

PRESCRIBING PSYCHOTROPIC MEDICATION TO NURSING MOTHERS: WHAT ARE THE SAFEST OPTIONS?

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“Before advising against breastfeeding or recommending premature weaning, the practitioner should weigh thoughtfully the benefits of breastfeeding against the risks of not receiving human milk”

American Academy of Pediatrics (1997)

BENEFITS OF BREASTFEEDING

- Breastfeeding decreases the incidence or severity of diarrhea, lower respiratory infections, otitis media, bacteremia, bacterial meningitis, botulism, urinary tract infections and necrotizing enterocolitis.
- Breastfeeding has also been related to enhancement of cognitive development
- For the nursing mother the benefits include less postpartum bleeding and less menstrual blood, more rapid uterine involution, weight loss, delayed resumption of ovulation, reduced risk of ovarian cancer and premenopausal breast cancer. ⁽¹⁾

Before prescribing medication to nursing women...

...the clinician should consider:
the pharmacokinetics of the drug in the mother, the drug's distribution into breastmilk, the timing of drug dosing, the timing of breastfeedings, and the pharmacokinetics of the drug in the child. In reviews of drugs and breastfeeding, there are **only a handful of medications that are considered to be absolutely contraindicated.**



- An extensive pediatric examination should be the norm before therapy begins, with special attention to neurological assessment, sleep and alertness patterns, psychomotricity, irritability and behaviour, since those are the areas where the toxic effects of psychopharmacology would tend to appear.
- The start dose should be lowered by half, with a progressive increase to reach therapeutical levels. Maternal serum levels should be determined and if levels are too high milk or infant serum levels should be measured.



Photo by Liz Finnie, Lower Hutt, NZ

ANTIDEPRESSANTS

- Tricyclic antidepressants are a safe treatment option for nursing women ^(3,4) with the exception of doxepine, that should be avoided ⁽⁵⁾.
- Most SSRI are also safe although fluoxetine should be avoided ⁽⁶⁾ ; sertraline appears to be the SSRI of choice for nursing women_(6,7,8).

BENZODIAZEPINES

- Diazepam and alprazolam should be avoided (9)
- Lorazepam , oxazepam and tepazem are safe options (10,11,12,13)
- Finding housework help and helping the mother to rest may be effective alternatives to minimize the use of benzodiazepines



Photo by Robert Clark "Ian and Joy" United States

ANTIPSYCHOTICS

- Infants of nursing mothers treated with minimal doses of chlorpromazine or haloperidol did not experience any side effects ^(14,15)
- If treatment with high doses of neuroleptics is necessary weaning should be recommended ⁽¹⁶⁾



Photo by Jo Igasia

MOOD STABILIZERS

- Among mood stabilizers, lithium therapy poses the biggest dilemma in nursing women although some authors have suggested breastfeeding can be continued under very close monitoring of the infant ⁽¹⁷⁾
- Carbamacepine and valproate can cause side effects. Lamotrigine appears to be safe for nursing mothers and their infants ⁽¹⁸⁾



Photo by Parker Deen and Randi Berg

CONCLUSIONS

- Most antidepressants and benzodiazepines can be used safely by nursing women.
- Some antipsychotic medications can be taken by nursing women under specific circumstances.
- Among mood stabilizers, lithium therapy poses the biggest dilemma in nursing women although some authors have suggested breastfeeding can be continued under very close monitoring of the infant.

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