Contraindications to Breastfeeding & Issues Relating to Maternal Medications

Session 10B
Maternal Contraindications Are Rare, and include:

1. HIV:
   - In the U.S. women known to be HIV infected should be counseled not to breastfeed. Breastfeeding increases the risk of transmission of HIV from mother to infant.
   - Women at high risk for HIV infection should be counseled individually regarding the appropriateness of breastfeeding.
   - Women who are not aware of their HIV status should be informed of the potential benefits for herself and her infant of knowing her HIV status.
   - Women taking antiretroviral medications should not breastfeed.
Maternal Contraindications: Infectious Diseases, Cont.

2. HTLV-1 and HTLV-2 (Human T-cell Lymphotropic Virus Types 1 and 2)
   - At the current time it is recommended that women who are infected with HTLV infected should not breastfeed.
   - Studies from Japan indicate that the primary route of vertical transmission of HTLV is through breastfeeding.
     - Virtually no transmission of the virus occurs from mother to fetus
With the exception of HIV and HTLV, most infectious diseases are compatible with breastfeeding.
Precautions with Other Diseases

- TB – If the mother has symptoms of TB, direct contact with the infant should be avoided until the diagnosis is made & treatment started.
  - Breastfeeding may be initiated after 2 weeks of maternal therapy.
  - To help establish a milk supply, the mother should start pumping.
    - The infant may be fed the pumped milk as TB is not transmitted through the mother’s milk.
Precautions with Other Diseases (Con’t)

- Group B Beta-streptococcus and Group A streptococcus
  - Mothers infected with these organisms may initiate breastfeeding after treatment has begun.
Infectious Diseases Compatible with Breastfeeding II

- **Hepatitis:**
  - Hepatitis A: Mother may breastfeed. If she develops Hepatitis A within 2 weeks of delivery, infant should receive gamma globulin and vaccine.
  - Hepatitis B: Breastfeeding may begin immediately. Hepatitis B immunoglobulin should be administered ASAP after delivery or within 12 hours of birth.
    - Breastfeeding may begin immediately after the HBIG as been given at birth.
  - Hepatitis C: Breastfeeding should be encouraged unless there is co-infection with HIV.
Infant Contraindications to Breastfeeding

- Galactosemia is the *only* infant condition in which breastfeeding is contraindicated.
  - Galactosemia is an extremely rare enzyme deficiency (1:50,000 births)
  - Use of special formula is required
Infant Contraindications to Breastfeeding II

- Inborn errors of metabolism: combination feeding is possible, breastfeeding with supplements of special formula lacking the amino acid in question.
  - Phenylketonuria (PKU) is the most common of the amino acid metabolic disorders.
    - The mother may start a feeding w/ a small amount of the special formula and then finish the feeding at the breast.
    - The mother should pump to help maintain a milk supply.
  - Consultation with an endocrinologist is recommended.
Other Infant Conditions

- Breastfeeding is not contraindicated for any other infant condition.
- Breastfeeding may mask or decrease symptoms of metabolic disorders.
- Breastfeeding may be *medically indicated* in many infant conditions, although supplementation may be required.
Resources for Infectious Disease Information

- Knowledge about infectious diseases is constantly evolving. For updates, contact:
  - The Centers for Disease Control
  - The American Academy of Pediatrics’ Red Book Committee
Guidance for Common Postpartum Experiences

- Proactive interventions providing support at critical times increase breastfeeding duration and exclusivity
Managing Breastfeeding During Crises of Confidence

▸ When milk supply concerns arise, always consider possibility of inadequate milk. Ask questions and assess for this problem.
  ▪ Assess the mother’s milk supply
    • Is the baby gaining weight?
    • Is the baby having an adequate number of wet diapers?
    • Is the baby having 3 or more stools per day in the first month?
    • Is the baby content after feeding?
  ▪ Encourage frequent nursing
  ▪ Consider Lactation consult
Managing Breastfeeding During Crises of Confidence

- Dealing with distractibility:
  - Nurse in quiet, dark locations
  - Nurse at sleepy transition times
  - Offer feeding before hunger cues are seen

- Assure medical supervision of mother and baby
Food & Nutrition for Breastfeeding Mothers

- The Recommended Daily Allowance for lactating women is *500 additional calories* over pre-pregnant requirement.
- Women consuming less than 1800 kcal/day may be at risk of low nutrient intake.
  - This will not change milk composition, but may deplete mother’s nutrient stores over time.
- Encourage women to follow dietary guidelines and consume a wide variety of foods.
Food & Nutrition, Cont.

- Seek help of a dietitian or nutritionist to provide dietary guidance to women with special dietary concerns.
- Contrary to myth, there are no foods that should routinely be forbidden in the diet of nursing mothers.
Food & Nutrition, Cont.

- Some breastfed infants may be sensitive to foreign proteins (such as cow milk, peanuts, etc.) in mother’s milk. It is not necessary to avoid these foods unless a sensitivity is suspected.
Contraception During Lactation

- The Lactational Amenorrhea Method (LAM)
  - LAM is a natural, physiological method of birth control
  - Studies suggest >98% efficacy for LAM as a contraceptive method when *practiced according to protocol*
  - LAM is reliable as long as **all** of the following criteria are met:
    - Mother is **amenorrheic** (meaning without bleeding)
    - Breastfeeding is **exclusive** or nearly exclusive (allows for vitamins and token foods)
    - The infant is **less** than 6 months old
Contraception, cont.

- Barrier Methods may be used at any time during lactation.

- Hormonal Methods
  - Use of progestin oral contraceptives (the “Mini” pill), implants and injectables are compatible with breastfeeding when started after 6 weeks postpartum.
  - Use of combined estrogen-progestin pills is controversial. Progestin only are the preferred methods.
Maternal Illness & Medications

- A mother with a common illness like the cold, flu or mastitis should continue to breastfeed.
  - These illnesses are not passed through her milk and breastfeeding continues to provide protective immunities to infant.
- Very few maternal medications are contraindicated during breastfeeding.
  - Good resource for medication use during breastfeeding is Thomas Hale’s book: “Medications and Mother’s Milk”
  - Also, LactMed is an online app, which is another good resource
Minimizing the Impact of Maternal Medication on the Infant

- Ask if drug therapy is really necessary.
- Consultation between mother’s prescriber and pediatrician is advised
- Use the safest drug when a choice is available
- If possible, have the mother take the medication immediately after nursing her infant.
Guidelines for Prescribing (Hale)

- Drugs not absorbed through GI tract are probably safe.
- Choose drugs with lower Milk:Plasma ratios. High M/P ratios are >1.
- Choose drugs with shorter half-life
  - Be cautious of drugs with long pediatric half-lives
  - Avoid extended-release formulations
- Choose drugs with higher protein binding which have a shorter half life and are easier to excrete
Guidelines for Prescribing (Hale) – Con’t

- Drugs that affect the brain frequently penetrate the milk in higher levels
- With radioactive compounds, wait 4-5 half-lives before resuming breastfeeding
- Substances applied to nipple are likely to be ingested and absorbed by the infant. Do not assume that topicals are safe.
- Herbal preparations have pharmacological properties. Do not assume they are safe until researched fully.
Drug Information Resources

- LactMed (National Library of Medicine)
- Hale: *Medications and Mother’s Milk*
  - Copy kept in nursery for your reference
- Lawrence: *Breastfeeding: A Guide for the Medical Profession* (see Study Center below)
- Drug Information Centers:
  - *Infant Risk Center @ Texas Tech University* (infantrisk/org or 806-352-2519)
  - *Lactation Study Center, University of Rochester, NY* (585-275-4354)