

Is It Safe for My Baby ?

Is It Safe for My Baby?

Risks and recommendations for the use of medication, alcohol, tobacco and other drugs during pregnancy and breastfeeding



Centre
for Women and
Mental Health
Centre de
la femme et
de santé mentale

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If expert assistance is needed, the services of a competent professional should be sought. Readers are advised to check the product information included with any prescription or over-the-counter drug they are taking to be certain that the information in this booklet is accurate. This is of particular importance for new or infrequently used drugs.

Please note that while some of the more common drugs are listed in this booklet, this does not imply that the Centre for Addiction and Mental Health endorses the use of these particular medications over any others.

Is It Safe for My Baby?

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Risks and recommendations for the use of medication, alcohol, tobacco and other drugs during pregnancy and breastfeeding



A Pan American Health Organization / World Health Organization Collaborating Centre

* Based on the former Addiction Research Foundation's popular *Is It Safe for My Baby* poster

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Introduction

This booklet gives information about the relative risk and safety of prescription, over-the-counter and illegal drugs, along with alcohol, tobacco and other substances to the unborn baby (fetus) when the mother is pregnant (See Part I) and the baby when breastfeeding (See Part II). It also provides recommendations to discuss with your health care provider.

The booklet is for women who are planning a pregnancy, who are pregnant or are breastfeeding. It is also for people who care and are concerned about someone in their life who is pregnant or breastfeeding. This may be a family member, a friend or a health care professional interested in using this booklet as a reference tool for their patients/clients.

While the information in this booklet is a good starting point, it should not replace the advice women can get from their health care provider. In fact, women may want to use this booklet to prepare themselves for more in-depth talks with their doctor, midwife or pharmacist.

As well as your health care provider, another great resource is Motherisk.

Motherisk's Contact Information

Motherisk's Home Line: (416) 813-6780 — for information about the risk or safety of prescription and over-the-counter drugs, herbal products, chemicals, x-rays, chronic disease and infections during pregnancy and while breastfeeding. Callers may have to wait up to 10 minutes to speak to a counsellor.

Alcohol and Substance Use Helpline: - 1-877-327-4636 / 1-877-FAS INFO — for information about the effects of alcohol, nicotine and drugs such as marijuana, cocaine and ecstasy and their effects during pregnancy and while breastfeeding.

HIV and HIV Treatment in Pregnancy: 1-888-246-5840 — for information about the possible effects of HIV and HIV treatment during pregnancy.

Please note that the following sections are organized by drug category. When talking about specific drugs, we have included the generic/chemical name, followed by the trade/brand name, which is capitalized. The examples given are some of the most commonly used drugs, but do not necessarily include all drugs in that category. If you are confused or unsure about which category a specific drug or substance is listed under, you can check with a pharmacist. An index on page 31 lists all the categories, generic/chemical and trade/brand names used in this booklet.

Part I — Is It Safe for My Baby While I'm Pregnant?

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Mothers want to do everything they can to ensure their babies' safety. This begins with the mother's own health during pregnancy and her knowledge about possible risks to her unborn baby.

Learn about the risk of birth defects.

Only about one to two per cent of all birth defects are due to medication, drugs and chemical exposure during pregnancy. More than 95 per cent of birth defects occur by chance or genetics rather than drug use. Some birth defects, such as Down syndrome and cystic fibrosis, are genetic or an effect of the mother's age along with chance. Still other birth defects are related to the mother's health; for example, a result of an exposure to an infectious disease during pregnancy. Sometimes the cause of a birth defect is unknown.

As the unborn baby is developing, different organs are affected at different times. This is why it is best to avoid risky substances throughout pregnancy, except when a medication is necessary to the mother's own health. In some cases, it may be possible to lower the dose of a needed drug or to substitute another drug that is safer for the baby.

If you are pregnant now and worried that alcohol or other drug use may have already affected your pregnancy, talk to your health care provider or Motherisk.

Tell health care providers what medications and other substances you are taking.

If you are pregnant, think you might be pregnant, or are planning to get pregnant, it's important to tell all your health care providers about any substances you may have swallowed, inhaled or used on your skin. This is because chemicals can enter the body through the skin, gums, vagina and lungs, as well as through the stomach.

Tell health care providers about use of:

- prescription drugs, inhalers, creams
- over-the-counter drugs (e.g., cough and cold medicine, vitamins, aspirin)
- herbal remedies
- alcohol and other drugs
- cigarettes
- inhalants (glue sniffing) and solvents
- caffeine (e.g., coffee, tea, cola, cocoa, chocolate)
- cosmetics.

This information should be shared with everyone who is prescribing, supplying and giving medications; in other words, doctors, midwives, pharmacists, nurses, dentists and any other health care providers involved in your care.

Some women worry that their drug use will be reported. Your health care provider is legally obliged to report your drug use if the provider has reasonable grounds to suspect that your baby, once born, may be harmed as a result of your drug use. Discuss your concerns about being reported to child protection agencies directly with your health care providers. They will explain what their ethical and legal obligations are. They can also help you deal with your substance use.

Get help for substance use.

It's safest to stop use of alcohol, tobacco and other drugs before getting pregnant. But even if you have used any of these substances while pregnant, it's not too late to get proper prenatal care. Many people are trained to help you deal with a substance use problem. A family doctor, spiritual leader, nurse, social worker, counsellor and others working in social services and public health are great people to contact initially — either to offer help directly or to give you details about the services available in your community.

Many find it difficult to stop using alcohol and other drugs. If you need information about treatment resources, contact:

- your local hospital, helpline or crisis centre. (Check the Blue Pages of your phone book.)
- in Ontario, the Drug and Alcohol Registry of Treatment (DART) at 1-800-565-8603; outside Ontario, call (519) 439-0174. Their Web site is www.dart.on.ca.
- in Toronto, Metro Addiction Assessment Referral Service (MAARS) at (416) 599-1448.

If you need information about a specific drug or chemical, call:

- Motherisk Information Line at (416) 813-6780.

For information about Fetal Alcohol Syndrome, alcohol and substance use, call:

- Motherisk's Alcohol and Substance Use Helpline at 1-877-327-4636 / 1-877-FAS INFO.

Share information with all your health care providers.

Because of confidentiality issues, you can't assume that the information you tell one health care provider will automatically be shared with another. Mental health information cannot be shared unless you give signed consent. It's your responsibility to share information that affects the health of you and your baby with your doctor, midwife and all other health care providers. This includes information about alcohol, tobacco and any other prescription, over-the-counter medication or illegal drug you may be taking.

