

Breastfeeding and Medication



Breastfeeding and Oseltamivir for Flu

Breastfeeding can continue during maternal flu even if she is taking oseltamivir

Flu (influenza) is a disease of the lungs and upper airways caused by infection with a flu virus. Flu symptoms come on very quickly and can include:

- a sudden onset temperature of 38C or above
- aching all over
- feeling tired or exhausted
- a dry cough, a sore throat, a headache
- loss of appetite
- diarrhoea or tummy pain or nausea and vomiting

These can be very similar to a severe cold but the difference is the inability to function. It is not possible to go to work and getting out of bed may be difficult. The old adage that if your favourite film star/pop idol etc came to the door you really couldn't be bothered to get up., you have flu.

The flu virus is usually spread in the small droplets of saliva coughed or sneezed by an infected person. Direct contact with hands that are contaminated with the virus can also spread infection. Good hand washing can help to protect against the spread and wiping of surfaces and door handles.

Flu can be life threatening although symptoms can usually be controlled by rest, paracetamol and ibuprofen and frequent watery drinks.

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January 2019 *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*

Anti-viral medication – usually Oseltamivir (Tamiflu®) - may be recommended as a treatment of after exposure to prevent symptoms in extreme cases e.g. immunocompromised patients but is generally no longer regarded as cost-effective other than in an area with widespread infection.

The BNF states that: “Although safety data are limited, oseltamivir can be used in women who are breast-feeding when the potential benefit outweighs the risk (e.g. during a pandemic). Oseltamivir is the preferred drug in women who are breast-feeding. Amount probably too small to be harmful; use only if potential benefit outweighs risk (e.g. during a pandemic).”

Hale quotes the relative infant dose as 0.5%, well below the threshold of 10% regarded as safe.

The baby should be monitored for diarrhoea and vomiting

Ongoing breastfeeding should be encouraged as the mother will pass antibodies to the virus to the baby. She may, however, need support to care for the baby whilst she is clinically unwell.

If the baby is given oseltamivir as well, both mother and baby can continue to take their full doses as not enough passes through milk to affect the baby.

Further information

- Influenza Antiviral Medications: Summary for Clinicians
www.cdc.gov/flu/professionals/antivirals/summary-clinicians.htm
- Influenza: treatment and prophylaxis using anti-viral agents
www.gov.uk/government/publications/influenza-treatment-and-prophylaxis-using-anti-viral-agents
- Oseltamivir or zanamivir – can mothers breastfeed after treatment for influenza?
www.sps.nhs.uk/articles/oseltamivir-or-zanamivir-can-mothers-breastfeed-after-treatment-for-influenza-2/

References

BNF

Hale TW Medications and Mothers Milk 2019

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