

Breastfeeding and Medication



Coughs, Colds, Flu and Covid and Breastfeeding

This year more than I can ever remember families, including my own, are coming down with viruses. Over the last 2-3 years we have restricted contacts, children were not exposed to the normal viruses and we are now catching up on the immunity they didn't get and are sharing them with our families.

First, and most importantly, continuing to breastfeed when you are ill passes on antibodies to the breastfeeding baby. If they get a virus first your body will automatically begin production to the infection. Such is the wonder of breastfeeding. In addition to antibodies, breastmilk contains the goodness they need if they stop eating as much (and they may breastfeed more frequently) and it is a comfort to them too. Babies feeding frequently is not a symptom of low milk supply but that babies are seeking the positive benefits of breastfeeding and comfort.

However, as mothers sometimes we may need medications to help us get through the exhausting time of having a sick child and being ill yourself.

Treating colds when breastfeeding

Paracetamol and ibuprofen

Steam inhalation

Nasal decongestant sprays if desired (not oral products)

Sore throat lozenge and sprays if desired

Decongestants.

There is research that pseudoephedrine can lower breastmilk supply after just one tablet. (Aljazaf K, Hale TW, Ilett KF, et al. Pseudoephedrine: effects on milk production in women and estimation of infant exposure via breastmilk. Br J Clin Pharmacol. 2003;56(1):18-24.) Pseudoephedrine is a decongestant (helps to unblock your nose). It seems that mothers in late-stage lactation may be

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more sensitive to pseudoephedrine and have greater loss in milk production. Therefore, breastfeeding mothers with poor or marginal milk production should be cautious in using pseudoephedrine. While there are anecdotal reports of its use in mothers with engorgement, we do not know if it is effective, or recommend its use for this purpose.

Many remedies contain phenylephrine as the decongestant. Because of pseudoephedrine's effect on milk production, concerns that phenylephrine may suppress milk production may arise; there is no evidence that this occurs at this time. Decongestants decrease secretions so it is not an unreasonable assumption that it might reduce supply but that no one has conducted trials. This is a case of lack of evidence rather than evidence of lack of activity.

Decongestant nasal sprays act only locally so will not pass into milk or affect milk supply.

Decongestant nasal sprays and nose drops should only be used for about 5-7 days at a time. If they are used for longer than this a rebound, more severe congestion of the nose often develops. Decongestant sprays and drops are thought to work better than oral tablets or capsules (<https://patient.info/chest-lungs/cough-leaflet/decongestants>)

Nasal decongestants can offer symptomatic relief but not cure a common cold <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6461189/>. Paracetamol, ibuprofen and steam inhalation are generally as effective and much cheaper.

Chest rubs such as Vick [™] may be overwhelming for a breastfeeding baby who is inhaling the smell. Anecdotally applying it sparingly to the feet under socks helps.

When babies have colds

Babies may want to feed frequently both for extra fluid and for comfort when they have cold symptoms. Babies with blocked noses may find it hard to feed and may keep coming off the breast. Sodium Chloride nasal drops used before feeds may help as may a manual decongestor (a mini suction pump used to suck out mucus from the baby's nose) or using breastmilk as a drop is anecdotally purported to help.

Sometimes babies pull away from the breast and cry – this may be because it increases in the pressure in their ears causing earache. This is particularly common overnight or after a longer sleep.

Babies may have a croaky, hoarse cry which is different to normal, indicating a sore throat.

Age appropriate paracetamol and ibuprofen can be given to the baby even if the breastfeeding mother is taking full dose.

If you have any concerns over the well-being of the baby medical advice should be sought urgently. It is better to err on the side of caution with young children whose condition can deteriorate rapidly.

Children's chest rubs and vapourisers are available.

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Sore throat remedies

Paracetamol or ibuprofen

Medicated lozenges containing a local anaesthetic, antiseptic, or anti-inflammatory medicine
anaesthetic spray if desired

Glycerine and honey

Viral sore throats are self limiting and symptoms can be relieved by gargling with salt water, sucking ice cubes or lollies or sipping glycerine and honey. Most of us have our favourite commercial products e.g. (but not exclusively). Stepsils (of all types) ™, Halls™, Tunes™, Lockets™, Difflam™, Chloraseptic. The demulcent, antiseptic and anaesthetic activities do not pass into breastmilk.

Cough remedies

There is little evidence that cough remedies work but many of us have favourites which we find help to relieve symptoms. Expectorant cough medicines containing guaiphenesin are compatible with breastfeeding. Soothing medicines such as simple linctus and glycerine and honey also help. Multiple ingredient products should be avoided especially where there is a decongestant included. Inhaling steam and keeping the atmosphere in a room moist by using vapourisers, steam generators or a damp towel over a radiator.

Treating flu when breastfeeding

The difference between colds and flu is that symptoms of flu develop very rapidly and if your major heart throb was to knock your front door you wouldn't be able to get up.

Flu symptoms include a sudden high temperature, aches everywhere in your body, feeling tired or exhausted, a dry cough, a sore throat, a headache and may include gastric symptoms.

The treatment is paracetamol and ibuprofen, plenty of fluids and rest. Sore throat remedies and cough linctus may soothe but not cure.

We have all become used to the way that respiratory illnesses spread over the past 3 years. Symptoms of flu are very similar to COVID and the only way to differentiate is a Lateral Flow Test. Even if it is negative stay away from other people and just rest until symptoms pass in about a week.

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Treating COVID 19 when breastfeeding

Although COVID 19 infections are less severe thanks to the vaccination programme there are still many people testing positive. At the time of writing around 1 in 30.

According to the Zoe covid app the presence of COVID is more likely where there is a dry, rasping throat and is more likely to be a cold/flu if there is sneezing. <https://joinzoe.com/learn/covid-new-top-5-covid-symptoms>

Treatment is as for flu: paracetamol and ibuprofen, rest and fluids.

If you are immunocompromised you may be offered anti retroviral therapy although recommendations seem to change frequently <https://breastfeeding-and-medication.co.uk/fact-sheet/clinically-extremely-vulnerable-covid-19-infection-and-breastfeeding>

Prevention of Flu and Covid through vaccination

Although not a 100% protection both flu and covid vaccinations are compatible with breastfeeding <https://breastfeeding-and-medication.co.uk/fact-sheet/flu-and-covid-vaccine-in-autumn-booster-programme>

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