What about cancer treatment?

For more information about cancer treatments such as chemotherapy and radiation while pregnant, contact a cancer treatment specialist or Motherisk.

Substances (A to Z) by category: Risks and recommendations

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RISK DURING PREGNANCY

RECOMMENDATION DURING PREGNANCY

Alcohol (e.g., beer, wine, coolers, cocktails, hard liquor/spirits such as vodka and gin)

- There is no known safe level of alcohol use in pregnancy.
 - Drinking at any point during pregnancy may increase the risk of miscarriage, premature delivery, stillbirth and other problems.
 - Alcohol use during any stage of pregnancy can cause fetal alcohol syndrome (FAS), which may result in physical deformities and problems with physical, mental and emotional growth. Less severe forms of these problems are referred to as fetal alcohol effects (FAE).
- It is best not to drink while pregnant.
 - If you have problems quitting, seek medical help or counselling about how to reduce or stop drinking.

Allergy Medications (e.g., antihistamines such as diphenhydramine (Benadryl®) and loratadine (Claritin®); nasal sprays such as beclomethasone (Beconase®))

- Most allergy medications are safe.
 - Antihistamines that cause drowsiness are preferred to the newer non-drowsy types because the ones that cause drowsiness have been around longer and have been shown to be safe.
- Read labels carefully or ask your pharmacist or doctor to help you choose an allergy medicine.
 - Ask your doctor about the possibility of prescribing a steroid nasal spray. All steroid nasal sprays are safe.

Antacids and Other Heartburn Medications (non-prescription) (e.g., calcium carbonate (such as Tums®, Roloids®), aluminum hydroxide and magnesium hydroxide (Maalox®), alginic acid (Gaviscon®), ranitidine (Zantac®), famotidine (Pepcid®), bismuth subsalicylate (Pepto Bismol®))

- Most are safe when taken occasionally in single recommended doses.
- Check with your health care provider and ask about non-drug treatments such

as changing what foods you eat.

- Use occasionally, as needed, and take the dose suggested on the product label.
- Avoid antacids with sodium.
- Avoid antacids with salicylates (e.g., Pepto Bismol) in late pregnancy. Close to delivery, these can increase the risk of bleeding.

Anti-Anxiety Medications (previously known as tranquilizers, e.g., benzodiazepines such as lorazepam (Ativan®), diazepam (Valium®), clonazepam (Rivotril®))

- Although the risk is small, some benzodiazepines have been associated with birth defects if used in the first trimester (first three months of pregnancy).
- If used regularly close to the delivery date, the baby may be drowsy when it is born or may suffer from withdrawal symptoms, such as restlessness and feeding problems. But there are many ways to minimize and/or manage the short-term symptoms that may occur. The baby should be watched closely.
- Because stopping benzodiazepines can increase the risk of the mother having a seizure, do NOT suddenly stop use without consulting your doctor.
- If you and your doctor decide you are going to stop using anti-anxiety medications, get help to slowly reduce (taper) the medication.
- If you and your doctor have decided that you should continue using anti-anxiety medications, be sure to tell the health care providers involved with the delivery of your baby so that they can monitor your baby and watch carefully for signs of withdrawal at birth.
- Ask about relaxation techniques, counselling and other ways to help you deal with anxiety and problems sleeping without medications. It is important to sleep well when you are pregnant.

Antibiotics (e.g., penicillin, cephalosporins, tetracycline, ciprofloxacin, erythromycin)

- Most antibiotics are safe, though some, such as tetracycline, can cause problems in the baby's developing bones and teeth.
- Check with your doctor.

RISK DURING PREGNANCY

RECOMMENDATION DURING PREGNANCY

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Anticonvulsants or Anti-Seizure Medications (used for seizures, epilepsy and as mood stabilizers for bipolar disorder; e.g., divalproex (Epival®), carbamazepine (Tegretol®), lamotrigine (Lamictal®), topiramate (Topamax®))

- Most anticonvulsants pose some risk to the fetus in the first trimester (first three months of pregnancy), but this risk must be weighed against the risk to the unborn baby if your disorder is untreated.
- Do NOT stop taking your medication without talking to your doctor. It is dangerous to stop if you are taking medication for epilepsy (because of the potential risk of seizure) and/or for mood disorders (because of the possibility that your symptoms could return).
- If you are taking divalproex (Epival), speak to your doctor about taking Vitamin K supplements one month before your due date to prevent unnecessary bleeding.

Antidepressants (e.g., fluoxetine (Prozac®), paroxetine (Paxil®), sertraline (Zoloft®), venlafaxine (Effexor®))

- Current research suggests that there is no increased risk of birth defects from antidepressants. Some antidepressants may be safer than others, and the risk to the baby from using very new antidepressants may not yet be known. Check with your doctor and Motherisk, as new information frequently becomes available.
- Deciding whether or not to continue antidepressants during pregnancy should be weighed against the risk of depression on the unborn baby, as well as post-partum depression. If you experience untreated depression during your pregnancy, your own health is at risk, and there is an increased risk of premature delivery and low birth weight for your baby.
- Use of some antidepressants in the third trimester (the last three months of pregnancy) may result in the baby being born with temporary breathing difficulties and/or withdrawal symptoms (e.g., restlessness, sleep problems, feeding problems). But there are many ways to minimize and/or manage the short-term symptoms that may occur. The baby should be watched closely.
- Do NOT suddenly stop prescribed antidepressants without consulting your doctor, as you may experience a return of the depression and/or withdrawal symptoms, such as anxiety, trouble sleeping, nausea and headaches.
- If you have less severe depression, you and your doctor may decide to stop your medication as long as you continue counselling or other non-drug therapies. However, you and your doctor could also decide that staying on the antidepressant is the best option, especially if you have had repeated episodes of depression or the depression is severe.
- If you begin to have symptoms of depression for the first time during your pregnancy, contact your doctor or health care provider immediately. This may be the start of what's commonly called post-partum depression. Despite the name, "post-partum" depression can actually begin during pregnancy.

Anti-Nausea Medications (e.g., dimenhydrinate (Gravol®), pyridoxine/doxylamine (Diclectin®))

- It can be dangerous not to treat severe nausea and vomiting. Risks include dehydration and malnutrition.
- Most available anti-nausea medications are safe, but there is less information about new drugs than ones that have been on the market longer.
- Ask your doctor or health care provider before taking any medication for nausea.

