

Breastfeeding and Medication



Endometriosis and breastfeeding

My baby is 10 days short of completing 5 months and I got my period last night for the first time post her birth. I had a c-section and at the time of delivery, the gynaecologist found that I have endometriosis level 2 which was the reason for my painful periods before conceiving. This was my first, spontaneous conception and I did not have a clue I have endometriosis.

At my postpartum consultation I was told that as soon as I get my period, I should start my hormonal treatment and also that the hormonal medication is not breastfeeding friendly. I am an EXCLUSIVE BREASTFEEDING mom and want to continue nursing for at least 2 years or until she self-weans. I used to take painkiller, hot water bag and ginger tea for period pain. I came to know I had endometriosis only after I delivered. Biggest thing I have found so far is how symptoms are ignored and women just cope. But I did find that yoga helped me a lot with the symptoms.

I was really worried I would not be able to breastfeed due to the pain medication I took regularly for endometriosis. I was so lucky that the pain I experienced every day for 4 years stopped once I gave birth and was able to go on birth control. The doctor was very informed about what I could and could not take. I'm now a bit scared to stop breastfeeding because I'm worried my periods and pain might return but I will need to stop before going down the frozen embryo route which is a shame as I either stop feeding before I would like or have a larger age gap than I would like.

I have severe dysfunctional uterine bleeding, PCOS and Endometriosis. Possibly adenomyosis. I was put on hormonal treatment 6month post-partum and this resulted in my milk supply depleting within a week, despite the help of domperidone to try to help increase supply. It broke my heart and given the correct information I would have denied medical treatment and continued to breastfeed for as long as possible. But I was misinformed and as a result lost the most precious bond I had. All I can say is I missed out on more than I can put into words. My rainbow boy is healthy and strong, and I am thankful, but I wish I could have done more, changed things, and provided him with the best.

Description

Endometriosis is a condition where tissue similar to that lining the womb, starts to grow in other places, such as the ovaries and fallopian tubes. Endometriosis can affect women of any age. The exact number of women who develop endometriosis is unknown. This is because many women have

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endometriosis without symptoms, or with mild symptoms, and are never diagnosed. Estimates vary, from 1 to 5 in 10 of all women having some degree of endometriosis. Symptoms typically develop between the ages of 25-40 but can begin in teenage years. The condition can run in families.

The main symptoms of endometriosis are:

- pain in lower tummy or back– usually worse during menstrual period
- period pain that prevents normal activities
- pain during or after sex
- pain when peeing or pooing during menstruation
- feeling sick, constipation, diarrhoea, or blood in your urine during menstruation
- difficulty getting pregnant

Farland et al (2017) studied 72 394 women recruited through the Nurse's Health Study. The participants had one or more pregnancies that lasted at least six months. Of these women 3296 had laparoscopically confirmed endometriosis. The study found that the duration of total and exclusive breast feeding was significantly associated with decreased risk of endometriosis. For every additional three months of total breast feeding per pregnancy, women experienced an 8% lower risk of endometriosis. Women who breastfed for at least 36 months in total across their reproductive lifetime had a 40% reduced risk of endometriosis compared with women who never breast fed. The authors commented that this association was partially, but not fully, influenced by postpartum amenorrhea

Treatment

There is currently no cure for endometriosis, but symptomatic treatment is available.

Analgesics: paracetamol, opioids (ideally dihydrocodeine or tramadol).

Non-steroidal anti-inflammatory drugs:

- **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

the combined pill, the contraceptive patch, or an intrauterine system (IUS/coil) may reduce supply.

norethisterone or medroxyprogesterone: may reduce supply



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gonadotrophin-releasing hormone (GnRH) analogues e.g. leuprorelin acetate (Prostrap™). It is not known whether leuprolide transfers into human milk, but due to its nonapeptide structure, it is not likely that its transfer would be extensive. It is unlikely it would be orally bioavailable in the human infant if ingested via milk. Its effect on lactation is unknown, but it could suppress lactation particularly early postpartum. It is of little risk to the breastfed infant, only to milk production (Hale)



surgery to cut away patches of endometriosis tissue or a hysterectomy



References

Hale TW Medications and Mothers Milk online access

Farland L V, Eliassen A H, Tamimi R M, Spiegelman D, Michels K B, Missmer S A et al. History of breast feeding and risk of incident endometriosis: prospective cohort study BMJ 2017;

<https://www.bmj.com/content/358/bmj.j3778>

Further information

Endometriosis UK: www.endometriosis-uk.org/understanding-endometriosis

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