Breastfeeding and Medication

Breastfeeding and Aspirin dispersible 75 mg

Aspirin 75 mg acts by decreasing platelet adhesiveness irreversibly inhibiting aggregation. It is not used during treatment of thrombosis but may be used in cases of recurrent miscarriage or with risk of pre-eclampsia.

In more serious conditions it is used post myocardial infarction (MI) and stroke or to decrease cardiovascular risk. There is little evidence that enteric-coated tablets are less likely to increase the risk of GI bleeds and may be less effective in their anti-platelet activity as well as more expensive.

Although aspirin is not recommended during breastfeeding at analgesic doses of 600 mg four times a day, due to its association with Reye's syndrome, use of the small dose in these circumstances may be considered to be acceptable.

In the absence of the risk of association of Reye's syndrome, aspirin would be a drug compatible with lactation due to its pharmacokinetic properties. Before the link with Reye's syndrome was identified, the children's dose of aspirin was 75 mg four times a day. Relative infant dose is quoted as 2.5–10.8% (Hale 2017 online access).

The BNF states that it should be avoided due to possible risk of Reye's syndrome. Regular use of high doses could impair platelet function and produce hypo-prothrombinaemia in infant if neonatal vitamin K stores are low.

After 2-4 hours there is virtually no aspirin in milk

Compatible with breastfeeding if necessary at 75 mg daily, avoid as an analgesic

Reye's syndrome

This is a rare syndrome, characterized by acute encephalopathy and fatty degeneration of the liver, usually after a viral illness or chickenpox. The incidence is falling but sporadic cases are still reported. It was often associated with the use of aspirin during the prodromal illness. Few cases occur in white children under 1 year although it is more common in black infants in this age group. Many children retrospectively examined show an underlying inborn error of metabolism.

Information extracted from Jones W. Breastfeeding and Medication 2nd Ed May 2018 Routledge

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February 2018 *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*

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