Breastfeeding: Treating Cough and Cold Symptoms

Baby it's cold outside…and 'tis the season for MotherToBaby to answer questions about cough and cold medications while breastfeeding.

Some "Cold" Hard Facts

Factors such as your baby's age and whether they were born prematurely or have chronic health problems matter. Very young babies (less than 3 months old) may have a more difficult time metabolizing medications in the milk and may be more susceptible to side effects like sleepiness. Milk is also their complete diet, and some medications can reduce your milk supply. The older your baby is, the less likely it is that the medication will cause a serious problem in your baby, but it is still a good idea to be careful. We also consider how much of the medication typically ends up in breastmilk, and whether the medication is considered acceptable to give directly to a baby.

Many cough and cold medications come in combination products. In some cases, you end up taking extra medications for a symptom you do not have! Also, some medications act together to make more problems. For example, decongestants and antihistamines taken together may have extra ability to reduce milk supply. Taking a single medication at a time lets you be sure you are using only the one that you need.

Consider whether your symptoms need medical treatment…is it worth the potential exposure to your baby, especially since many medications have not been studied very well in breastfeeding? Non-medication strategies like a humidifier, warm shower or bath, or nasal irrigation with saline may be comforting.

Most vitamins or minerals taken over the recommended daily allowance (RDA) have not been studied very well in breastfeeding. Herbal agents are also poorly studied, which makes it difficult to tell if they are hazardous or not in breastfeeding. In general, supplements like this should be avoided.

Fever and Body Aches

Common medications to treat these symptoms are acetaminophen and ibuprofen. Both end up in breastmilk in only small amounts and can be given directly to babies. When used as recommended on the label these medications are unlikely to harm your baby.

Aspirin is not given to babies because it may cause bleeding or a condition called Reye syndrome (swelling of the brain). Very little aspirin gets into breastmilk, but to be on the safe side you may want to be cautious about taking it when you are breastfeeding unless it is prescribed for a medical condition and your baby's health provider agrees with use.

The Sniffles (medications that dry up your nose like decongestants and antihistamines)

Over-the-counter nasal decongestants fall into two categories: oral and topical/spray.

Oral (pill) decongestants include pseudoephedrine and phenylephrine. These medications are not given directly to babies and can make them jittery and sleep poorly, and may also reduce your milk supply.

Oral (pill) antihistamines include chlorpheniramine, doxylamine, and diphenhydramine. Varying amounts get into milk; they can make your baby sleepy or irritable, and may reduce your milk supply. They are also not medications given directly to babies.

Topical (spray) decongestants such as oxymetazoline have not been studied very well in breastfeeding. However, they are not very well absorbed from your nose, and thus not much is likely to get into your milk.

Cough

The most common over the counter cough medications are dextromethorphan (cough suppressant) and guaifenesin (loosens up mucous). Not much dextromethorphan gets into milk; it is not known if guaifenesin gets into your milk. Some cough syrups contain alcohol, which would be a hazard for your baby. Be sure to check your label.

Cough lozenges may just have sugar and flavoring, or may include honey, menthol, zinc, or herbal agents. Read your label before you take the medicinal ones since many components have not been studied very well in breastfeeding.

We hope you feel better soon, and if you have further questions or notice side effects in your baby that you suspect may be related to a medication you are taking, speak with your baby's healthcare provider.

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