Drugs in Breastmilk: Support in Scotland

"A lifeline when noone else wants to give you an answer"

Poster by Cara Jamieson and Hester Schofield

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Who are we and what does the service do?

The Breastfeeding Network is a registered charity, supporting mothers and families to breastfeed since 1997. Our Drugs in Breastmilk Service is unique in it's provision of information to mothers and healthcare professionals on the relative risks of medication taken by breastfeeding mothers.

The majority of drugs are unlicensed for use during lactation. This means that the manufacturers have not undertaken research to confirm safety on ethical grounds. Evidence and experience tells us that this often results in women being advised by healthcare professionals to stop breastfeeding unnecessarily in order to take medication/receive treatments. It can also mean individuals decide to delay or decline treatment in order to continue breastfeeding.

That's where we come in! Our service accrues information from case reports or small scale studies and uses knowledge of the pharmacokinetics of the drug (the way in which it is handled by the body) to enable us to make recommendations as to whether a drug is safe to be taken during breastfeeding. This information supports women to make informed decisions about feeding their baby and can provide reliable, evidence-based resources to facilitate conversation with their healthcare professionals, where necessary.

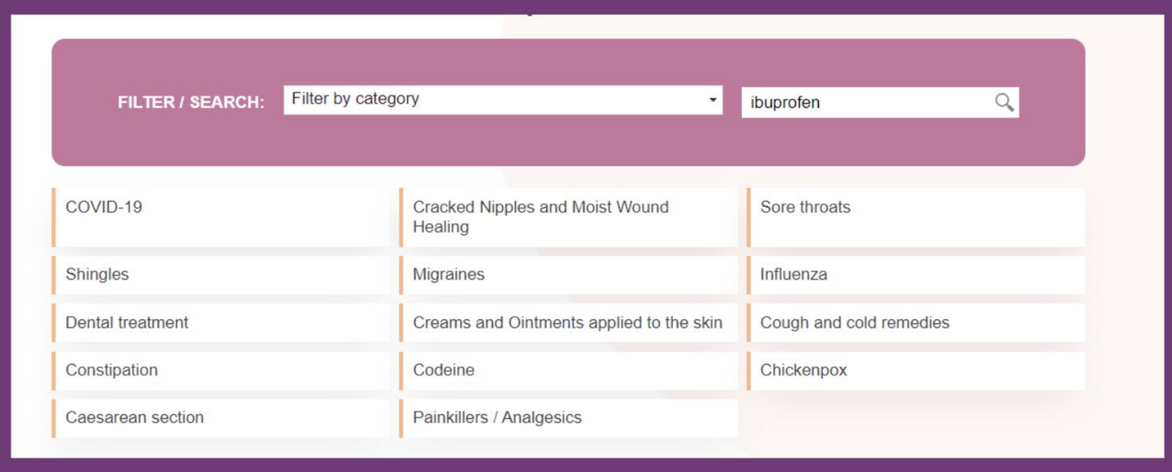
How do people access the service?

The service provides support in two key ways: via our selection of 70+ factsheets or our one-to-one contact service with our team of trained pharmacists.

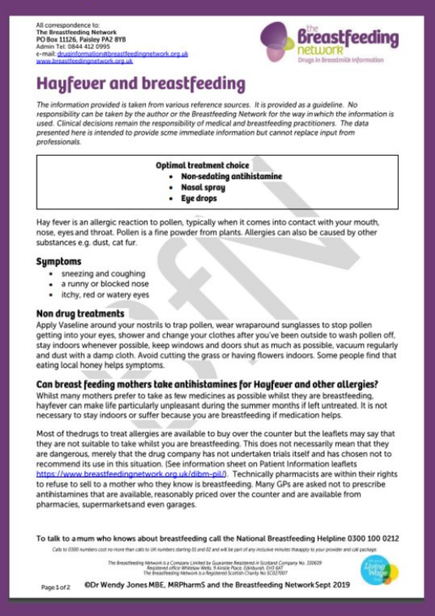
Factsheets: Accessed through our website, our factsheets cover the most commonly equeried medications, explaining the available evidence on the drug in question, as well as exploring possible alternatives where relevant.

One-to-one contact: Our team of trained pharmacists can be contacted on social media or via email, where they can discuss the factsheets further, as well as providing any available information on drugs/treatments not covered by the factsheets,.

Example of the search function:



Example of a factsheet:



All correspondence to:
The Breastfeeding Network
PO Box 11126, Paisley PA2 8YB
Admin Tel: 0844 412 0995
e-mail: druginformation@breastfeedingnetwork.org.uk
www.breastfeedingnetwork.org.uk

Hayfever and breastfeeding

The information provided is taken from various reference sources. It is provided as a guideline. No responsibility can be taken by the author or the Breastfeeding Network for the way in which the information is used. Clinical decisions remain the responsibility of medical and breastfeeding practitioners. The data presented here is intended to provide some immediate information but cannot replace input from professionals.

