**Key issues to consider when handling questions about the use of medicines in breastfeeding**

#### This document is designed to facilitate patient consultations around the suitability of medicines use in breastfeeding women. It is part of a series ****to help pharmacy professionals answer questions about commonly-asked therapeutic topics. The full module can be found at**** [www.sps.nhs.uk](http://www.sps.nhs.uk)

Document your findings from any consultations/ discussions below. This can be attached to patient notes if required.

| **Question** | **Your Notes** | **Comment** |
| --- | --- | --- |
| **Has the baby been born yet?**  |  | This question will allow you to prioritise how quickly you need to respond. Withholding breastfeeding and/ or expressing breastmilk are not easy, practical or risk-free options for the mother and infant. |
| **If yes, has the mother been told to withhold breastfeeding until confirmation is received that it is okay to breastfeed?** |  |
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| **Which medicine(s) is the mother taking?** |  | Take a full drug history with dose, frequency and route of administration, including over the counter and complementary medicines and supplements. Check for the duration of therapy. |
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| **Is the mother already taking the medicine or is it something that is newly prescribed?** |  | If a mother is already established on a medicine, switching to an alternative because of breastfeeding may not be a suitable clinical option for the mother. |
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| **What is the indication?** |  | A prescriber may be considering several options, or be willing to use an alternative. Knowing this information from the start can help your research. |
| **Is there a preferred alternative treatment option?** |  |
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| **Has the mother taken the medicine during pregnancy?** |  | It cannot be assumed that a medicine that was safe or unsafe during pregnancy will be so during breastfeeding.A separate risk assessment for the medicine in breastfeeding is still required. |
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| **Is the infant healthy? (e.g. any kidney or liver dysfunction)?** |  | An infant’s ability to excrete medicines, or their medical condition(s), may be affected or aggravated by the side-effect profile of the medication they are being exposed to via breastmilk. |
| **List any medicines the infant is taking?** |  |
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| **How old is the infant?** |  | The handling of medicines is completely different between, for example, a premature infant compared with a two year old child who may still be having comfort feeds.Age also affects the dose of medicine they are being exposed to as they gain weight or breastfeed less. |
| **Is he/she premature or full-term?** |  |
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| **How often is the mother breastfeeding?** |  | Advice and any potentially mitigating factors will be very different for a newborn infant being fed on demand compared with an older infant having comfort feeds. |
| **Is the infant exclusively on breastmilk?** |  |