

Breastfeeding and Medication



Osteoporosis and Breastfeeding

I have severe early onset osteoporosis causing 12 spinal compression fractures. The challenges were managing my pain relief, deciding on a medication that could treat my low bone density whilst breastfeeding.... but also positioning and attachment with a spine that is inflexible and incredibly painful. Just lifting my new-born caused some fracturing. We nailed the pain relief and medication for osteoporosis side of things and with help positioning side of things. I was an experienced breast feeder but had never fed whilst so immobile and in pain before. Thankfully I am still feeding him now, over 4 years later. I am not cured; I never will be as it is a degenerative disease. I continue to suffer fractures. But looking back the help I had to enable me to breastfeed was the only way I was able to independently care for my new baby. I was bed bound and could never have managed formula preparation. Now that I too am in the shield group, I am thankful that I am still breastfeeding to help boost his immune system in this most terrifying time.

Description

Osteoporosis is a condition that weakens bones, making them fragile and more likely to fracture. It develops slowly over several years and is often only diagnosed when a fall or sudden impact causes a bone to break. Osteoporosis affects over 3 million people in the UK. It is frequently diagnosed in women after the menopause but not exclusively.

Other risk factors for osteoporosis:

- taking high-dose steroid tablets for more than 3 months
- other medical conditions – such as inflammatory conditions, hormone-related conditions, or malabsorption problems
- a family history of osteoporosis – particularly a hip fracture in a parent
- long-term use of certain medicines that can affect bone strength or hormone levels, such as anti-oestrogen tablets that many women take after breast cancer

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November 2021 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

- having or having had an eating disorder such as anorexia or bulimia
- having a low body mass index (BMI)
- not exercising regularly
- heavy drinking and smoking

It can be prevented by taking regular, weight bearing exercise, eating a diet rich in calcium and vitamin D (or taking supplements), abstaining from smoking and high alcohol use.

Treatment

- **Calcium and vitamin D supplements:** minimum 10 micrograms vit d and 700mg -1200mg calcium
- **Bisphosphonates:** bisphosphonates should always be taken on an empty stomach with a full glass of water, standing or sitting upright for 30 minutes after taking them. Other drinks or foods should be avoided for 30 minutes and 2 hours.
 - Alendronic acid (Alendronate™) <https://www.ncbi.nlm.nih.gov/books/NBK501621/>
 - Ibandronic acid (Bonviva™) <https://www.ncbi.nlm.nih.gov/books/NBK501616/>
 - Risedronic acid (Actonel™) - no information on levels in breastmilk but poor oral bioavailability
 - Zoledronic acid – no information on levels in breastmilk but poor oral bioavailability
 - Raloxifene – no information and may suppress lactation
- **Denosumab:** an alternative for women with osteoporosis who have been through the menopause if a bisphosphonate is not suitable or is not tolerated. It is given twice a year by injection and helps to slow down bone loss. As with bisphosphonates, there is a small risk of a rare problem of the jawbone, called osteonecrosis

Breastfeeding and Bone Density Research

The effects of breastfeeding on mothers' bone health (UNICEF Baby Friendly Hospital Initiative <https://www.unicef.org.uk/babyfriendly/news-and-research/baby-friendly-research/maternal-health-research/maternal-health-research-bone-density/>)

- Caroline J. Chantry et al (2004). Lactation Among Adolescent Mothers and Subsequent Bone Mineral Density. Arch Pediatr Adolesc Med. 158:650-656
- Paton LM et al (2003). Pregnancy and lactation have no long-term deleterious effect on measures of bone mineral in healthy women: a twin study. Am J Clin Nut 77: 707-14
- Kalkwarf HJ, Specker BL (1995) Bone mineral loss during lactation and recovery after weaning. Obstet Gynecol 86: 26-32

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- Kalkwarf HJ (1999) Hormonal and dietary regulation of changes in bone density during lactation and after weaning in women. *J Mammary Gland Biol Neoplasia* 4: 319-29

Further information on Osteoporosis

Royal Osteoporosis Society <https://theros.org.uk/>

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