

# Breastfeeding and Medication



## Clinically extremely vulnerable, Covid 19 infection and breastfeeding

The clinically extremely vulnerable (CEV) are at particular risk of being admitted to hospital with symptoms of covid 19 and have been offered medication should they have a positive PCR. <https://www.gov.uk/government/publications/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19>. This factsheet provides the available information on the drugs for breastfeeding mothers. There are currently no published studies on any of them and this is not a recommendation but a digest of available data to discuss with clinicians.

### Breastfeeding transfer of Covid 19

There is currently no evidence to suggest that the COVID-19 virus can transfer into breast milk. There is evidence that maternal antibodies generated in response to COVID-19 virus do pass into breast milk. The long-term well-established benefits of breastfeeding are highly likely to outweigh any potential risks of transmission of the virus through breastmilk (RCOG, Walker, UK Government, NHS & WHO June 2020). Breastmilk is the best source of nutrition for infants and provides protection against many illnesses.

### Precautions against passing on Covid 19 to your baby

If you have confirmed COVID-19 or have symptoms you should take all possible precautions to avoid spreading the virus to your baby, including washing your hands for 20 seconds before touching your baby, sterilising any breast pump or bottles and washing your hands after changing nappies. Consider wearing a face covering or fluid-resistant face mask while feeding or caring for the baby. Babies should not wear a face covering or mask as they may risk suffocation.

If you are too unwell to breastfeed you may still be able to express milk for your baby. Pump equipment and bottles need to be sterilised according to manufacturer's instructions.

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## Clinically Extremely Vulnerable (CEV)

The government published additional guidance on the treatment of the CEV population who have impaired immune response <https://www.gov.uk/government/publications/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19> in December 2021.

Following a positive PCR test, most of these patients will be contacted by a local NHS coronavirus medicines team to assess whether they might benefit from treatments. Some of this population will be breastfeeding.

2 types of COVID-19 treatment are available sotrovimab (Xevudy) and molnupiravir (Lagevrio). There is no experience to date of using these drugs during breastfeeding and there is currently limited information.

### Sotrovimab

- Sotrovimab is a monoclonal antibody directed against the SARS-CoV-2 virus that causes COVID-19. No information is available on the clinical use of sotrovimab during breastfeeding. Because sotrovimab is a large protein molecule, the amount in milk is likely to be very low. It is also likely to be partially destroyed in the infant's gastrointestinal tract and absorption by the infant is probably minimal. Until more data become available, sotrovimab should be used with caution during breastfeeding, especially while nursing a new-born or preterm infant. (LactMed database <https://www.ncbi.nlm.nih.gov/books/NBK571318/>)
- There is no published evidence for use in breastfeeding. However, **negligible levels are anticipated in milk, and very limited absorption from the infant's gastro-intestinal tract expected due to the drug's properties.** Therefore, infant side effects are unlikely. Theoretically, absorption may be increased slightly in the neonatal period due to increased gastrointestinal permeability. Monitor the infant for adequate feeding and hypersensitivity reactions ( <https://www.sps.nhs.uk/medicines/Sotrovimab/>)
- It is not known whether the ingredients of Xevudy can pass into breast milk. Tell your healthcare professional if you are breast-feeding before you receive Xevudy. (Patient Information Leaflet <https://www.gov.uk/government/publications/regulatory-approval-of-xevudy-sotrovimab/patient-information-leaflet-for-xevudy>)

### Molnupiravir

- If you are breast-feeding or are planning to breastfeed, tell your doctor before taking this medicine. **Breast-feeding is not recommended during treatment and for 4 days after the last dose of Lagevrio.** This is because it is not known if Lagevrio gets into breast milk and will be passed to the baby. (Patient Information Leaflet <https://www.medicines.org.uk/emc/product/13044/smpc#PREGNANCY>)
- There is no published evidence relating to use in breastfeeding is available, but it is likely to pass into breast milk. Molnupiravir is administered as a short course and has a short half-life, so risk of accumulation in the infant is low. The manufacturer's state that breastfeeding is not recommended during treatment and for 4 days after the last dose. This is to ensure infant exposure via breast milk is completely avoided. Long term, high dose studies in infant

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animals showed toxicity in growing cartilage. Clinical significance of short-term exposure during breastfeeding is unknown. If exposed via breast milk, as a precaution, monitor infant for poor feeding, adequate weight gain, vomiting and diarrhoea. Individuals of childbearing potential, including breastfeeding women, should use effective contraception for the duration of treatment and for 4 days after the last dose

(<https://www.sps.nhs.uk/medicines/molnupiravir/>)

**Paxlovid** (Paxlovid PF-07321332 and ritonavir)

On December 31, 2021, the MHRA licensed Paxlovid in the treatment of covid-19 to keep patients out of hospital and prevent serious illness. <https://www.gov.uk/government/news/oral-covid-19-antiviral-paxlovid-approved-by-uk-regulator-Dec-31-2021>

Based on the clinical trial data, Paxlovid is most effective when taken during the early stages of infection and so the MHRA recommends its use as soon as possible and within five days of the start of symptoms. It has been authorised for use in people aged 18 and above who have mild to moderate COVID-19 infection and at least one risk factor for developing severe illness. Such risk factors include obesity, older age (>60 years), diabetes mellitus, or heart disease.

Paxlovid consists of 2 medicines: nirmatrelvir and ritonavir.

Take 2 pink tablets of nirmatrelvir with 1 white tablet of ritonavir by mouth 2 times each day (in the morning and in the evening) for 5 days. For each dose, take all 3 tablets at the same time.

- Swallow the tablets whole. Do not chew, break, or crush the tablets.
- Take PAXLOVID with or without food. (FDA fact sheet for patients, parents, and caregivers emergency use authorization of paxlovid for coronavirus disease 2019 (covid-19) <https://www.fda.gov/media/155051/download>)

Paxlovid is not recommended during pregnancy and in people who can become pregnant and who are not using contraception. Breastfeeding should be interrupted during treatment. These recommendations are because laboratory studies in animals suggest that high doses of Paxlovid may impact the growth of the foetus. If you are breast-feeding or are planning to breastfeed, tell your healthcare provider before taking this medicine. **Breast-feeding is not recommended during treatment and for 7 days after the last dose of Paxlovid.** This is because it is not known if Paxlovid gets into breast milk and will be passed to the baby.

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[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/1044404/Paxlovid\\_PIL.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1044404/Paxlovid_PIL.pdf)

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