

Medications you have received

You have received the following medications during your procedure today.

Neuromuscular blocking agent

Please wait 2 hours before nursing your baby.

Inhaled anesthetic gas

No need to wait before nursing.

Versed, Hypnovel

Please wait 4 hours before nursing your baby.

Narcotic pain medications

(Demerol, Morphine, Fentanyl, Dilaudid)

No need to wait, but watch your infant for signs of sleepiness or poor feeding, and call your child's doctor if these signs appear.

Non-narcotic pain medications

(Toradol, Tylenol, Ibuprofen)

No need to wait.

Your doctor has prescribed the following medications for you to take at home:

- Codeine
- Vicodin
- Ibuprofen
- Toradol
- Tylenol (see previous note)

These are okay to use while breastfeeding, but watch your infant for signs of sleepiness or poor feeding.

Please call your **child's doctor** if you have concerns.

It is best to take these medications after you have nursed your baby.

PLEASE NOTE

The information in this pamphlet has been reviewed by Thomas Hale, PhD, in the publication *Medications and Mothers' Milk* (2006), which is a recognized source of how medications can affect breastfeeding.

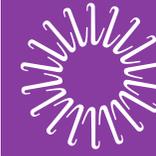
The use of medications must be left to the judgment of the individual physician, patient, or health care consultants.



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Post-operative Information for the Breastfeeding Patient



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Most medications are quite safe for breastfeeding mothers and their infants. Although most medications will not harm the breastfeeding infant, mothers should take them only when absolutely necessary. If you don't really need it, then please don't take it.

As a general rule, if the infant dose is less than ten percent, the medication is safe to use while breastfeeding. While the infant dose of most adult medications is less than one percent, if you have questions, please check with your child's doctor.

If your infant is premature or a newborn, it is best to be slightly more concerned about using medications.

Watch your infant for any changes in behavior or bowel habits once you start taking a medication.

Call your child's doctor if you notice changes that could be related to the medication you are taking.

Neuromuscular Blocking Agents

(Anectine, Mivacron, Pavulon, Zemuron, Norcon)

Neuromuscular blocking agents are used to relax skeletal muscle during surgery. It is very likely that these get into the breastmilk, but they cannot be absorbed when taken orally. Waiting about 2 hours after surgery will eliminate most risks associated with the use of these products.

Anesthetic Inhaled Gases for General Anesthesia

(Sevofluane, Sesfluane, Isofluane)

These products are used during procedures that require general anesthesia. They are designed to leave your body quickly so that you wake up quickly once your procedure is over. If any anesthetic enters your breastmilk, it should not pose a problem for your child, as it cannot be absorbed when taken orally.

Sedation (Versed, Hypnovil)

These are short-acting medications used prior to surgery or for sedation during a procedure. Its elimination is very rapid, and it is not found in the breastmilk after 4 hours.

Pain Medications

Demerol

While usually compatible with breastfeeding, Demerol takes a long time to clear from the breastmilk and can be detected for up to 56 hours. It should be avoided if you are nursing a newborn.

Morphine

Transfer into the breastmilk is minimal at normal doses, and it is the preferred pain medication to use if you are breastfeeding. High doses over prolonged periods should be avoided.

Fentanyl

The amount found in breastmilk is minimal, and it is poorly absorbed when taken orally; therefore, it is unlikely to have a harmful effect on a breastfeeding infant.

Dilaudid

No data are available on its transfer into human milk, but transfer is likely quite low and similar to that of morphine.

Vicodin

A dose of 5 milligrams every 4 hours has a minimal effect on nursing infants. However, no data on milk levels are available. To reduce the infant exposure, nurse the infant prior to taking this medication.

Codeine

The amount of codeine secreted into breastmilk is low and dose-dependent. There are few side effects reported following doses of 30 milligrams.

Toradol

It is minimally available in breastmilk, and the baby is likely to receive less than 2 percent of the maternal dose.

Ibuprofen (also called *Advil*, *Motrin* and others)

It enters milk in very low levels (less than 0.5 percent of the maternal dose). Even large doses produce very small milk levels.

Acetomenophin (also called *Tylenol* and others)

Transfers into breastmilk at levels too small to be considered harmful.

Tylenol #3 (see above)

This medication is a combination of Tylenol and codeine. Please refer to the information about these medications.