Antipsychotics (e.g., risperidone (Risperdal®), olanzapine (Zyprexa®), quetiapine (Seroquel®), clozapine (Clozaril®), loxapine (Loxapac®), haloperidol (Haldol®), fluphenazine (Moditen®))

- It is potentially dangerous for you and your baby to not treat a psychotic disorder or other condition.
- Do NOT stop antipsychotic medications, as your symptoms could return.
- If used in high doses close to delivery date, the baby may be born with temporary breathing difficulties and/or withdrawal symptoms (e.g., restlessness, sleep problems, feeding problems). But there are many ways to minimize and/or manage the short term symptoms that may occur. The baby should be watched closely.
- Ask your doctor about the safest type of antipsychotic medication to take while pregnant.
- Older antipsychotics, such as haloperidol, are safe, but there is less information available about the newer medications (e.g., risperidone, olanzapine, quetiapine, clozapine).
- Ask your doctor about dose requirements in each trimester.
- Clozapine may pose some risk to the unborn baby, but this risk must be weighed against the risk to the unborn baby if your disorder is untreated.

RISK DURING PREGNANCY

RECOMMENDATION DURING PREGNANCY

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Asthma Medications (e.g., salbutamol (Ventolin®), fluticasone (Flovent®), budesonide (Pulmicort®), zafirlukast (Accolate®))

- Most inhaled asthma medications are safe, as they are not absorbed enough into the bloodstream to pass a significant amount to the baby.
 - Oral asthma medications in tablet form (e.g., zafirlukast (Accolate)) have not been well studied, so the risk is unknown.
 - Uncontrolled asthma is dangerous to the mother and the unborn baby. It can lead to a lack of oxygen to the baby and result in the mother having to be in hospital.
- Ask your doctor which inhalers and other medications are safe to use.
 - Monitor your asthma closely and tell your doctor if your symptoms get worse.

Birth Control Pills/Oral Contraceptives (containing various combinations of estrogen and progesterin, such as Alesse®, Marvelon®, Ortho 7/7/7®, Tri-cyclen®, Triphasil®)

- There is no increased risk of birth defects should you get pregnant while taking currently available birth control pills.
- Once you know you are pregnant, stop taking the pills and check with your doctor.

Caffeine (e.g., coffee, tea, chocolate, colas, ingredient in some pain medication)

- Drinking more than 300mg/day (about three cups) of coffee regularly increases your risk of miscarriage and having a low birth weight baby.
- Check the amount of caffeine in food, drinks and pain medication and limit the amount per day.

THIS MUCH CAFFEINE	...IS CONTAINED IN:
40 to 180 mg	COFFEE , average regular size cup (8 oz/230 mL); many of the coffees available for take-out are in larger sizes.
20 to 90 mg	TEA , average cup (8 oz/230 mL)
36 to 90 mg	COLA , regular, and some other soft drinks (in a 12 oz/355 mL can)
50 to 125 mg	ENERGY DRINK , regular (in a 17oz/500 mL bottle)
up to 50 mg	BAR OF CHOCOLATE , regular (2 oz/45 g)

Cannabis (e.g., marijuana, hashish, hash, pot)

- Because marijuana is often smoked, it can pose some of the same risks associated with tobacco use. (See page 15.)
- Cannabis use may increase the risk of having a low birth weight baby.
- Some studies suggest that there may be an increased risk of subtle negative effects to the baby, such as sleep disturbances and other thinking problems. Researchers are looking at these effects (and others, such as hyperactivity and attention problems) not only in infancy, but also during childhood.
- It's best not to use cannabis or be in a room with someone who is smoking it.
- Seek help/counselling about how to stop.

Club Drugs (e.g., ecstasy, GHB)

- The risks to the unborn baby are not totally known; however, the risks from ecstasy are likely similar to those of stimulants (see page 15), and the risks from GHB are likely similar to those of alcohol (see page 4).
- Severe dehydration can accompany the use of these drugs (e.g., from partying, dancing, not drinking enough water) and may cause seizures, coma, cardiac arrest and death.
- Do NOT Use.
- Seek help/counselling about how to stop.

Cocaine, Crack

- Cocaine and crack use in pregnancy may cause miscarriage and premature delivery.
- Do NOT Use.
- The baby can also have withdrawal symptoms (e.g., restlessness, problems sleeping, vomiting, seizures) at birth.
- If you are worried about how the use of cocaine or crack may have already affected your unborn baby, contact a health care provider right away.
- Seek help/counselling about how to stop. If the use of this drug is stopped early in pregnancy, the outlook for the baby is often good.

RISK DURING PREGNANCY

RECOMMENDATION DURING PREGNANCY

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Cosmetics and Acne/Wrinkle Creams (those containing retinoids such as tretinoin (Retin-A®, Vitamin A Acid))

- Some cosmetics and creams (e.g., anti-wrinkle and acne products, some tanning products) contain retinoids, which could possibly cause birth defects when used in the first trimester (first three months of pregnancy).
- Do not use cosmetics or creams that contain retinoids when you are pregnant.
- Read labels carefully. Check with your pharmacist or another health care provider about the safety of the ingredients in the cosmetics and creams you are using.

Cough and Cold Medications (e.g., cough suppressants such as dextromethorphan (DM), decongestants such as pseudoephedrine (Sudafed®); antihistamines such as diphenhydramine (Benadryl®); expectorants such as guaifenesin; nasal sprays such as xylometazoline (Otrivin®) or oxymetazoline (Dristan®, Drixoral®))

- Most ingredients in cough and cold products have been found to be safe. However, these products often have many ingredients, so make sure you check the list of ingredients before you buy the product.
- Many different products are available, and the ingredients in each can change from year to year, so check with your doctor or pharmacist to help you choose your cough and cold medicine. Use products only for the symptoms you have (to avoid taking ingredients you don't need).
- Some products contain antihistamines and/or painkillers. For more specific information, refer to page 4 (allergy medications) and page 13 (pain medications).
- For stuffy nose, try a saline nasal spray first, or use a decongestant spray for a few days. It is best to avoid oral decongestants.
- Oral decongestants (e.g. pseudoephedrine) have shown to be safe in the recommended daily doses, but very large doses can increase blood pressure and should be avoided.
- Choose cough syrups that contain dextromethorphan (DM) and/or guaifenesin.
- Cough suppressants (e.g., DM) and expectorants (e.g., guaifenesin) found in over-the-counter cough and cold medications are safe in pregnancy.
- Contact your doctor if your symptoms become more severe or last more than a few days.

Hemorrhoid Preparations (e.g., Anusol®, Preparation H®)

- There is no known risk of using hemorrhoid preparations in pregnancy.
- Ask your health care provider to suggest a suitable remedy.
- For long-term use, check with your doctor.

