

# Breastfeeding and Medication



## Rheumatoid arthritis and Breastfeeding

*“Recovering from childbirth is horrendous enough (well it was for me), never mind having RA symptoms on top of it. I met with my consultant 3 weeks after the birth, and straight away she was urging me to stop breastfeeding and trying to get me to begin courses of strong medication. Overwhelmed by the pain, the sleepless night, and the huge amount of information she was throwing at me, I found it very hard to take much of what she said in. I just knew I wanted to do the best for my baby. Appointments with rheumatology since have been similar, pushing me to stop breastfeeding, not listening to my reasons for wanting to breastfeed, and pushing the stronger meds.”*

*“In autumn 2016 I noticed my left thumb was sore a lot of the time. Thinking I had hurt it in somehow, I did not do anything more about it. Soon after I noticed the rest of my fingers and hands starting to ache. There were days in work where I could not do my job properly, because my hands were so sore, and I could barely stand to wash my hands, the pain was so severe. A few bloods taken in January 2017 by my GP, revealed that I had developed Rheumatoid Arthritis. There is no history of it in my family, and I knew very little about it. I waited several months for my first rheumatology appointment at the hospital. When I eventually got my appointment, several months later, I was pregnant with our second baby, and was amazed that the pregnancy had almost completely eliminated my RA pains. The consultant warned me that after my baby arrived the RA would hit me hard. And wow was she right.”*

*“I have seropositive erosive rheumatoid arthritis. I was diagnosed in July 2019. I breastfed my toddler until he was nearly 17 months but stopped due to entering the 2nd trimester of pregnancy, by then he was ready to stop and so was I. When I was diagnosed my baby was 10 months old. It appears I may have had RA since I was 17 but did not realise. I was told to stop breastfeeding by many nurses, GPs and rheumatologists. As I had 7 years of infertility and 3 failed IVF I was desperate to not stop breastfeeding until I thought my son was ready. I thought he would be my only baby. I have anxiety and suffer from frequent panic attacks, but breastfeeding helped me manage the emotions and exhaustion of motherhood. Through seeking guidance from you I asked my rheumatologist if I could be put on Sulfasalazine which is safe for breastfeeding. It was very slow and ineffective to treat my active inflammation at the start but allowed me to continue my breastfeeding journey. They wanted*

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*to put me on methotrexate which is not suitable for breastfeeding. They gave me 4 massive injections of steroids to try and get my RA under control over a period of a few months. My inflammation was still sky high. When I found out I was pregnant in November 2019 I went into remission with the change in hormones. I was put on Cimzia (biologic) just before Christmas to prevent any further erosions in my feet. I have had to come off Cimzia a few days ago, due to a high risk of severe symptoms if I catch Corona Virus as technically, they think my disease activity has only been reduced due to pregnancy hormones. I am now 26 weeks pregnant. I hope I do not flare in trimester 3 or when the baby is born because then they may force me to take methotrexate and another immune suppressing biologic. I desperately hope to breastfeed baby 2 but understand this pandemic may not be going away any time soon. I want to be safe for my children. Thank you for your advice because you enabled me to continue to feed my baby for another 9 months more after diagnosis. I feel a lot of people including many in the medical profession think if you have fed your baby until they are on solids then it is not necessary to keep on breastfeeding. By understanding what meds are safe for breastfeeding a lot of women have more choice to decide when it is right for them to give up."*

*"Would I be in a better position if I weren't breastfeeding? The consultant could not answer that. Every case is different, and everyone responds differently to the medicine. There is no proof that if I stopped, I would be in less pain, so I am happy to feed my boys for as long as they keep wanting me to. I am trying exercise, physio and dietary changes to help reduce pain, instead of relying solely on medication. I am taking it one day at a time, and I love being a Mummy more than anything. Breastfeeding is so much more than just giving your child nourishment, it is quality time together, a special bond between mum and baby, which I will never forget. I will always cherish my years of breastfeeding, the cuddles, smiles and love we have shared together. Yes, I have rheumatoid arthritis, but it does not define me. Always remember, never give up on a hard day. Tomorrow is another beginning."*

## **Description**

Rheumatoid arthritis (RA) is a common chronic inflammatory autoimmune disease. It is associated with significant pain and disability. Control of the inflammation in the early stages can prevent long term damage which is why consultants are keen to use disease modifying agents as soon as possible. The overall occurrence of RA is two to four times greater in women than in men. The peak age of incidence in the UK for both genders is the 40s, but people of all ages can develop the disease. There is a genetic influence in developing the condition, but it is also linked with environmental factors, such as high birth weight, smoking, silica exposure, alcohol abstention, obesity, and diabetes mellitus.

There is evidence (NICE 2015) that the first 12-week period of the disease represents a unique opportunity to influence the progress of the disease. The challenge is to recognise early symptoms see a specialist. Presenting symptoms can be very variable: profound fatigue, influenza-like symptoms, fever, sweats and weight loss are common. Other organs can be involved. Typically, there may be periods of exacerbations and remissions, but it may be mild self-limiting condition or a chronic progressive illness.

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## Treatment

There is evidence that breastfeeding protects against the risk of developing rheumatoid arthritis (Chen 2015). No protective effect was noted from simply having children and not breastfeeding, or from taking oral contraceptives (Pikwer 2008)

Drugs for rheumatoid arthritis which can be taken during breastfeeding:

### Non-steroidal anti-inflammatory drugs (NSAIDS)



**Ibuprofen:** very low levels in breastmilk. Can be used even when baby needs direct ibuprofen syrup e.g. during teething or fever

**diclofenac:** has historically been widely used in breastfeeding

**naproxen:** longer half-life than diclofenac or ibuprofen but levels in breastmilk low

**celecoxib:** low levels in breastmilk

**Mefenamic acid** - no studies but BNF states "amount in milk too small to be harmful"

**Ketoprofen:** low levels in breastmilk, one centre in France 8/174 incidences of adverse events including oesophageal ulceration, erosive gastritis, meningeal haemorrhage, and renal insufficiency.



**Meloxicam:** Limited oral bioavailability but no studies.



**Etoricoxib** - no data, celecoxib preferable



**Indometacin:** One case of seizure reported in neonate exposed through milk. Avoid as safer alternatives

all of the above with PPI omeprazole to protect the mother's stomach.

**DMARDs** such as Hydroxychloroquine (see Lupus) but not methotrexate are acceptable



**Biologicals** – etanercept, infliximab, adalimumab, rituximab. All have large molecular weights which produce zero oral bioavailability. Certolizumab pegol has a licence for use by breastfeeding mothers.



Where **opiates** are required dihydrocodeine would be the drug of choice as it has a cleaner metabolism than codeine. Tramadol is also acceptable

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### Further Information

National Rheumatoid Arthritis Society <https://www.nras.org.uk/>

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