Optimal treatment choice
- **Non-sedating antihistamine**
- **Nasal spray**
- **Eye drops**

Hay fever is an allergic reaction to pollen, typically when it comes into contact with your mouth, nose, eyes and throat. Pollen is a fine powder from plants. Allergies can also be caused by other substances e.g. dust, cat fur.

Symptoms
- sneezing and coughing
- a runny or blocked nose
- itchy, red or watery eyes

Non drug treatments
Apply Vaseline around your nostrils to trap pollen, wear wraparound sunglasses to stop pollen getting into your eyes, shower and change your clothes after you've been outside to wash pollen off, stay indoors whenever possible, keep windows and doors shut as much as possible, vacuum regularly and dust with a damp cloth. Avoid cutting the grass or having flowers indoors. Some people find that eating local honey helps symptoms.

Can breast feeding mothers take antihistamines for Hayfever and other allergies?
Whilst many mothers prefer to take as few medicines as possible whilst they are breastfeeding, hayfever can make life particularly unpleasant during the summer months if left untreated. It is not necessary to stay indoors or suffer because you are breastfeeding if medication helps.

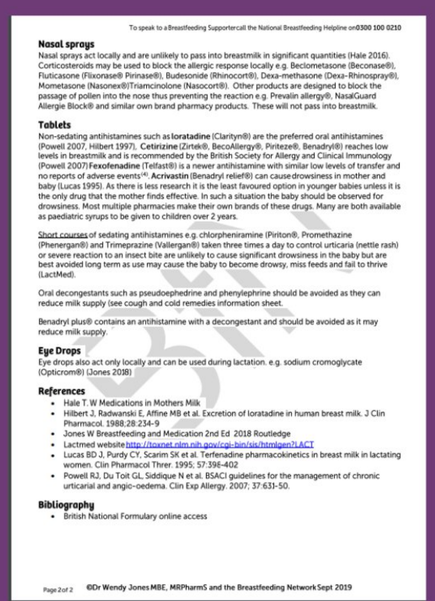
Most of thedrugs to treat allergies are available to buy over the counter but the leaflets may say that they are not suitable to take whilst you are breastfeeding. This does not necessarily mean that they are dangerous, merely that the drug company has not undertaken trials itself and has chosen not to recommend its use in this situation. (See information sheet on Patient Information leaflets https://www.breastfeedingnetwork.org.uk/dibm-pil/). Technically pharmacists are within their rights to refuse to sell to a mother who they know is breastfeeding. Many GPs are asked not to prescribe antihistamines that are available, reasonably priced over the counter and are available from pharmacies, supermarketsand even garages.

To talk to a mum who knows about breastfeeding call the National Breastfeeding Helpline 0300 100 0212

Calls to 0300 numbers cost no more than calls to UK numbers starting 01 and 02 and will be part of any inclusive minutes thaapply to your provider and call package

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To speak to a Breastfeeding Supportercall the National Breastfeeding Helpline on0300 100 0210

Nasal sprays
Nasal sprays act locally and are unlikely to pass into breastmilk in significant quantities (Hale 2016). Corticosteroids may be used to block the allergic response locally e.g. Beclometasone (Beconase®), Fluticasone (Flixonase® Pirinase®), Budesonide (Rhinocort®), Dexa-methasone (Dexa-Rhinospray®), Mometasone (Nasonex®)Triamcinolone (Nasocort®). Other products are designed to block the passage of pollen into the nose thus preventing the reaction e.g. Prevalin allergy®, NasalGuard Allergie Block® and similar own brand pharmacy products. These will not pass into breastmilk.

Tablets
Non-sedating antihistamines such as **loratadine** (Clarityn®) are the preferred oral antihistamines (Powell 2007, Hilbert 1997). **Cetirizine** (Zirtek®, BecoAllergy®, Piriteze®, Benadryl®) reaches low levels in breastmilk and is recommended by the British Society for Allergy and Clinical Immunology (Powell 2007)**Fexofenadine** (Telfast®) is a newer antihistamine with similar low levels of transfer and no reports of adverse events[4]. **Acrivastin** (Benadryl relief®) can cause drowsiness in mother and baby (Lucas 1995). As there is less research it is the least favoured option in younger babies unless it is the only drug that the mother finds effective. In such a situation the baby should be observed for drowsiness. Most multiple pharmacies make their own brands of these drugs. Many are both available as paediatric syrups to be given to children over 2 years.

