



Designed to aid the clinician in determining the risk to an infant from maternal medications

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Example:

LABETALOL

Trade: Normodyne, Presolol, Trandate

Category: Beta Adrenergic Blocker

L2 - Limited Data-Probably Compatible

Drug last Updated: 08/08/2016

Followed by a list of Pharmacokinetic Values, Concerns, Dosage, Monitoring, and Alternatives

Dr. Hale's Lactation Risk Categories

L1 Compatible

This is a drug that 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 possibility of harm to the breastfeeding infant is remote, or the product is not orally bioavailable in an infant

L2 Probably Compatible

A drug that 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 that is likely to follow use of this medication in a breastfeeding woman is remote.

Drugs may transfer into human milk if they:

Attain high concentration in maternal plasma

Are low in molecular weight (<800)

Are low in protein binding

Pass into the brain easily

"It is rare that a breastfeeding mother needs to discontinue breastfeeding just to take a medication. The risks of formula feeding are significant and should not be trivialized. Few drugs have documented side effects in breastfed infants." Thomas Hale Ph.D.

*Open access for entire organization

* Contact the Lactation Team with questions 667-3933

L3 Probably Compatible

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 Potentially Hazardous

There is positive evidence of risk to a breastfed infant or to breast milk 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 Hazardous

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.

If a medication has been reviewed, please annotate a note with the information obtained.



Suggestions for the Clinician

Determine if the drug is absorbed from the GI tract

Calculate and review the RID (Relative Infant Dose) and compare to the pediatric dose, if known

Be cautious of drugs that have a long pediatric half life

Choose drugs with a higher protein binding

If the drug in question produces sedation, depression or neuroleptic effects in the mother, it is likely to penetrate the milk and may produce similar effects in the infant

Be cautious of herbal drugs, they may contain chemical substances that may be dangerous