

Breastfeeding and Medication



Breastfeeding and accidental intake of aspirin

Aspirin is not generally recommended to be used by lactating women due to the link between aspirin and Reye's syndrome. Aspirin is 80–90% bound to plasma proteins. Erickson and Oppenheim (1979) found that even at a dose of 4 g per day the levels of salicylate measured in one mother suffering from rheumatoid arthritis were below the level of detection. Findlay et al. (1981) studied two mothers exposed to 454 mg aspirin. They found that salicylic acid penetrated poorly into milk, with peak levels of only 1.12–1.60 µg per millilitre, and estimated that about 0.1% of the mothers' total dose would appear in breastmilk.

Accidental consumption of a single dose of aspirin by a lactating mother need not lead to expressing and discarding of her breastmilk. Theoretical infant dose through breastmilk is quoted as 0.25 mg per kilogramme per day with a relative infant dose quoted as 2.5–10.8% (Hale 2017 online access).

The BNF states: 'Avoid – possible risk of Reye's syndrome; regular use of high doses could impair platelet function and produce hypoprothrombinaemia in infant if neonatal vitamin K stores low'. Vitamin K is secreted in breastmilk and is added to formula.

If taken accidentally no evidence that continuing to breastfeed after single dose is harmful.

References

Erickson SH, Oppenheim GL, Aspirin in breastmilk, J Fam Pract, 1979;8(1):189–90.

Findlay JW, DeAngelis RL, Kearney MF, Welch RM, Findlay J, Analgesic drugs in breastmilk and plasma, Clin Pharmacol Ther, 1981;29:625–33.

Glasgow JF, Reye's syndrome: the case for a causal link with aspirin, Drug Saf, 2006;29(12): 1111–21.

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