Breastfeeding and Medication

Asthma and breastfeeding

"My asthma actually improves when feeding and I had a big decline when I weaned my 2-year-old twins. The symptoms have gone again now I'm breastfeeding my 3-month-old."

Description

Breastfeeding protects against asthma in children up to the age of 6. Shorter duration and non-exclusivity of breastfeeding were associated with increased risks of asthma-related symptoms in pre-school children (Mukherjee 2016). Thus, mothers with asthma may be keen to breastfeed exclusively to protect their baby. In a study of 366 pregnancies, symptoms worsened in 36% of women (Schatz 1988). Further studies by Schatz (1995) and Wendel (1996) in the United States suggest that 11–18% of pregnant women with asthma will have at least one emergency department visit for acute asthma and, of these, 62% will require hospitalisation.

Wilson et al (2022) studied 2021 mother-child dyads. Women reported the duration of any and exclusive breastfeeding and child asthma outcomes during follow-up at child aged 4 to 6 years. Outcomes included current wheeze (previous 12 months), ever asthma, current asthma (having ≥2 of current wheeze, ever asthma, medication use in past 12-24 months), and strict current asthma (ever asthma with either or both current wheeze and medication use in past 12-24 months). They showed that longer duration of exclusive breastfeeding had a protective association with child asthma.

Treatment

Asthma can be controlled during breastfeeding with:

- inhalers (short and long-acting beta 2 agonists to relieve symptoms
- bronchodilators to prevent symptoms
- compound inhalers,
- Prednisolone

August 2020 *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*

- Leukotriene receptor antagonists.

Beta-adrenoreceptor agonists relieve symptoms of asthma attack such as breathlessness: E.g., Salbutamol, Bambuterol , Formoterol, Salmeterol, Terbutaline. The inhalers act locally in the lungs and limited transfer into blood let alone milk -

Oral Corticosteroids : Prednisolone – limited transfer at 40mg/day, higher doses short term. Very high doses or long term wait 4 hours after administration to breastfeed (but rarely necessary in my experience)

Inhaled Corticosteroid Inhalers prevent asthma symptoms and are used when regular use of preventer inhalers is necessary: E.g., Beclometasone, Budesonide, Fluticasone, Mometasone. Inhalers act locally in lungs and limited transfer into blood let alone milk

Leukotrine Receptor antagonists: Montelukast - relative infant dose 0.68%. Used in children so compatible with breastfeeding. However, in September 2019 the MHRA added a caution to use in children so individual mothers may need to decide for themselves if they wish to take this drug whilst breastfeeding.

"Healthcare professionals are advised to be alert for neuropsychiatric reactions, including speech impairment and obsessive-compulsive symptoms, in adults, adolescents, and children taking montelukast. The risks and benefits of continuing treatment should be evaluated if these reactions occur. Patients should be advised to read the list of neuropsychiatric reactions in the information leaflet and seek immediate medical attention if they occur."

Zafirlukast - relative infant dose 0.7%. Absorption slowed with food. Used in children > 12 years so compatible with breastfeeding assumed.

Theophylline/ Aminophylline – prolonged half-life in neonates (babies < 6 weeks). One reported case of irritability. Avoid if possible, especially with young babies .

There are many options of inhalers and asthma specialist should be able to make symptoms changing life a rare rather than common event. Many athletes have asthma and are able to control symptoms with the right balance of medication. For some symptoms are worse with respiratory infections, for others season affects are greater e.g., moulds, pollen from different plant affecting different times of the year.

References

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Further information:

Asthma UK https://www.asthma.org.uk/

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