

# Breastfeeding and Medication



## Rosacea and breastfeeding

I have rosacea and ocular rosacea. It has got worse since having my son, though unsure if that is due to breastfeeding. Part of what makes it difficult is the lack of knowledge from some health care professionals about what you should and should not use whilst breastfeeding. Obviously, I don't expect them to know everything as I know it's such a demanding job and knowledge elsewhere is probably better for the population in general, but it does make things harder when you are breastfeeding.

### Description

Rosacea is a chronic, inflammatory skin condition that mainly affects the face. It is more common in women and people with lighter skin. Worldwide the prevalence is over 5% (Buddenkotte 2018) predominantly but not exclusively, over the age of 40 years.

The early symptoms include blushing across the cheeks, forehead and chin which come and go. There may be a burning and stinging sensation when washing and tiny blood vessels can occur on the skin which do not go away. It can also cause blepharitis (sore or crusted eyelids) and dry skin. Papules and pustules may also occur sometimes with a yellowish fluid inside. The symptoms may lead to embarrassment and low self-esteem.

A red, enlarged nose can occur in severe disease. The latter is often judged to be associated with alcohol abuse and/or violent temperament. In a study of 807 patients 30% reported a perceived significant level of stigmatisation (Halioua 2017, Heisig 2018).

Symptoms may be triggered by heat, stress, alcohol, spicy food, caffeine, aerobic exercise.

There are four subtypes of rosacea created by the National Rosacea Society, namely erythematotelangiectatic, papulopustular, phymatous and ocular form (Wilkin 2002).

### Treatment



Dr Wendy Jones MBE Pharmacist Breastfeeding and Medication

[www.breastfeeding-and-medication.co.uk](http://www.breastfeeding-and-medication.co.uk)

June 2020 The information on this sheet is based upon my professional experience as a pharmacist with a specialised interest in the safety of drugs in breastmilk, supported by evidence from expert sources. However, I cannot take responsibility for the prescription of medication which remains with the healthcare professionals involved. I am happy to discuss the evidence by email [wendy@breastfeeding-and-medication.co.uk](mailto:wendy@breastfeeding-and-medication.co.uk)

Oral tetracyclines or erythromycin for 6-12 weeks which is contraindicated in breastfeeding because of the risk of damage to the baby's teeth and bones



Topical 0.75% gel or cream **metronidazole** applied thinly twice a day for 8 weeks. Compatible with breastfeeding

- **Azelaic acid** 15% applied twice daily. Only 4% of a dose of azelaic acid is absorbed after topical application and it is considered a low risk to the nursing infant.
- **Brimonidine** 0.5% gel. Topical brimonidine gel used to treat rosacea has not been studied during breastfeeding. It is unlikely that the topical gel would affect the breastfed infant, however, its use is outside of licence application.
- Topical **ivermectin** 1% cream

In addition, High factor sunscreen minimum factor 30 should be applied whenever exposed to the sun.

## References

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## Further information

National Rosacea Society [www.rosacea.org/](http://www.rosacea.org/)

Rosacea Support Group <https://rosacea-support.org/articles/united-kingdom>

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