

Breastfeeding and Medication



Breastfeeding and accidental intake of codeine

Interestingly I am getting more reports of mums who have taken codeine accidentally – having opened the wrong packet, or been given it by supportive partners or relatives and friends. They are terrified that they have to stop breastfeeding and ask for how long they need to pump and dump their milk (such a terrible risk of liquid gold!).

Codeine is no longer recommended for breastfeeding mothers following recommendations by MHRA in 2016 . However, it seems that many women are prescribed codeine by GPs or discharged with it from secondary care with instructions not to breastfeed the baby. Until the baby in Canada died (ref) we routinely used co-codamol for all post-natal mothers.

Not everyone has the metabolism which concentrates the drug and its metabolites into milk. For them the drug is effective and neither they nor their babies exhibit side effects. For others, including my own family, codeine makes us feel sick and dizzy. It also seems to cause drowsiness in my breastfed grandchildren so that they sleep longer and more frequently if their mothers take it.

Accidental consumption of a single dose of codeine by a lactating mother need not lead to expressing and discarding of her breastmilk if her baby is term, fit and well. She should observe the baby for signs of drowsiness and if that happens make sure the co-codamol is kept out of the way in the future. But no need to panic and no need to stop breastfeeding for a single dose unless the baby develops breathing problems.

In answer to the queries it takes 15 hours for all the codeine to be removed from the body including milk.

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February 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*

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Codeine combinations have formed the mainstay of many analgesics used, particularly in the early post-partum period. Its painkilling action is caused by metabolites that include morphine. A case report of the death of a baby whose mother took codeine phosphate 30/500 mg has recently caused much debate as to whether codeine is compatible with lactation (Koren et al. 2006). The baby was born healthy at term after a vaginal delivery. His mother took codeine 30 mg with paracetamol for episiotomy pain for two weeks. On day seven he became lethargic and had intermittent periods of difficulty in breastfeeding and lethargy. On day 11 he was taken to a paediatrician because he was described as grey in colour and was feeding poorly. He had regained his birthweight but the following day he was found cyanotic by an ambulance team and despite resuscitation attempts was pronounced dead. At post mortem he was found to have very high levels of morphine in his blood (86 ng per millilitre compared with an expected level in a neonate exposed to codeine through breastmilk of 2.2 ng per millilitre). The mother had initially taken two tablets every six hours (four times a day) but had halved the dose when she suffered constipation and somnolence. She was subsequently found to have multiple copies of the gene that metabolises codeine into morphine. In adults this has been shown to result in severe opioid toxicity, demonstrated by this mother by her sensitivity to the drug and the side effects experienced.

Many women across the world are prescribed codeine routinely for post-natal pain without any ensuing problems. The side effects, particularly of constipation, may not be welcome to women. The use of simple paracetamol and non-steroidal anti-inflammatories may be considered a safer option (Spigset and Hagg 2000).

The BNF states that the amount in breastmilk is usually too small to be harmful; however, mothers vary considerably in their capacity to metabolise codeine – so risk of morphine overdose in the infant (BNF).

Avoid if possible. Use for as short a time as possible. Observe baby for drowsiness. If baby becomes drowsy stop drug immediately and seek medical advice.

References

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