Breastfeeding and Influenza

The information on this sheet is based upon my professional experience as a pharmacist with a specialised interest in the safety of drugs in breastmilk, supported by evidence from expert sources. However, I cannot take responsibility for the prescription of medication which remains with the healthcare professionals involved. I am happy to discuss the evidence by email wendy@breastfeeding-and-medication.co.uk

Reports of flu seem to be increasing currently (January 2018). The best form of protection (although still not 100%) is flu vaccination which can be undertaken whilst breastfeeding with no risk to the baby. The symptoms of flu usually last for a week. Symptoms develop approximately 4 days after infection.

Ways to try to avoid flu

- Wash hands with soap and water regularly
- Wash hands before eating or touching face – the virus can be spread from door handles and other surfaces
- Try to avoid crowded venues

People with flu can spread it to others up to about 6 feet away. Most experts think that flu viruses are spread mainly by droplets made when people with flu cough, sneeze or talk. These droplets can land in the mouths or noses of people who are nearby or possibly be inhaled into the lungs. Less often, a person might also get flu by touching a surface or object that has flu virus on it and then touching their own mouth or nose.

Symptoms of flu include a sudden fever – a temperature of 38C or above, aching body, feeling tired or exhausted, dry, chesty cough, sore throat, headache, difficulty sleeping, loss of appetite, diarrhoea or tummy pain, nausea and being sick. You may feel too weak to get out of bed so need help to care for your baby/children. The symptoms are similar for children, but they can also get pain in their ear and appear less active. (https://www.nhs.uk/conditions/flu/)

A cold develops more slowly and affects mainly the nose and throat. With 'flu it is impossible to carry on with life as normal.

If you catch flu

- Take regular paracetamol and ibuprofen
- Keep drinking fluids

- Rest as much as possible
- Cover your nose and mouth with a tissue when you cough or sneeze. Throw the tissue in the bin after you use it.

There is usually no reason to consult a doctor if you are normally fit and well, unless the symptoms have persisted for more than 7 days or you have difficulty breathing. Antibiotics do not help the flu virus itself although may be necessary for secondary infections. You are at greater risk of complications if you are pregnant.

Prescribed Anti Viral Medication

People at high risk **may** be prescribed antiviral medications to help reduce the symptoms of influenza. They must be taken within two days of the start of symptoms to be effective.

Oseltamivir (Tamiflu ®) – oral medication

Limited data indicate that oseltamivir and its active metabolite are poorly excreted into breastmilk. Maternal dosages of 150 mg daily produce low levels in milk and would not be expected to cause any adverse effects in breastfed infants, especially if the infant is older than 2 months. Infants over 1 year of age can receive oseltamivir directly in doses much larger than those in breastmilk (Lactmed Jan 2018, Wentges-van HN, van EM, van der Laan JW. Oseltamivir and breastfeeding. Int J Infect Dis. 2008).

Zanamivir (Relenza ®) – inhaled drug

No information is available on the use of zanamivir during breastfeeding. One group of authors estimated that an exclusively breastfed 5 kg infant would receive about 0.075 mg daily in breastmilk after an inhaled maternal dose of 10 mg, which is less than 1% of the dose in older children. In addition, because zanamivir is poorly absorbed orally, it is not likely to reach the bloodstream of the infant in clinically important amounts. (LactMed 2018, Tanaka T, Nakajima K, Murashima A et al. Safety of neuraminidase inhibitors against novel influenza A (H1N1) in pregnant and breastfeeding women. CMAJ. 2009;181:55-8

The manufacturer reports that it is present in the milk of rodents although no human data are available. Due to the poor oral or inhaled absorption and the incredibly low plasma levels, it is unlikely to produce untoward effects in breastfed infants (Hale Medications & Mothers Milk 2018)

Mother and Baby Contact

- The WHO 2010 recommend that mother and baby are not separated (www.who.int/csr/resources/publications/swineflu/h1n1_guidance_pregnancy.pdf)

Do not separate the baby from the mother. Institute rooming-in. Ensure adherence to WHO recommendations on protecting, promoting, and supporting breastfeeding which includes initiating breastfeeding within the first hour of life to establish exclusive breastfeeding. Minimize contact between health-care workers and the mother-baby dyad and minimize the time spent in hospital by mother and baby as much as possible. Implement screening procedures and limit the number of visitors to maternities and newborn care units.

- The CDC guidelines 2016 (www.cdc.gov/flu/professionals/infectioncontrol/peri-post-settings.htm) however, do suggest that baby is removed from close contact with the

infected mother but that breastfeeding should be encouraged to protect the baby via antibody production.

To reduce the risk of influenza in the newborn, CDC recommends that facilities consider temporarily separating the mother who is ill with suspected or confirmed influenza from her baby following delivery during the hospital stay. Throughout the course of temporary separation, all feedings should be provided by a healthy caregiver if possible. Mothers who intend to breastfeed should be encouraged to express their milk.

The CDC also recommends use of antivirals www.cdc.gov/flu/professionals/antivirals/avrec_ob.htm.

Mothers who develop influenza will produce antibodies to the virus which will help to protect the baby. Children under the age of 2 years are at greater risk of secondary infections and professional support should be sought. It is important that babies and children are monitored for symptoms of dehydration (dry nappies, sunken fontanel, lethargy).

Other references

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