Short courses of sedating antihistamines e.g. chlorpheniramine (Piriton®, Promethazine (Phenergan®) and Trimeprazine (Vallergan®) taken three times a day to control urticaria (nettle rash) or severe reaction to an insect bite are unlikely to cause significant drowsiness in the baby but are best avoided long term as use may cause the baby to become drowsy, miss feeds and fail to thrive (LactMed).

Oral decongestants such as pseudoephedrine and phenylephrine should be avoided as they can reduce milk supply (see cough and cold remedies information sheet.

Benadryl plus® contains an antihistamine with a decongestant and should be avoided as it may reduce milk supply.

Eye Drops
Eye drops also act only locally and can be used during lactation. e.g. sodium cromoglycate (Opticrom®) (Jones 2018)

References

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- Hilbert J, Radwanski E, Affine MB et al. Excretion of loratadine in human breast milk. J Clin Pharmacol. 1988;28:234-9
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- Lucas BD J, Purdy CY, Scarim SK et al. Terfenadine pharmacokinetics in breast milk in lactating women. Clin Pharmacol Ther. 1995; 57:398-402
- Powell RJ, Du Toit GL, Siddique N et al. BSACI guidelines for the management of chronic urticarial and angio-oedema. Clin Exp Allergy. 2007; 37:631-50.

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- British National Formulary online access

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Who uses the service?

The service is accessed by mothers, parents, healthcare professionals and mother supporters such as breastfeeding peer supporters. The purpose of the service is to provide direct support to mothers but healthcare professionals do regularly access our factsheets and contact our team via social media and email.

Why is the service so important?

The impact of our service is far-reaching and is explored in depth in the most recent evaluation of the service, undertaken in 2019. The evaluation summarised that the service:

- Supported women to breastfeed for longer
- Made women feel listened to
- Improved mother's wellbeing and emotions, including increasing confidence levels
- Enabled mothers to make informed decisions about breastfeeding in the face of inaccurate information from healthcare professionals
- Enabled mothers to make informed decisions about taking treatments in the face of inaccurate information from healthcare professionals
- Supported maternal mental health

The service is also highly regarded by healthcare professionals:

"Since I became a GP the DiBM factsheets have become my go-to resource for prescribing in breastfeeding. The evidence based information is written in an accessible format, meaning they are well suited for sharing with mothers."

Dr Gareth Strachan, GP, Angus





"My wee one is nearly two, and breastfeeding is going strong. However, throughout this time I've had to deal with the diagnosis of a chronic illness and start medication. On at least three occasions I have been advised that I would have to stop breastfeeding, but with the support of the BFN Drugs in Breastmilk service - both factsheets and email - I have found out I can continue. The team are truly amazing and I'm so grateful to have found out this service exists!"

Carol, Breastfeeding mother, Tayside

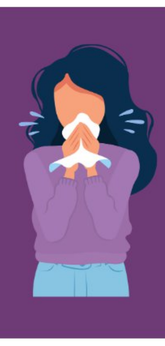
Reach:

In the last year, our factsheets have been accessed by 1.52 million IP addresses. If we consider that Scotland makes up approximately 6% of the UK, we can estimate that more than 90,000 of these addresses were based in Scotland.

Between April 2022 and April 2023, there were 3558 contacts to the service – 103 were Scottish. We estimate we would have a further 68 calls from Scotland where the individual has not disclosed their postcode during the conversation.

What topics do most enquries relate to?

1. Minor ailments such as hayfever, sore throats etc.
2. Vitamins/supplements/alternative remedies/homeopathy
3. Chronic illnesses
4. Mental health
5. Antibiotics



Summary

Without the information provided by our online resources and one-to-one support from specialist pharmacists, many more women would stop breastfeeding or go without medication/treatments unneccesarily. We know that this can have a profound impact on maternal mental health, as well as both mother and baby's physical health. Our service is filling a crucial gap by enabling and supporting breastfeeding women and people to access evidence-based information, enabling them to make informed decisions about their own healthcare.

"The vast majority of mothers and those supporting them come into the service confused and unsure, and leave it feeling their query has been fully answered, and their wellbeing improved; regardless of whether they are able to continue breastfeeding."

(BfN Evaluation, 2019)

If you would like to find out more about the service, please contact Hayley Alton, our Service and Development Manager at hayley.alton@breastfeedingnetwork.org.uk

References:

https://www.breastfeedingnetwork.org.uk/wp-content/dibm/2019-09/Hayfever%20and%20breastfeeding.pdf

Brown, A., Finch, G., Trickey, H., Hopkins, R. (2019) 'A lifeline when no one else wants to give you an answer: an evaluation of the Breastfeeding Network drugs in breastmilk service'. Breastfeeding Network: Scotland