Herbal Remedies

- Herbal remedies, although natural, are drugs — while a few may be safe, others can be dangerous. We do not know about the safety of most herbal remedies.
- As these products are not yet regulated by Health Canada, the list of ingredients may be wrong and the dose of each ingredient may not be included.
- Some herbs, such as ginkgo, can cause bleeding because they thin the blood.
- Other herbs, such as dong quai and feverfew, can induce premature labour.
- Check all product labels carefully, but remember that some ingredients may not be properly listed.
- Ask your health care provider before using any herbal products.

HIV Medications (e.g., antivirals such as efavirenz (Sustiva®), lamivudine (3TC®), ritonavir (Norvir®), zidovudine (AZT®))

- A mother with HIV may get sicker if she stops her medication.
- HIV medications will protect the fetus from getting HIV.
- Check with your doctor about an appropriate drug regimen. It is important for women with HIV to take HIV medications when pregnant.
- Continue HIV medications during pregnancy; rather than causing harm, they will protect your baby from getting HIV.
- Call Motherisk's confidential HIV Health line at 1-888-246-5840 for more information.

Household Chemicals (e.g., paints, cleaning solvents, lacquers, exterminator's products)

- Most household products are safe if used as directed.
- Use these products with caution as directed by the manufacturer. Use in well-ventilated areas, taking safety precautions (e.g., wear gloves).
- If you feel sick while using these products, stop immediately and tell your doctor.
- Do not use industrial-strength products.
- Use latex rather than oil-based paints.

RISK DURING PREGNANCY

RECOMMENDATION DURING PREGNANCY

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Inhalants and Solvents (e.g., glue or gasoline sniffing, aerosols, nitrous oxide (laughing gas))

- Inhalants and solvents may cause early labour.
 - They may also cause premature birth, which is associated with the baby having breathing problems and an underdeveloped respiratory tract, which may lead to an increased risk of infection.
 - Inhalants and solvents may also lead to difficulties with thinking (cognitive impairment) and behaviour problems.
- Do NOT Use.
 - Seek help/counselling about how to stop.

Laxatives (e.g., bulk-forming agents (bran, psyllium such as Metamucil® or Prodiem®), stool softeners (docusate, such as Soflax®, Colace®), stimulant laxatives (e.g., senna (Ex-Lax®), cascara, castor oil))

- There are no known risks associated with bulk-forming laxatives.
 - Stimulant laxatives may be harmful, as they can cause uterine contractions.
- Increase fluid and fibre intake.
 - Check with your doctor or health care provider before using laxatives.

Methadone

- Methadone does not cause birth defects and is safe to use while pregnant.
 - Methadone is safer in pregnancy than illicit opioid use and is the treatment of choice for heroin users.
 - Some babies will have withdrawal symptoms after birth, but these can be managed with the help of your doctor.
- Check with your doctor about starting and/or continuing methadone.
 - Methadone dose requirements may change during pregnancy and need to be closely monitored.

Mood Stabilizers (medications to treat bipolar disorder, previously known as manic-depressive illness, such as lithium (e.g., Carbolith®, Duralith®, Lithane®) and divalproex (Epival®))

- Most mood stabilizers may pose some risk to the unborn baby in the first trimester (first three months of pregnancy). This risk must be weighed against the risk to the baby if your disorder is untreated. It is important for the mother to be healthy.
- Do NOT stop taking your medication without talking to your doctor.
- Discuss with your doctor the risks and benefits of taking your specific mood stabilizers while pregnant.
- It is potentially dangerous to stop a mood stabilizer as the symptoms of bipolar disorder could return.
- If you are taking divalproex (Epival), speak to your doctor about taking Vitamin K supplements one month before your due date to prevent unnecessary bleeding.

Pain Medications

1) Over-the-counter pain medications (e.g., ASA products such as Aspirin®, Bufferin® and Anacin®; acetaminophen products such as Tylenol® and Atasol®; or anti-inflammatory products such as ibuprofen (e.g., Advil®, Motrin®))

- Pain medications are safe when used occasionally in recommended doses. The risk increases with higher amounts of the drug.
- Check with your doctor before using on a regular basis.
- Do not use ASA preparations or anti-inflammatory pills (e.g., Advil, Motrin) during the last trimester (last three months of pregnancy). Use acetaminophen (e.g., Tylenol) for pain.
- During the last trimester (last three months of pregnancy), ASA preparations or anti-inflammatory pills increase the risk of unnecessary bleeding.

2) Codeine-containing products (e.g., 222s®, Tylenol with codeine®) and occasional prescribed use of other narcotics (e.g., morphine, Demerol®)

- Occasional prescribed use of narcotics is generally safe. However, if used regularly (on a daily basis), there is a risk of miscarriage, premature delivery and complications during delivery.
- Check with your doctor before taking codeine-containing products or other narcotics.
- The baby may have difficulty breathing, be overly drowsy and/or experience withdrawal symptoms when it is born. The risk increases with higher amounts of the drug.
- If you are worried about how the use of codeine and other narcotics may have already affected your unborn baby, contact a health care provider right away.

Continued on next page

RISK DURING PREGNANCY

RECOMMENDATION DURING PREGNANCY

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Pain Medications, continued

3) Narcotics taken regularly or in high amounts or when NOT prescribed (illicit drug use) (e.g., heroin, morphine, Demerol®, Percocet®, Talwin®, Darvon®)

- There is a risk of miscarriage, premature delivery and complications during delivery. • Do NOT use.
- The baby may have difficulty breathing, be overly drowsy and/or experience withdrawal symptoms when it is born. The risk increases with higher amounts of the drug. • Seek help/counselling about how to stop.
 - If you are being treated for chronic pain, talk to your doctor about options.
- Injecting these or any other drugs using unsterile needles raises the risk of infection (hepatitis, HIV) in both you and your baby. • Ask your health care provider about methadone as an option.

Sedatives/Sleeping Pills (previously known as tranquilizers; e.g., zopiclone (Imovane®) and benzodiazepines such as lorazepam (Ativan®), diazepam (Valium®) and clonazepam (Rivotril®))

- Although the risk is small, some benzodiazepines have been associated with birth defects if used in the first trimester (first three months of pregnancy). • Because stopping benzodiazepines can increase the risk of the mother having a seizure, do NOT suddenly stop use without consulting your doctor.
- If used regularly close to the delivery date, the baby may be born drowsy or may have withdrawal symptoms such as restlessness and feeding problems. But there are many ways to minimize and/or manage the short-term symptoms that may occur. The baby should be watched closely. • If you and your doctor decide you are going to stop using sleeping pills, get help to slowly reduce (taper) the medication.
 - If you and your doctor have decided that you should continue using sleeping pills, be sure to tell the health care providers involved with the delivery of your baby so that they can monitor your baby and watch carefully for signs of withdrawal at birth.
 - Ask about relaxation techniques, counselling and other ways to help you deal with anxiety and problems sleeping without medications. It is important to sleep well when you are pregnant.

