



## A PHYSICIAN'S GUIDE TO

# Opioid Use in the Lactating Mother

*This module provides brief guidelines for physicians managing lactating patients with pain management needs.*

### ► Why Focus ON OPIOID USE IN THE LACTATING MOTHER?

Lactating mothers are often prescribed opioid medication to control pain after a Cesarean section or another painful surgery or condition. Clinicians and patients alike are concerned about using opioid medication in a way that will not harm the baby.

These guidelines recommend practices for managing lactating patients with pain management needs. They recommend doses of opioid medications that are safe for the breastfeeding infant, as well as tips for educating patients on how to keep their baby healthy during this time. An accompanying fact sheet for patients, *Breastfeeding and Prescription Pain Medication*, can be ordered or printed on demand. Instructions for ordering it are on page 3.

While patients may be most comfortable with the phrase “prescription pain medication,” the Intermountain Pain Team also recommends educating patients to use the term “opioid” as opposed to “narcotic.” Because “opioid” is used in clinical settings, and “narcotic” is used more commonly in illegal settings or “on the street,” patients should become familiar with the appropriate term.

### ► Key Points

These guidelines support the physician’s ability to prescribe confidently and communicate effectively with the patient.

#### • How to prescribe

Physicians may be concerned about safe dosing for lactating mothers. Recommendations for dosing oxycodone, hydrocodone, and morphine appear in the table on page 2.

#### • How to counsel the patient

Patients and physicians both may be concerned about how to breastfeed safely while using opioids. Key messages to the patient include:

- Keep breastfeeding. Breast milk is the best food for her baby, and if she stops breastfeeding she risks losing her milk supply.
- Opioids can be taken safely. They pose minimal risk to the baby when taken as directed.
- Don’t worry about anesthetics. Most anesthetics used for surgery will have cleared the system by the time she wakes up and feels like nursing her baby.
- Breastfeed first, then take the opioid medication.

### ► WHERE TO CALL WITH QUESTIONS

For additional questions about safely prescribing opioids to lactating mothers, see:

- A board-certified lactation consultant. To locate one in your area, go to [www.ilca.org](http://www.ilca.org)
- The lactation service in your facility
- Dr. Thomas Hale’s website: [neonatal.ama.ttuhscc.edu/lact](http://neonatal.ama.ttuhscc.edu/lact) (link no longer active)
- The LactMed database: [toxnet.nlm.nih.gov/cgi-bin/sis/htmlgen?LACT](http://toxnet.nlm.nih.gov/cgi-bin/sis/htmlgen?LACT)



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## ► DOSING RECOMMENDATIONS FOR LACTATING MOTHERS

The following dosages are recommended both for mothers who have just delivered and for mothers who have had surgery when their baby is a little older.

DRUG	DOSAGE	NOTES
Oxycodone/ Acetaminophen (Percocet)	5 - 10 mg by mouth every 4 to 6 hours as needed for pain	Not to exceed 30 - 40 mg per 24-hour period.
Hydrocodone (Norco, Lortab)	5 - 10 mg by mouth every 6 hours as needed for pain	Not to exceed 30 mg per 24 - hour period.
Oral Morphine Sulfate (immediate release)	5 - 15 mg by mouth every 6 hours as needed for pain	Correct dosage can be influenced by a number of factors. Contact your pharmacist or acute pain service for assistance.
Ibuprofen (Motrin)	800 mg by mouth 3 times daily as needed for pain for 10 days	Should be taken with food.

Note: If your patient has complex pain management needs, please consult with your pharmacist.

## ADDITIONAL INFORMATION ON OXYCODONE (PERCOCET)

- Human data on the safety of oxycodone use in breastfeeding mothers is limited.<sup>1</sup> In a study of 6 healthy breastfeeding mothers given an oxycodone and acetaminophen combination product, 1 to 2 capsules every 4 to 7 hours while breastfeeding, oxycodone levels in the mothers ranged from 14 to 35 ng/mL, while levels in the infants ranged from 5 to 226 ng/mL.<sup>1</sup> The mean milk:plasma ratio was 3.4:1.<sup>1</sup> Peak milk concentrations were between 1.5 to 2.0 hours after the dose.<sup>1,2</sup> The infants should be monitored for constipation, sedation, and changes in feeding patterns.<sup>1</sup>
- The Percocet (oxycodone and acetaminophen) package insert states that it should not be given to breastfeeding mothers, as oxycodone is excreted into breast milk and has been reported to cause sedation and respiratory depression in breastfed infants.<sup>3</sup> Additionally, evidence and expert consensus hold that oxycodone given in doses greater than 40 mg/day has demonstrated harmful effects, including sedation and opiate withdrawal. In breastfeeding infants where the mother will require higher doses of oxycodone, an alternative should be prescribed, or the mother should be discouraged from breastfeeding while on oxycodone.<sup>3,4,5</sup>
- **Pharmacy recommendations based on this information:**
  - **If possible, attempt to medicate the patient with less than 40 mg oxycodone daily.** At this level she can keep breastfeeding and reduce the risk of losing her milk. Breast milk has been consistently shown to be the best nutrition for infants.
  - **Mothers requiring greater than 40 mg of oxycodone daily should be encouraged to “pump and dump” their milk until the dose can be kept below 30 to 40 mg/day.** Pumping and dumping is not preferred.

