ANTICOAGULANTS
Coumarin derivatives (warfarin, dicumarol): Relatively safe to use; only small amount in breast milk; check PTT
Heparin: Does not cross into breast milk; check PTT

ANTICONVULSANTS
Phenytoin (Dilantin), phenobarbital: Generally considered safe; if high doses of phenobarbital are ingested, may cause drowsiness; short-acting phenobarbiturates (secobarbital) preferred, because they appear in lower concentration in milk
Magnesium sulfate: Lactogenesis may be delayed

ANTIDEPRESSANTS
SSRI class (Fluoxetine, Fluvoxamine): Effect on newborn unknown current concern.

ANTIHISTAMINES
Diphenhydramine (Benadryl), pheniramine (Dimetane), Claritin, Allegra: May cause decreased milk supply; infant may become drowsy or irritable

ANTIMETABOLITES
Unknown, probably long-term anti-DNA effect on the infant; potentially very toxic

ANTIMICROBIALS
Aminoglycosides: May cause ototoxicity or nephrotoxicity if given for more than 2 weeks
Ampicillin: Skin rash, candidiasis; diarrhea
Azithromycin: No risk to newborn
Chloramphenicol: Possible bone marrow suppression; too low a dose for Gray syndrome; refusal of breast
Methacycline: Possible inhibition of bone growth; may cause discoloration of the teeth; use should be avoided
Metronidazole (Flagyl): Possible neurologic disorders or blood dyscrasias; delay breastfeeding for 12 hours after dose
Penicillin: Possible allergic response; candidiasis
Quinolones (synthetic antibiotics): Can cause arthropathies
Sulfonamides: May cause hyperbilirubinemia; use contraindicated until infant over 1 week old
Tetracycline: Long-term use and large doses should be avoided; may cause tooth staining or inhibition of bone growth

ANTITHYROIDS
Thiouracil: Contraindicated during lactation; may cause goiter or agranulocytosis

BARBITURATES
Propylthiouracil: Safe; monitor infant thyroid function
Phenothiazines: May produce sedation

BRONCHODILATORS
Aminophylline: May cause insomnia or irritability in the infant
Ephedrine, cromolyn (Intal): Relatively safe

CAFFEINE
Excessive consumption may cause jitteriness or wakefulness

CARDIOVASCULAR
Methyldopa: Increase in milk volume
Propranolol (Inderal): May cause hypoglycemia; possibility of other blocking effects, especially if infant has renal or liver dysfunction
Quinidine: May cause arrhythmias in infant
Reserpine (Serpasil): Nasal stuffiness, lethargy, or diarrhea in infant

CORTICOSTEROIDS
Adrenal suppression may occur with long-term administration of doses greater than 10 mg/day

DIURETICS
Furosemide (Lasix): Not excreted in breast milk
Thiazide diuretics (Esidrix, Hydrodiuril, Oretic): Safe but can cause dehydration, reduce milk production

HEAVY METALS
Gold: Potentially toxic; gold salts—compatible with nursing
Lead: Excreted in breast milk; high maternal levels can effect neuropsychologic development
Mercury: Excreted in the milk and hazardous to infant

HORMONES
Androgens: Suppress lactation
Thyroid hormones: May mask hypothyroidism

LAXATIVES
Peri-Colace Ducolax: Relatively safe
Milk of magnesia, metamucil: Relatively safe

NARCOTIC ANALGESICS
Codeine: Accumulation may lead to neonatal depression
Meperidine: May lead to neonatal depression
Morphine: Long-term use may cause newborn addiction
NONNARCOTIC ANALGESICS, NSAIDS

Acetaminophen (Tylenol): Relatively safe for short-term analgesia

Ibuprofen (Motrin): Safe

Propoxyphene (Darvon): May cause sleepiness and poor nursing in infant

Salicylates (aspirin): Safe after first week of life; monitor protime

ORAL CONTRACEPTIVES

Combined estrogen/progestin pills: Significantly decrease milk supply; may alter milk composition; may cause gynecomastia in male infants

Progestin only (DMPA, Norplant): Safe if started after lactation is established

RADIOACTIVE MATERIALS FOR TESTING

Gallium citrate (67G): Insignificant amount excreted in breast milk; no nursing for 2 weeks

Iodine: Contraindicated; may affect infant’s thyroid gland

125I: Discontinue nursing for 48 hours

131I: Nursing should be discontinued until excretion is no longer significant; nursing may be resumed after 10 days

Technetium-99m: Discontinue nursing for 3 days (half-life = 6 hours)

SEDATIVES/TRANQUILIZERS

Diazepam (Valium): May accumulate to high levels; may increase neonatal jaundice; may cause lethargy and weight loss

Lithium: Contraindicated; may cause neonatal flaccidity and hypotonia

SUBSTANCE ABUSE

Alcohol: Potential motor developmental delay; mild sedative effect

Amphetamines: Controversial; may cause irritability, poor sleeping pattern

Cocaine, crack: Extreme irritability, tachycardia, vomiting, apnea

Marijuana: Drowsiness

Heroin: Tremors, restlessness, vomiting, poor feeding

Nicotine (smoking): Shock, vomiting, diarrhea, decreased milk production