Stimulants (e.g., amphetamines; weight-reducing pills, such as phentermine (Ionamin®); or medications to treat attention deficit disorder, such as methylphenidate (Ritalin®))

- Stimulants may increase your risk of high blood pressure, miscarriage, premature delivery and having a low birth weight baby.
- It's best not to use stimulants; check with your doctor for alternatives.
- If you are using stimulants that have not been prescribed, seek help/counselling about how to stop.

Tobacco

- The more you smoke, the greater the risk of miscarriage, premature delivery, still birth and having a low-birth weight baby.
- Do not use tobacco either while pregnant or after the baby is born.
- When possible, avoid being exposed to second-hand smoke.
- Most of the risks to the unborn baby from smoking are due to the multiple ingredients in tobacco, rather than the nicotine itself.
- Get counselling about how to stop. If you live in Ontario, Nova Scotia, Prince Edward Island or New Brunswick, call Smokers' Help Line at 1-877-513-5333. They will offer information, advice and support for smokers who want to quit. If you are in British Columbia, call 1-877-455-2233; in Quebec, call 1-888-853-6666. Or you can go to the Pregnets Web site (Network for the Prevention of Gestational and Neonatal Exposure to Tobacco Smoke) at www.pregnets.com.
- Ask your doctor about the safety of using a nicotine patch or gum (e.g., Nicorette®, Nicoderm®, Habitrol®) and/or Zyban®.

Part II — Is It Safe for My Baby While I’m Breastfeeding? ¹⁶

This section of the booklet will give you the information you need to begin understanding what is safe for your baby while breastfeeding.

While the information in this booklet is a good starting point, it should not replace the advice women can get from their health care provider. In fact, women may want to use this booklet to prepare themselves for more in-depth talks with their doctor, midwife or pharmacist.

Your health care professional (e.g., doctor, nurse, midwife, pharmacist, certified lactation consultant) and the Motherisk Information Line (416-813-6780) are the best sources of advice and information about the safety of medications, alcohol and other substances while breastfeeding.

Tell health care providers what medications and other substances you are taking.

If you are breastfeeding, it’s important to tell all your health care providers about any substances you may have swallowed, inhaled or used on your skin. This is because chemicals can enter the body through the skin, gums, vagina and lungs, as well as through the stomach.

Tell health care providers about use of:

- prescription drugs, inhalers, creams
- over-the-counter drugs (e.g., cough and cold medicine, vitamins, aspirin)
- herbal remedies
- alcohol and other drugs
- cigarettes
- inhalants (glue sniffing) and solvents
- caffeine (e.g., coffee, tea, cola, cocoa, chocolate)
- cosmetics.

This information should be shared with everyone who is prescribing, supplying and giving medications; in other words, doctors, midwives, nurses, lactation consultants, pharmacists, dentists and any other professionals involved in your care.

Some women worry that their drug use will be reported. If your health care provider has concerns that there may be physical or emotional harm to your child because of your drug use while caring for your child (including breastfeeding), he or she has a legal responsibility to report this to children’s protection agencies, such as the Children’s Aid Society (CAS). If you are concerned about your health care provider’s legal or ethical responsibility, discuss this issue with him or her. Your health care provider can also connect you with services to help you.

Ask if the medication or substances you are taking can affect your breastfeeding baby.

There are only a few prescribed and over-the-counter medications that a breastfeeding mother can NOT take. A doctor, pharmacist or lactation consultant can help you decide whether or not to take a certain drug while breastfeeding, or how to manage breastfeeding while taking that drug. In some cases, you may decide not to breastfeed. It is best to talk with someone who has the most current information. It is always safest not to take any illicit drugs, alcohol, tobacco or caffeine while breastfeeding.

Ask about different ways to take medication while breastfeeding.

It is important for mothers of infants to be healthy; stopping prescribed medication (e.g., antidepressants to treat post-partum depression and anxiety) is usually not the answer. It is always important to tell your health care professional whether or not you are breastfeeding or planning to breastfeed. Some types of medications may be safer than others during breastfeeding and can be used instead of your regular medication. For example, some medications do not stay in your system as long as others, which would allow them to leave your body before feedings.

Other options for reducing any possible negative effects of a drug would be to take the medication just after breastfeeding, as the level in the breast milk would be relatively low at that

time. You could also use a breast pump just before taking your dose of the medication — when the amount of the drug in your system is at its lowest.

If you need to take medication that is unsafe for the baby, but the treatment lasts only for a limited period, you may be able to start breastfeeding again when the prescription is finished. You can do this by continuing to pump breast milk during your treatment period to keep your milk supply up. You would need to throw away the milk pumped during this period. For example, if — for seven days — you had to take a drug that would be unsafe for your baby, you might decide that that period of time is manageable for you to pump breast milk, without giving it to the baby. It's a personal choice. Only in rare cases is breastfeeding not recommended.

Get help for substance use.

It's safest to stop use of alcohol, tobacco and other drugs while breastfeeding. Many people are trained to help you deal with a substance use problem. A family doctor, spiritual leader, nurse, social worker, counsellor and others working in social services and public health are great people to contact initially — either to offer help directly or to give you details about the services available in your community.

Many find it difficult to stop using alcohol and other drugs. If you need information about treatment resources, contact:

- your local hospital, helpline or crisis centre. (Check the Blue Pages of your phone book.)
- in Ontario, the Drug and Alcohol Registry of Treatment (DART) at 1-800-565-8603; outside Ontario, call (519) 439-0174. Their Web site is www.dart.on.ca.
- in Toronto, Metro Addiction Assessment Referral Service (MAARS) at (416) 599-1448.

If you need information about a specific drug or chemical, call:

- Motherisk Information Line at (416) 813-6780.

For information about Fetal Alcohol Syndrome, alcohol and substance use, call:

- Motherisk's Alcohol and Substance Use Helpline at 1-877-327-4636 / 1-877-FAS INFO.

Share information with all your health care providers.

