
Clomifene	Avoid (unlikely to be needed)
Combined oral contraceptives	Avoid, if possible. May inhibit lactation. Hormonal contraceptives (including progestogen-only contraceptives) is discouraged during the first 6 weeks post-partum, in order to avoid exposing infants to them. If a contraceptive method is desired, a non-hormonal method should be the first choice.
Dimercaprol	Avoid if possible, especially if the infant is premature or less than 1 month old. Monitor infant for side-effects (haemolysis and jaundice). Avoid in G-6-PD deficient infants
Doxycycline	Avoid if possible. Possibility of staining the infant's teeth. Single dose is probably safe
Ergotamine	Avoid if possible. Associated with ergotism (vomiting, diarrhoea, convulsions); may suppress lactation
Estrogens	Can suppress milk production. Progestin-only contraceptives preferred.
Ethosuximide	Avoid if possible. Monitor infant for side-effects (drowsiness, poor suckling and poor weight gain)
Fluorescein	Avoid if possible when the infant is premature or less than 1 month old, especially when undergoing phototherapy
Fluphenazine	Avoid if possible. Monitor the infant for drowsiness
Furosemide	Avoid if possible. May inhibit lactation
Haloperidol	Avoid if possible. Monitor the infant for drowsiness
Hydrochlorothiazide	Avoid if possible. May inhibit lactation
Levodopa plus Carbidopa	Avoid if possible. Levodopa may inhibit lactation
Lithium	Avoid if possible. Monitor the infant for side-effects (restlessness or weakness). Monitor lithium levels in mother's blood

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Mefloquine	Avoid if possible until more data are available
Methotrexate	Avoid breastfeeding
Metoclopramide	Avoid if possible. Insufficient data on long-term side-effects (possible defects in neural development in newborn animals). Increases breastmilk production
Metronidazole	Avoid if possible. Animal data suggest it may be carcinogenic. If given in single dose of 2 grams, discontinue breastfeeding for 12 hours. Help the mother to express her breastmilk in advance and store it in a refrigerator so that her baby can be fed by cup during that time
Nalidixic acid	Avoid if possible, especially if the infant is premature or less than 1 month old. Monitor the infant for side-effects (haemolysis and jaundice). Avoid in G-6-PD deficient infants
Neostigmine	Avoid if possible in combination with atropine. Theoretically side-effects may occur
Phenobarbital	Excreted in large amounts in breastmilk. Monitor exposed infant for CNS depression
Polyvidone iodine	Avoid if possible repeated topical application. Monitor the infant for side-effects (hypothyroidism)
Potassium iodide	Avoid, if possible. Monitor the infant for side-effects (hypothyroidism)
Sulfasalazine	Avoid if possible, especially if the Infant is premature or less than 1 month old. Monitor the infant for side-effects (bloody diarrhea, haemolysis and jaundice). Avoid in G-6-PD deficient infants
Testosterone	Avoid breastfeeding
<p><i>Source:</i> World Health Organization & UNICEF. Breastfeeding and maternal medication: Recommendations for drugs in the eleventh WHO model list of essential drugs. WHO; 2003</p>	