Pain Relieving Medications for the Breastfeeding Mother

After the birth of your baby, your health care provider may order pain medicine to help make you more comfortable. Pain can slow your milk let-down, so you’ll want to have good control of your pain after a Cesarean section, with stitches after a vaginal birth or anytime you are having pain that requires a pain medication.

Here are some basic facts on the most commonly used pain medicines while breastfeeding. In most cases, very little of this medicine passes through your breast milk to your baby. Some medicines may make your newborn a little sleepy, but the benefits of breastfeeding far outweigh this small risk.

NOTE: Each medicine listed is rated – e.g., L1, L2, etc. See page 2 for details and talk with your provider about what these ratings mean.

Try to use the smallest amount of medicine that works well to ease your pain. Narcotic drugs may change your baby’s alertness and suckling strength slightly. But, when your pain is treated and you are more comfortable, your success with breastfeeding will be better. If you have questions, contact your health care provider or lactation resource person.

Non-narcotic (non-opiod) pain relievers
These can be over-the-counter or prescription medicines. Non-narcotics generally should be the first choice for pain control in breastfeeding women, as they do not cause sleepiness in the mother or the baby.

Examples of non-narcotic pain relievers include:
• **Ibuprofen (Advil, Motrin)** – Very small amounts enter breast milk, even if taken in a high dose. This is thought to be the ideal pain reliever for breastfeeding mothers. L1
• **Acetaminophen (Tylenol)** – Enters breast milk in very small amounts and is thought to be safe and compatible with breastfeeding. L1

• **Naproxen (Aleve)** – Enters breast milk and is a longer-acting drug. It is safe for short-term use (1 week) and should be used cautiously because levels can build up in the baby. L3
• **Aspirin** should be avoided. Even though very small amounts are passed to the baby through your breast milk, aspirin is linked to Reye syndrome in infants and children with a fever during a viral illness. Since viruses are so common, it is best to avoid aspirin and aspirin-containing products while breastfeeding. L3, but L5 in viral illnesses.

Narcotic (opiod) pain relievers
These are prescription medicines. They may be given through a vein (intravenous) or taken by mouth.

Intravenous narcotic medicines include:
• **Morphine** is preferred for breastfeeding mothers as its passage into breast milk and to the baby is less than the other medicines. There are no pediatric concerns reported with breast milk, but the baby should be watched for sleepiness. L3
• **Demerol (Meperidine)** will cross into your breast milk in small amounts. Because it leaves the body more slowly, the baby will have the medicine in his or her system longer. It can cause sleepiness and poor sucking in newborns. (For older babies, the chance is less.) L2, but L3 if used in the early days after birth.
• **Fentanyl, sufentanil and hydromorphone** leave the body very quickly and even though low levels have been found in breast milk, the levels in breast milk are too low to cause the baby to be sleepy. L2
Oral narcotic medicines include:

• **Hydrocodone/Acetaminophen (Vicodin)** is thought to be safe while breastfeeding. Small amounts will cross into breast milk. Mothers who are breastfeeding should take the smallest dose possible to control pain. It should be taken after breastfeeding to lower the amount the baby gets. Long-term use should be avoided. **L3**

• **Oxycodone/Acetaminophen (Percocet)** is thought to be safe while breastfeeding. It is like Vicodin and is somewhat stronger than codeine. Breastfeeding mothers should take the smallest dose possible to control pain. It should be taken after breastfeeding to lower the amount the baby gets. No reports of effects in infants have been found with short-term use, but your baby should be watched for sleepiness. Long-term use should be avoided. **L3**

• **Codeine** in high doses should be avoided unless needed because it can make the baby sleepy. Codeine breaks down to morphine in your body. It should be used in the smallest dose possible and for the shortest amount of time possible. Some mothers carry a gene that allows them to break down codeine in a shorter period of time than normal. These women may not know they have this problem, but the level of morphine in their breast milk is much higher than normal and the baby can get an overdose of medicine. These mothers should not use codeine at all. Mothers taking codeine and breastfeeding should look for signs of the baby being very sleepy, having very poor feedings, skipping feedings or having breathing problems. Cigarette smoking by the mother will increase these problems for the baby. Side effects are very rare. Long-term use of codeine should be avoided. Other medicines are a better choice for breastfeeding mothers. **L3, but L5** in women whose systems break down codeine in a shorter time.

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**Dr. Thomas Hale’s* Lactation Risk Category**

**L1 – Safest:** A drug which has been taken by a large number of breastfeeding mothers without any observed increase in adverse effects in the infant. Controlled studies in breastfeeding women fail to demonstrate a risk to the infant and the chance of harm to the breastfeeding infant is remote; or the product is not orally bioavailable in an infant.

**L2 – Safer:** A drug which has been studied in a limited number of breastfeeding women without an increase in adverse effects in the infant, and/or the evidence of a demonstrated risk which is likely to follow use of this medicine in a breastfeeding woman is remote.

**L3 – Moderately Safe:** There are no controlled studies in breastfeeding women; however, the risk of untoward effects to a breastfed infant is possible, or controlled studies show only minimal non-threatening adverse effects. Drugs should be given only if the potential benefit justifies the potential risk to the infant. (New medications that have absolutely no published data are automatically categorized in this category, regardless of how safe they may be.)

**L4 – Possibly Hazardous:** There is positive evidence of risk to a breastfed infant or to breastmilk production, but the benefits from use in breastfeeding mothers may be acceptable despite the risk to the infant (e.g., if the drug is needed in a life-threatening situation or for a serious disease for which safer drugs cannot be used or are ineffective).

**L5 – Contraindicated:** Studies in breastfeeding mothers have demonstrated that there is significant and documented risk to the infant based on human experience, or it is a medication that has a high risk of causing significant damage to an infant. The risk of using the drug in breastfeeding women clearly outweighs any possible benefit from breastfeeding. The drug is contraindicated in women who are breastfeeding an infant.

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