Because of confidentiality issues, you can't assume that the information you tell one health care provider will automatically be shared with another. Mental health information cannot be shared unless you give signed consent. It's your responsibility to share information that affects the health of you and your baby with your doctor, lactation consultant and all other health care providers. This includes information about alcohol, tobacco and any other prescription, over-the-counter medication or illegal drug you may be taking.

What about cancer treatment?

For further information about cancer treatments such as chemotherapy and radiation while pregnant and breastfeeding, contact a cancer treatment specialist or Motherisk.

Substances (A to Z) by category: Risks and recommendations

RISK DURING BREASTFEEDING

RECOMMENDATION DURING BREASTFEEDING

Alcohol (e.g., beer, wine, coolers, cocktails, hard liquor/spirits such as vodka and gin)

- Alcohol has been shown to be present in breast milk and can be passed on to the baby.
 - Alcohol may slow the baby's motor development, cause a decrease in milk intake and lead to sleep problems.
 - How long the alcohol will stay in the breast milk depends on factors such as how many drinks the mother has had, her weight and how quickly the drinks were drunk. For example, it would take about 4.5 hours for alcohol to leave the breast milk of a 140-pound woman who has drunk two drinks in one hour.
- It is best to avoid drinking alcohol during the months that you breastfeed. If you do drink, plan to feed the baby (breastfeed or pump breast milk) before you drink.

Allergy Medications (e.g., antihistamines such as diphenhydramine (Benadryl®) and loratadine (Claritin®); nasal sprays such as beclomethasone (Beconase®))

- Most allergy medications are safe.
 - Antihistamines that cause drowsiness in the mother may cause drowsiness in the baby.
- Read labels carefully or ask your pharmacist or doctor to help you choose an allergy medicine.
 - It may not be a possibility, but ask your doctor if you can time your dose with breastfeeding times.
 - Ask your doctor about the option of using a steroid nasal spray. All steroid nasal sprays are safe.

RISK DURING BREASTFEEDING

RECOMMENDATION DURING BREASTFEEDING

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Antacids and Other Heartburn Medications (non-prescription) (e.g., calcium carbonate (such as Tums[®], Rolaids[®]), aluminum hydroxide and magnesium hydroxide (Maalox[®]), alginic acid (Gaviscon[®]), ranitidine (Zantac[®]), famotidine (Pepcid[®]), bismuth subsalicylate (Pepto Bismol[®]))

- Most are safe when taken occasionally in single recommended doses.
- Check with your health care provider and ask about non-drug treatments such as changing what foods you eat.
- Use occasionally, as needed, and take the dose suggested on the product label.
- Avoid antacids with sodium.

Anti-Anxiety Medications (previously known as tranquilizers, e.g., benzodiazepines such as lorazepam (Ativan[®]), diazepam (Valium[®]), clonazepam (Rivotril[®]))

- These medications may cause mild drowsiness in the baby. The risk of drowsiness increases with higher doses.
- Because stopping these medications increases the risk of you or your baby having a seizure, do NOT suddenly stop taking them without consulting your doctor.
- If you and your doctor decide you are going to stop using anti-anxiety medications, get help to slowly reduce (taper) the medication.
- It may not be a possibility, but ask your doctor if you can time your dose with breastfeeding times.
- Ask about relaxation techniques, counselling and other ways to help you deal with anxiety and sleep better without medications. Remember that getting enough sleep is extremely important in the post-partum period.

Antibiotics (e.g., penicillin, cephalosporins, tetracycline, ciprofloxacin, erythromycin)

- Most antibiotics are safe during breastfeeding.
- Check with your doctor and certified lactation consultant.

Anticonvulsants or Anti-Seizure Medications (used for seizures, epilepsy and as mood stabilizers for bipolar disorder; e.g., divalproex (Epival®), carbamazepine (Tegretol®), lamotrigine (Lamictal®), topiramate (Topamax®))

- Most anticonvulsants pass into breast milk and, depending on the dose, may cause drowsiness in the baby
- Do NOT stop taking your prescribed medications without talking to your doctor. It is dangerous to stop if you are taking medication for epilepsy (because of the potential risk of seizure) and/or for mood disorders (because of the possibility that your symptoms could return).
- It may not be a possibility, but ask your doctor if you can time your dose with breastfeeding times.

Antidepressants (e.g., fluoxetine (Prozac®), paroxetine (Paxil®), sertraline (Zoloft®), venlafaxine (Effexor®))

- While antidepressants pass to the baby through breast milk, most have been shown to be safe. Some antidepressants, however, may increase irritability in the baby.
- Ask your doctor about current treatments for anxiety, depression and post-partum depression that are safest for you and the baby.
- It may not be a possibility, but ask your doctor if you can time your dose with breastfeeding times.
- Do NOT stop taking your medications. Staying healthy is especially important during the post-partum period. Keep in mind that about 10 to 16 per cent of new mothers experience post-partum depression.
- Ask your health care provider about supports and services in your community.

RISK DURING BREASTFEEDING

RECOMMENDATION DURING BREASTFEEDING

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Anti-Nausea Medications (e.g., dimenhydrinate (Gravol®), pyridoxine/doxylamine (Diclectin®))

- Most available anti-nausea medications are safe.
- Medications that cause drowsiness in the mother may cause drowsiness in the baby.
- It may not be a possibility, but ask your doctor if you can time your dose with breastfeeding times.

Antipsychotics (e.g., risperidone (Risperdal®), olanzapine (Zyprexa®), quetiapine (Seroquel®), clozapine (Clozaril®), loxapine (Loxapac®), haloperidol (Haldol®), fluphenazine (Moditen®))

- Antipsychotic medications pass into breast milk and, depending on the dose, may cause drowsiness in the baby.
- Do NOT stop taking your medication. The period following childbirth is a vulnerable time for women taking antipsychotics. Doses may need to be increased rather than decreased at this time.
- Ask your doctor about the safest type of antipsychotic medication for breastfeeding.
- It may not be a possibility, but ask your doctor if you can time your dose with breastfeeding times, lower the dose of the drug, or use a short-acting drug immediately after a feeding.
- If you are taking clozapine, both you and your baby should be carefully monitored.

Asthma Medications (e.g., salbutamol (Ventolin®), fluticasone (Flovent®), budesonide (Pulmicort®), zafirlukast (Accolate®))

- Most inhaled asthma medications are safe, as they are not absorbed enough into the bloodstream to pass a significant amount to the baby.
- Oral asthma medications in tablet form (e.g., zafirlukast (Accolate)) have not been well studied, so the risk is unknown.
- Check with your doctor or lactation consultant about breastfeeding while taking asthma medications.