### Page 2 References

- 1] Briggs GG, Freeman RK, Yaffe SJ. Drugs in Pregnancy and Lactation: a reference guide to fetal and neonatal risk. 8th ed. Philadelphia: Lippincott Williams & Wilkins; 2008.
- 2] Oxycodone. (REPROTEXT® Document). In: REPROTEXT® Database (electronic version). Thomson Reuters (Healthcare) Inc., Greenwood Village, Colorado, USA. <http://www.thomsonhc.com> (link no longer active). Accessed September 4, 2009.
- 3] Percocet Tablets (Endo). In: Physicians' Desk Reference (electronic version), Thomson Reuters (Healthcare) Inc., Greenwood Village, Colorado, USA. <http://www.thomsonhc.com> (link no longer active). Accessed September 4, 2009.
- 4] Oxycodone. In: Micromedex® Healthcare Series (electronic version). Thomson Reuters (Healthcare) Inc., Greenwood Village, Colorado, USA. <http://www.thomsonhc.com> (link no longer active). Accessed September 4, 2009.
- 5] Oxycodone hydrochloride drug facts and comparisons. Wolters Kluwer Health, Inc. <http://online.factsandcomparisons.com>. Accessed September 4, 2009.

## ► COUNSELING THE PATIENT

The following ideas will help breastfeeding mothers understand how to breastfeed safely while taking opioid medication. The patient fact sheet at left summarizes these ideas for her.

- **Prescription pain medications are critical to her comfort and recovery.** Controlling her pain after surgery not only makes her more comfortable, it helps her heal and recover. As she heals and recovers, she can take better care of her baby and herself.
- **She should keep breastfeeding,** unless otherwise directed. Breastmilk is the best food for her baby, and if she stops breastfeeding she could lose her milk supply. Given in lower doses and over short periods of time (4 to 6 days), opioids given to breastfeeding mothers have been shown to be safe for the baby.
- **For the first few days, she should take the medication exactly how it is ordered.**
  - **If she has just delivered her baby** and has received opioid medication, the risk to the baby is minimal until she has an abundance of milk. This is not usually until the 4th day after delivery. Starting on day 4 or 5 after delivery, most mothers can expect their pain to be adequately managed most of the time with non-opioids (such as Tylenol or Motrin).
  - **If she has just had surgery,** her prescription will be given at a level that is safe for the baby.
  - **If a non-opioid such as prescription-strength Motrin is prescribed,** she should take it exactly as directed, as it works best if taken at scheduled times. When the Motrin is not effective, especially if she has been more active, she should take the opioid.
- **She should breastfeed first, then take the pain medication.** The opioid medication is at its highest concentration in her body during the first 1 to 2 hours after taking it. She should avoid breastfeeding during this time.
- **She should call you if, after one week, she still needs her prescription medication regularly, or if the pain gets worse.**
- **She should check with her baby's pediatrician before taking ANY additional pain medication** prescribed by another doctor, dentist, or other clinician. Her baby's doctor can tell her if it's safe to take these medications while breastfeeding.
- **She should NOT take additional acetaminophen.** If she is prescribed pain medications that contain acetaminophen, such as Percocet or Norco, she should never take additional acetaminophen. Acetaminophen can be found in many medications purchased over the counter.

## ADDITIONAL RECOMMENDATIONS FOR LACTATING MOTHERS HAVING SURGERY

- **It is not necessary to pump her breasts and dump the milk after surgery,** as the anesthesia poses very little risk to the infant. Most anesthetics are rapidly excreted from the body. By the time she is ready to go home, it is safe to resume breastfeeding.
- She may want to pump at these times:
  - **In the days before surgery,** so milk will be available during surgery. All breast milk can be frozen for later use.
  - **Just before going in to the operating room.**
  - **Right after surgery,** in case she doesn't want to breastfeed right away. This will help maintain her milk supply and keep her from getting uncomfortably full.

If she needs a breast pump or has concerns about breastfeeding, she should contact the hospital lactation consultant, or go to [www.ilca.org](http://www.ilca.org) to find a board certified lactation consultant in her area.

## PATIENT FACT SHEET:

Breastfeeding and Prescription Pain Medication (available in English and Spanish)



## HOW TO ORDER:

You can order these fact sheets through [i-Printstore.com](http://i-Printstore.com). Ordering instructions are on Intermountain's Patient Education Network (PEN) website: [intermountain.net/PEN](http://intermountain.net/PEN). SuzAnn Summers, Resource Coordinator, can also help by phone. Her number is 801-442-2963.

## Page 3 References

- Aly EE, Shilling RS. "Are we willing to change?" Anesthesia. 2000;55(5):419-420.
- American Academy of Pediatrics Committee on Drugs. The transfer of drugs and other chemicals into human milk. Pediatrics. 2001;108(3):776-789.
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- Hale T. Breastfeeding pharmacology. Texas Tech University School of Medicine at Amarillo Health Sciences Center. <http://neonatal.ama.ttuhsu.edu/lact> (link no longer active). Accessed January 5, 2010.

## WHAT TO WATCH OUT FOR

Have your patient contact you or her baby's physician if she notices any of the following behaviors in her baby:

- The baby is much sleepier than normal
- The baby's breastfeeding patterns change
- The baby is constipated

If the baby is a newborn, have her contact you or her baby's physician if:

- The baby is difficult to arouse for feeding
- The baby's ability or effort to suck effectively decreases

If she notices any of the above symptoms and is unable to reach a physician, she should go to a hospital emergency room.

## SAFE DISPOSAL OF OPIOID MEDICATIONS

Most medications, when no longer needed, should be mixed with an unpalatable substance such as used coffee grounds or kitty litter, sealed in a plastic bag, and thrown away in the household trash.

A few medications, however, can be especially harmful — even in a single dose — if taken by someone other than the person they were prescribed for. For this reason, the FDA Safe Use Initiative recommends that they be **flushed down the sink or toilet** when no longer needed. This is a faster and easier way to make sure they are not accidentally taken by children, pets, or anyone else.

The list of medications that should be flushed down the sink or toiled includes the following opioids:

- Morphine Sulfate
- Oxycodone (Percocet)
- Hydrocodone (Norco, Lortab)
- Hydromorphone