Breastfeeding and Medication

Breastfeeding and anti-epileptic medication

There is no reason why women who have taken anti-epileptic medication throughout their pregnancy should not be encouraged to breastfeed their baby (Veiby 2013). However, women should be counselled on the signs of risk to be aware of, in particular excessive somnolence and poor weight gain. The risks increase with multiple drug regimens.

It is difficult to provide all the information on anti-epileptic medication in a fact sheet. If you need more information you might like to buy my book (Breastfeeding and Medication 2018)! Or you can email me (wendy@breastfeeding-and-medication.co.uk). The information below is taken briefly from text in my book.

It is absolutely imperative that you do not stop taking your medication in order to breastfeed. Your baby needs you to be seizure free. I cannot imagine the risk to your baby in the home if you are alone, maybe at a bus stop or back driving having been well controlled.

Many of the drugs can be taken by breastfeeding mothers. There will be a caution to observe the baby for drowsiness and poor feeding with each one. If you take more than one drug that risk would increase. This doesn't mean you can't breastfeed just that we need to keep that information in our minds and ensure that the baby is feeding and growing. If he/she isn't growing we may need to consider options and support.

Many mothers ask if they can time breastfeeds so that the baby gets a minimal level of drug. Once you have taken any drug for more than 3 days it reaches a steady state with little fluctuation across the 24-hour period. This is essential as we don't want a time of the day when your medication falls below an effective level. So, there are no peaks and troughs in which to feed or avoid feeding.

Some mothers know that their seizures may be precipitated by tiredness so they need to find ways of getting as much rest as possible. This might be using some formula or another adult bringing the

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August 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*

baby to you to feed then caring for it. If you are very tired be very careful with co-sleeping as you may lose your natural awareness of the baby (www.basisonline.org.uk has more information).

Different people require different medication to stabilise epilepsy. This fact sheet is one I have tried to write several times. There is so much to discuss with individual mothers, this can only be an introduction. Please message me if you need more information or to discuss the facts presented very briefly here.

Anti-epilepsy medication

- *Lamotrigine* (Lamictal ®): watch baby for drowsiness and any strange rash. If your dose was increased in pregnancy you will need a blood test soon after birth and will probably have your dose reduced. Lamotrigine is present in milk, but limited data suggests no harmful effect on the infant.

- *Topirimate* (Topamax®):Öhman et al 2002. observed five babies at delivery and followed three of them through lactation. Two to three weeks after delivery two of the breastfed infants had detectable but unquantifiable levels of topiramate and one had an undetectable concentration; m/p ratios of around 0.86 were determined throughout the study period and no adverse events noted. Observe for sedation, poor feeding and diarrhoea.

- *Levetiracetam* (Keppra ®): Johannessen et al. (2005) studied eight women with maternal doses of levetiracetam up to 3.5 g daily, which produced low levels in milk and no adverse effects in their breastfed infants. The babies of mothers taking levetiracetam should be monitored for drowsiness and adequate weight gain.

- *Vigabatrin* (Sabril ®): This drug is used where control of seizures has not been achieved. Tran et al. (1998) studied two mother and baby pairs. He estimated the maximum amount of vigabatrin that a suckling infant would ingest in a day is 3.6% and 1% of the weight-adjusted daily dose respectively. It irreversibly inactivates gamma-aminobutyric acid (GABA) and the effect of this on neonatal brains is unknown. However, it is used directly to control infant spasms. Observe for sedation

- *Carbamazepine* (Tegretol ®): It reaches measurably detectable levels in infant serum but below the therapeutic range. The infant should be monitored for jaundice, drowsiness and adequate weight gain as sedation, poor sucking and hepatic dysfunction have been reported, although rarely.

- *Sodium valproate* (Epilim): this drug is now more rarely seen due to its known teratogenic effects (MHRA 2017). Low levels are found in breastmilk but theoretically it is recommended that the baby should be monitored for jaundice and liver damage.

- *Phenytoin* (Epanutin®): All studies of phenytoin show levels in breastmilk to be too low to cause difficulties for breastfed infants

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