Birth Control Pills/Oral Contraceptives (containing various combinations of estrogen and progestin, such as Alesse®, Marvelon®, Ortho 7/7/7®, Tri-cyclen®, Triphasil®)

- The hormones in birth control pills pass into the breast milk, but have not been found to affect the baby.
- The estrogen in the pills may reduce the amount and quality of breast milk you produce. If your baby is not getting enough milk, the baby may also not be getting enough nutrients, nor gaining a healthy amount of weight.
- If you want to start birth control pills while breastfeeding, try to wait until your milk supply is well established and the baby is putting on the expected amount of weight. This is usually about six weeks after birth. You may want to consider other means of birth control. Discuss these issues with your doctor.
- Check with your doctor or lactation consultant to see if you will need to give the baby formula, as well as breast milk.

Caffeine (e.g., coffee, tea, chocolate, colas, ingredient in some pain medication)

- Large amounts of caffeine may cause irritability and poor sleeping patterns in the baby.
- Check the amount of caffeine in food, drinks and pain medication, and limit the amount per day.
- Ask your doctor or lactation consultant about the possibility of timing your caffeine intake with breastfeeding times.

THIS MUCH CAFFEINE	...IS CONTAINED IN:
40 to 180 mg	COFFEE , average regular size cup (8 oz/230 mL); many of the coffees available for take-out are in larger sizes.
20 to 90 mg	TEA , average cup (8 oz/230 mL)
36 to 90 mg	COLA , regular, and some other soft drinks (in a 12 oz/355 mL can)
50 to 125 mg	ENERGY DRINK , regular (in a 17 oz/500 mL bottle)
up to 50 mg	BAR OF CHOCOLATE , regular (2 oz/45 g)

RISK DURING BREASTFEEDING

RECOMMENDATION DURING BREASTFEEDING

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Cannabis (e.g., marijuana, hashish, hash, pot)

- Cannabis can stay in the body for extended periods and can be passed on to the baby in breast milk.
 - The baby's motor development could be delayed from exposure to cannabis in breast milk.
- It is best not to use cannabis while breastfeeding.
 - Seek help/counselling about how to stop.
 - When possible, avoid being in a room with people who are smoking.

Club Drugs (e.g., ecstasy, GHB)

- The risks to the baby are not totally known; however, the risks of taking ecstasy are likely similar to the risks associated with taking stimulants (see page 29). And the risks of taking GHB are likely similar to the risks associated with alcohol (see page 19).
 - Severe dehydration can accompany the use of these drugs (e.g., from partying, dancing, not drinking enough water) and may cause seizures, coma, cardiac arrest and death.
- Do NOT use.
 - If you are using club drugs, don't breastfeed.
 - Seek help/counselling about how to stop.

Cocaine, Crack

- Cocaine and crack can cause irritability, trembling, vomiting, diarrhea and seizures in the baby.
- Do NOT use.
 - If using cocaine or crack, don't breastfeed.
 - Seek help/counselling about how to stop.

Cosmetics and Acne/Wrinkle Creams (those containing retinoids such as tretinoin (Retin-A®, Vitamin A Acid))

- Some cosmetics and creams (e.g., anti-wrinkle and acne products, some tanning products) contain retinoids, which may cause health problems for the baby.
- Do not use cosmetics or creams that contain retinoids when you are breastfeeding.
- Read labels carefully. Check with your pharmacist or another health care provider about the safety of the ingredients in the cosmetics and creams you are using.

Cough and Cold Medications (e.g., cough suppressants such as dextromethorphan (DM); decongestants such as pseudoephedrine (Sudafed®); antihistamines such as diphenhydramine (Benadryl®); expectorants such as guaifenesin; nasal sprays such as xylometazoline (Otrivin®) or oxymetazoline (Dristan®, Drixoral®))

- Most ingredients in cough and cold products have been found to be safe. However, these products often have many ingredients, so make sure you check the list of ingredients before you buy the product.
- Oral decongestants (e.g. pseudoephedrine) may cause some irritability and sleeping problems in the baby.
- Some cough and cold medications contain antihistamines and/or painkillers. Refer to the sections about these medications in this booklet for more specific information. For more specific information, refer to page 19 (allergy medications) and page 28 (pain medications).
- Cough suppressants (e.g., DM) and expectorants (e.g., guaifenesin) found in over-the-counter cough and cold medications are safe.
- Many different products are available, and the ingredients in each can change from year to year, so check with your doctor or pharmacist to help you choose your cough and cold medicine. Use products only for the symptoms you have (to avoid taking ingredients you don't need).
- Choose cough syrups that contain dextromethorphan (DM) and/or guaifenesin.
- For stuffy nose, begin by trying a saline nasal spray, or use a decongestant spray for a few days.
- If your symptoms are more severe or last more than a few days, contact your doctor.
- Check with your doctor or certified lactation consultant about the possibility of timing your dose with breastfeeding times.

Hemorrhoid Preparations (e.g., Anusol®, Preparation H®)

- There is no known risk of using hemorrhoid preparations while breastfeeding.
- Ask a health care provider to suggest a suitable remedy.
- For long-term use, check with your doctor.

RISK DURING BREASTFEEDING

RECOMMENDATION DURING BREASTFEEDING

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Herbal Remedies

- Herbal remedies, although natural, are drugs — while a few may be safe, others can be dangerous. We do not know about the safety of most herbal remedies.
 - As these products are not yet regulated by Health Canada, the list of ingredients may be wrong and the dose of each ingredient may not be included.
 - As with other medications, most herbs can be passed to the infant through breast milk, with unknown effects.
- Check all product labels carefully, but remember that some ingredients may not be properly listed.
 - If using herbal remedies to increase milk supply, contact a certified lactation consultant.
 - Ask your health care provider before using any herbal products.

HIV Medications (e.g., antivirals such as efavirenz (Sustiva®), lamivudine (3TC®), ritonavir (Norvir®), or zidovudine (AZT®))

- Since HIV can be passed from mother to child through breast milk, breastfeeding is discouraged.
 - The safety of taking HIV medications while breastfeeding is unknown.
- Check with your doctor about appropriate alternatives to breastfeeding.
 - Call Motherisk's confidential HIV Healthline at 1-888-246-5840 for more information.
 - If you have HIV, and are a mother living in Ontario, you can call The Teresa Group at (416) 596-7703 for information about how you can get free formula for your baby for one year from the baby's birthdate.

