

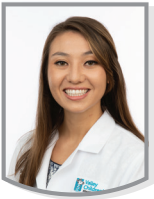


VALLEY CHILDREN'S

MATERNAL-FETAL MEDICINE PUBLICATION

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Bidding Farewell to the "Pump and Dump"

Updates for breastfeeding in the setting of infectious disease and medication exposures

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Breastmilk has been shown to protect against a variety of diseases and is immensely beneficial to both mother and baby. Therefore, it is important to maximize the amount of breastmilk baby receives to help provide the best neurodevelopmental outcomes. The guidance for needing to "Pump and Dump" in certain situations is outdated. Mothers are still inappropriately advised to stop breastfeeding due to infection risk or stop medication use for fear of exposure in breastmilk. We will review absolute contraindications to breastfeeding in regard to types of infections and clarify several situations where mothers are still able to feed their infants with careful counseling.

Contraindications to breastfeeding include:

- Mothers with HIV who are not on antiretroviral therapy and/or do not have suppression of their viral load during pregnancy, delivery, and postpartum
- Mothers with human T-cell lymphotropic virus (HTLV) type I and type II
- Mothers using illicit drugs such as opioids, phencyclidine, or cocaine*
 - *Mothers taking methadone or buprenorphine maintenance therapy should be encouraged to still breastfeed
- Mothers with suspected or confirmed Ebola virus

Temporary contraindications to breastfeeding AND providing expressed breast milk:

- Mothers with untreated brucellosis
- Mothers with active herpes simplex virus breast lesions
- Mothers with mpox viral infection until resolution of lesions
- Mothers undergoing diagnostic imaging with radiopharmaceuticals*
 - *In the case of iodinated contrast or gadolinium, mother can still breastfeed afterwards without cessation

Temporary contraindications to breastfeeding BUT expressed breast milk can still be given:

- Mothers with untreated, active tuberculosis
- Mothers with active varicella (chickenpox) infection that developed 5 days prior to delivery to 2 days following delivery

It is important to note that mothers can still breastfeed if they have mastitis, or inflammation and/or infection of the breast tissue. Continuing breastfeeding is actually recommended since mastitis develops from lack of milk emptying from the breast causing blockage.

In regard to medication usage, most commonly used medications are relatively safe during breastfeeding. Contraindicated medications include amiodarone (may affect infant thyroid function), anticancer medications (bone marrow suppression), codeine and tramadol (due to ultra-rapid metabolism and potential to cause breathing problems in the infant). Many mothers experience anxiety and post-partum depression but worry that treatment will affect their ability to breastfeed. Sertaline is the first-line treatment for mothers who are breastfeeding but other antidepressants have also been found to be safe. Mothers should talk with their providers about treatment options that still allows breastfeeding goals to be met.

Caffeine: Good news here for sleep deprived parents. Although caffeine does pass through breast milk, it does not affect the infant at low to moderate amounts (about 2-3 cups of coffee). Effects such as jitteriness, irritability, fussiness, and poor sleep have been reported in infants when mothers consume 10 or more cups of coffee per day.

Alcohol: A moderate amount of alcohol use (1 glass of wine or beer per day) is unlikely to affect a breastfeeding infants, especially if the mother waits about 2 hours before nursing again. The amount of alcohol in breastmilk has transient passage similar to alcohol levels in maternal blood. Beer has been shown to decrease breastmilk intake by 20-23% and decrease the length of time that mothers breastfeed their infants.

There is a comprehensive Drugs and Lactation Database (LactMed) available through the National Institute of Health (NIH) that provides updated information on the effect of medications and herbal supplements on lactation and the breastfeeding infant. E-Lactancia is another resource in both English and Spanish that provides information about medication compatibility with breastfeeding. This is not as exhaustive list and mothers should discuss with their own doctor as well as their baby's pediatrician about breastfeeding concerns with infections and medication exposures.

Resources:

1. Breastfeeding and Special Circumstances. (2023). Contraindications to Breastfeeding or Feeding expressed Breast Milk to Infants. CDC. <https://www.cdc.gov/breastfeeding/breastfeeding-special-circumstances/contraindications-to-breastfeeding.html>.
2. American Academy of Pediatrics Committee on Drugs. (2013). The Transfer of Drugs and Therapeutics Into Human Breast Milk: An Update on Selected Topics. *Pediatrics*, 132(3):e796-e809.
3. Meek JY, Noble L; Section on Breastfeeding. (2022). American Academy of Pediatrics Policy Statement: Breastfeeding and the Use of Human Milk. *Pediatrics*, 150 (1): e2022057988. 10.1542/peds.2022-057988.
4. Academy of Breastfeeding Medicine. (2016). Protocol #26: Persistent Pain with Breastfeeding. *Breastfeeding Medicine*, 11(2):1-8.
5. Drugs and Lactation Database (LactMed®) [Internet]. Bethesda (MD): National Institute of Child Health and Human Development; 2006. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK501922/>
6. Hotham N, Hotham E. Drugs in breastfeeding. *Aust Prescr*. 2015 Oct;38(5):156-9. doi: 10.18773/austprescr.2015.056. Epub 2015 Oct 1. Erratum in: *Aust Prescr*. 2016 Feb;39(1):27. PMID: 26648652; PMCID: PMC4657301.

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