Breastfeeding and Medication

Aripiprazole and breastfeeding

Anecdotal reports of decrease in lactation seem to be common. Mothers should be aware of how to look for poor milk supply and monitor urine output.

Aripiprazole is second generation antipsychotic increasingly being used to treat schizophrenia as it is effective and well tolerated. It is reported to have a beneficial profile in terms of a low potential for bodyweight gain. Dosage titration is not necessary, and the drug is effective in the first few weeks of treatment (Swainston 2004).

Levels of aripiprazole in breastmilk

The levels of aripiprazole in breastmilk have been measure in several studies. LactMed suggests that "Limited information indicates that maternal doses of aripiprazole up to 15 mg daily produce low levels in milk, but until more data become available. [Uguz 2016 and 2021].

Pharmacokinetics of aripiprazole

Aripiprazole has a long half-life (75 hours), an oral bioavailability of 87% and is 99% plasma protein bound. The relative infant dose is 0.7% - 6.44%.

Aripiprazole and breastfeeding

There are many studies onto the levels in breastmilk, but few contain details on the outcome with respect to breastfeeding or report that breastfeeding ceased before treatment (Fernández-Abascal 2021). Viguera (2021) reported that among women not on second generation antipsychotics (SGA)s, 88.2% of women reported "ever breastfeeding" compared to 59.3% of women on an SGA. At 3 months postpartum, 47% of women on a non-SGA were exclusively breastfeeding compared to 23% of women on an SGA. While the majority of women on an SGA initiated breastfeeding, breastfeeding rates were considerably lower than for women who were not on an SGA. There is no description of breastfeeding support offered.

February 2022 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*

It has been hypothesised that aripiprazole reduces prolactin which may limit breastfeeding. Nordeng 2014 described a case study of a woman who took aripiprazole 10 mg daily from week 9 of pregnancy and continuing postpartum. She exclusively breastfed her infant for 6 weeks, but then began supplementation because of insufficient milk production. Her serum prolactin was lower than expected for a nursing mother. The authors speculated that the aripiprazole might have been the cause of her low serum prolactin and diminished her milk supply.

Reversal of hyperprolactinemia produced by other agents used to treat schizophrenia is said to indicate the safety and potential utility of aripiprazole addition in patients with elevated prolactin (Byerly 2009).

Morin (2017) reported on a baby who developed severe hypernatremic dehydration because of inadequate milk intake. This necessitated amputation of all five toes on the right foot and significant further debridement after the development of gangrene. The 12-day-old exclusively breastfed infant was admitted with severe weight loss because of inadequate milk intake and a 30% weight loss since birth. The infant's mother was being treated for bipolar disorder with lamotrigine 250 mg orally once daily, aripiprazole 15 mg orally once daily, and sertraline 100 mg orally once daily. She was also taking levothyroxine 50 mcg once daily

Mendhekar published a case report on a woman who conceived while receiving aripiprazole 15 mg/day. The drug was discontinued at 8 weeks of pregnancy but recommenced at 20 weeks. Ge concluded that exposure to aripiprazole during different trimesters of pregnancy was not associated with intrauterine death, morphological teratogenicity, impaired foetal growth, neonatal toxicity, or neurobehavioral teratogenicity. Maternal health was not adversely affected during pregnancy. However, lactation failure occurred after delivery.

Anecdotal reports

I have had a significant number of contacts with mothers through the Breastfeeding Network Drugs in Breastmilk Helpline and through Breastfeeding and Medication.

In each case, even with doses as low as 5mg a day, the mothers or their breastfeeding advocates have reported poor milk supply despite evidence based, ongoing support. One mother was prescribed domperidone to address the assumed decrease prolactin levels (no long-term information available). However, both drugs have the ability to cause QT interval prolongation (BNF online access) so the risk of cardiac abnormalities cannot be ignored with this combination.

For any mother prescribed aripiprazole whilst breastfeeding noting any effect on her nursling or reduction in milk supply should complete a yellow card report https://yellowcard.mhra.gov.uk/ so that this effect can be gathered to support future prescribing decisions.

Examples of comments from mothers and professionals

- I expressed milk with ease for the first week to be frozen and fed, started again on Aripiprazole hoping that my flow wouldnt be affected as it is the only anti-psychotic that has

helped me. Unfortunately, within 3 days my milk flow did subside, and for last 3 days I have only expressed a couple of ounces. It's getting less by the day.

- I've just had a baby boy (two weeks ago) and I'm really struggling with breastfeeding; my supply is very minimal. I knew it could be a side effect of medication I'm taking Aripiprazole for bipolar but didn't expect to only produce a few drops every time I pump (pumping approx. 6/7 times daily).
- I have seen a mum today who despite breast changes in pregnancy has no signs of lactogenesis at day 3 and now at day 7 still none. I have been through all the usual assessment regarding possible causes. She has bipolar and is on aripiprazole.
- I have seen a mum today who has had significant milk supply decreased following starting aripiprazole
- I am emailing about a patient who is taking Aripiprazole. It has significantly affected her milk coming in and baby has lost 15.7% on day 5. I have read that it can affect prolactin levels
- I was told there was a risk it may affect my supply, but my options were limited. Unfortunately, it did have a significant impact, I had very little colostrum and my milk never came in despite trying everything. I fed my older children without problem.

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