Household Chemicals (e.g., paints, cleaning solvents, lacquers, fertilizers, exterminator's products)

- Most household products are safe if used as directed.
- Use these products with caution, as directed by the manufacturer. Keep the products away from the baby and use them only in well-ventilated areas, taking safety precautions (e.g., wear gloves).
 - Do not use industrial-strength products.
 - Use latex rather than oil-based paints.

Inhalants and Solvents (e.g., glue or gasoline sniffing, aerosols, nitrous oxide (laughing gas))

- Effects on the baby are unknown.
- Do NOT Use.
- If you are using inhalants, do not breastfeed.
- Seek help/counselling about how to stop.

Laxatives (e.g., bulk-forming agents (bran, psyllium such as Metamucil® or Prodiem®), stool softeners (docusate such as Soflax®, Colace®))

- There are no known risk associated with the bulk-forming type (e.g., Metamucil, bran) or stool softeners because the mother does not absorb them, and they are not passed through breast milk.
- Increase fluid and fibre intake.
- Check with your health care provider or lactation consultant before using laxatives.

Methadone

- Methadone levels in breast milk are small, but will not necessarily prevent the baby from going through withdrawal. Some babies will experience withdrawal after birth, but this can be managed with the help of your doctor.
- The benefits of breastfeeding outweigh the risk of methadone being passed on to the baby.
- Methadone reaches maximum level in breast milk between two to four hours after taking a dose.
- It may not be a possibility, but ask your doctor if you can time your dose with breastfeeding times.
- Avoid breastfeeding two to four hours after taking a dose, when possible.

RISK DURING BREASTFEEDING

RECOMMENDATION DURING BREASTFEEDING

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Mood Stabilizers (medications to treat bipolar disorder (previously known as manic-depressive illness), such as lithium (e.g., Carbolith®, Duralith®, Lithane®) and divalproex (Epival®))

- Most mood stabilizers pass into breast milk and may cause drowsiness in the baby.
- Lithium can pass into breast milk in large amounts. Effects on the baby can include dehydration, drowsiness as well as thyroid and kidney problems. These possible effects must be weighed against the risk to the baby if the mother's disorder is untreated. It is important for the mother to be healthy.
- Do NOT stop taking your medication without talking to your doctor, as symptoms could return.
- It may not be a possibility, but ask your doctor if you can time your dose with breastfeeding times.
- It may be possible to breastfeed when taking lithium if your milk, your baby and the amount of lithium in the baby's blood are closely monitored. If this is not practical for you, check with your doctor about alternatives.

Pain Medications

1) Over-the-counter pain medications (e.g., ASA products such as Aspirin®, Bufferin® and Anacin®; acetaminophen products such as Tylenol® and Atasol®; or anti-inflammatory products such as ibuprofen (e.g., Advil®, Motrin®))

- Pain medications are safe for occasional use in recommended doses.
- It may not be a possibility, but ask your doctor if you can time your dose with breastfeeding times.
- Choose products with acetaminophen (e.g., Tylenol) or ibuprofen (e.g., Advil, Motrin).

2) Codeine-containing products (e.g., 222s®, Tylenol® with codeine) and occasional prescribed use of other narcotics (e.g., morphine, Demerol®)

- Products containing codeine may cause drowsiness in the baby.
- Occasional prescribed use of narcotics may be safe. It may not be a possibility, but ask your doctor if you can time your dose with breastfeeding times.

3) Narcotics taken regularly or in high amounts or when not prescribed (illicit drug use) (e.g., heroin, morphine, Demerol®, Percocet®, Talwin®, Darvon®)

- Even occasional use of narcotics may cause drowsiness in the baby.
- Injecting these or any other drugs using non-sterile needles raises the risk of infection (hepatitis, HIV) in both mother and baby.
- Do NOT use.
- Seek help/counselling about how to stop.
- Ask your health care provider about methadone as an option.

Sedatives/Sleeping Pills (previously known as tranquillizers; e.g., zopiclone (Imovane®) and benzodiazepines such as lorazepam (Ativan®), diazepam (Valium®) and clonazepam (Rivotril®))

- Some of these medications, depending on the dose, may cause drowsiness in the baby.
- Because stopping benzodiazepines suddenly can increase the risk of a seizure or withdrawal symptoms in you and perhaps in the baby, do NOT stop use suddenly without consulting your doctor.
- If you and your doctor decide you are going to stop using sleeping pills or sedatives, get help to slowly reduce (taper) the medication.
- It may not be a possibility, but ask your doctor if you can time your dose with breastfeeding times.
- Ask about relaxation techniques, counselling and other ways to help you deal with anxiety and sleep better without medications. Remember that getting enough sleep during the post-partum period is extremely important.

RISK DURING BREASTFEEDING

RECOMMENDATION DURING BREASTFEEDING

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Stimulants (e.g., amphetamines; weight-reducing pills, such as phentermine (Ionamin®); or medications to treat attention deficit disorder, such as methylphenidate (Ritalin®))

- Taking stimulants may cause irritability and poor sleeping patterns in the baby.
- It's best not to use stimulants unless they have been prescribed by your doctor.
- If using without a prescription, seek help/counselling about how to stop.

Tobacco

- Nicotine is a stimulant that may be transferred to the baby in breast milk. It may cause irritability.
- A smoke-free environment is important to a baby's health. A baby's health can be affected by continued smoking in the home. Environmental/ second-hand smoke can cause respiratory problems and ear infections in the baby. Sudden infant death syndrome (SIDS) has been linked to second-hand smoke.
- Do not smoke if you have decided to breastfeed.
- Even when NOT breastfeeding, don't smoke indoors or in cars when you are with the baby.
- Avoid exposing the baby to second-hand smoke.
- Get counselling about how to quit. If you live in Ontario, Nova Scotia, Prince Edward Island or New Brunswick, call Smokers' Help Line at 1-877-513-5333. They will offer information, advice and support for smokers who want to quit; in British Columbia, call 1-877-455-2233; in Quebec, call 1-888-853-6666. Or you can go to the Pregnets Web site (Network for the Prevention of Gestational and Neonatal Exposure to Tobacco Smoke) at www.pregnets.com.
- Ask your doctor about the safety of using a nicotine patch or gum (e.g., Nicorette®, Nicoderm®, Habitrol®) and/or Zyban®.

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Note: Page numbers followed by (p) refer to pregnancy; page numbers followed by (b) refer to breastfeeding.

- 222s**[®], 13 (p), 28 (b)
- 3TC**[®], 11 (p), 26 (b)
- Accolate**[®], 8 (p), 22 (b)
- acetaminophen**, 13 (p), 28 (b)
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