



MotherToBaby

Medications & More During Pregnancy & Breastfeeding  
Ask The Experts

Fact Sheet

by the **Organization of Teratology Information Specialists (OTIS)**

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## Breastfeeding Following a Natural Disaster

The information below will help you determine whether certain exposures that a mother might come in contact with following a natural disaster are safe for her breastfed infant. This information should not take the place of medical care and advice from your healthcare provider.

### *Why is breastfeeding good for my baby?*

There are many benefits to breastfeeding. Breast milk is the best source of nutrients for your growing baby. It can also help protect babies from infection. Breastfeeding costs much less than bottle-feeding. It is more convenient because there are no bottles to wash or formula to buy, mix, heat or refrigerate. If you are breastfeeding during a natural disaster, there is no need to worry about finding safe, clean water to mix formula or to wash bottles. Breastfeeding also can be soothing and reduce stress for both a mother and her baby.

### *How can I keep my breast milk as safe as possible?*

Because many substances enter breast milk at very low levels, most are not likely to harm a breastfed baby. In most instances, the benefits of breastfeeding far outweigh any risk from an exposure. However, if you notice anything unusual in your nursing baby, tell your health care provider right away. This is especially important after a natural disaster, when you or your baby could be exposed to things you wouldn't usually be around.

### *What could I be exposed to in a natural disaster that might pass to my baby in breast milk?*

#### **Vaccinations**

Vaccinations are given to protect people from serious diseases. Vaccinations are important for both a mother and a baby for their individual health. All inactivated vaccines and most live vaccines are safe to receive while breastfeeding.

Vaccinations that you might be given following a natural disaster include hepatitis A, hepatitis B, and/or tetanus. In most cases, these vaccinations are okay to have while breastfeeding. Other vaccinations might be needed after some disasters. Check with your healthcare provider and local health officials about which vaccines are recommended if a natural disaster has occurred in your area.

#### **Infections**

Some infections are common after a natural disaster. A local infection on a mother's skin usually is not dangerous to a breastfeeding baby. More serious infections such as those caused by West Nile virus, hepatitis A virus, hepatitis B virus and others can be more complicated. If you think you have an infection, talk to a healthcare provider right away.

In general, mothers who have an infection can continue to breastfeed. If medications are used to treat infections, it could be possible for some medication to enter breast milk and affect a breastfeeding baby (see the next section).

Be sure to drink plenty of liquids when you have an infection or other illness to help keep you hydrated. If you become severely dehydrated, it might reduce the amount of breast milk you are able to make.

#### **Medication**

It may be necessary to take medication after a natural disaster if you have an infection or other illness. Many medications are O.K. to take while breastfeeding. Other medications might affect a breastfeeding baby; for example, some babies are allergic to certain antibiotics that are used to treat infections. Other antibiotics may cause an upset

stomach or mild diarrhea in a breastfed infant.

If you need to take medication, for any reason, be sure to tell your healthcare provider that you are breastfeeding so you get the medication that is right for you and your baby. Watch the baby for side effects while you are taking any medication. If your baby develops a rash, hives, or if you notice anything else unusual, tell your healthcare provider right away.

Sometimes, you can decrease the amount of medication in breast milk by timing when you take your medication and then breastfeed. Typically it is best to nurse the baby, then take your medicine and then wait a few hours before you nurse again. Contact MotherToBaby to get details about your specific medication(s); as different medications reach peak levels in your blood stream at different times.

### **Insect Repellant**

Using insect repellant is an important way to help protect from infections spread by mosquitoes. A bite from an infected mosquito could give you a serious illness such as West Nile or Zika virus. The most common active ingredient in insect repellant is DEET. It is not known whether the DEET you put on your skin passes into breast milk. However, only about 6-8% of the DEET put on your skin gets into your body. This probably means that very little DEET would get into your breast milk. Breastfeeding women should follow the same recommendations that are given for the use of DEET in children. These include applying the insect repellant with DEET to your clothing and then only putting it on exposed skin such as your hands and face. Never apply insect repellant to the breast area. Wash your hands after applying insect repellant and before handling your baby or breastfeeding so that the baby's mouth is not exposed to DEET.

Other ways to lower your chance of being bitten by a mosquito include staying indoors with proper screens during peak times of mosquito activity (usually overnight from dusk through dawn) and wearing long pants, long-sleeved shirts, a hat, and shoes with socks while outdoors.

### **Cleaning Agents**

Typical household use of cleaning agents is not expected to produce levels in breast milk that could hurt a baby. To help protect yourself, wear gloves when using cleaning agents; also keep fresh air moving into your work area (open windows/doors and/or running a ventilation fan). Wash hands well after handling cleaning supplies.

### **Pollutants**

Exposure to low levels of environmental chemicals usually is not a reason to stop breastfeeding. If you think that you may have been exposed to high amounts of a harmful chemical, contact your healthcare provider as soon as possible.

If you have been exposed to lead, a blood test can tell if the level is high. The level of lead in breast milk is usually lower than what is measured in the mother's blood. A mother should not stop breastfeeding unless the level of lead in her blood is very high.

### ***What if I need to give my baby formula?***

In most instances, it is fine to continue breastfeeding when a natural disaster occurs. If, however, you must give your baby formula, it is best to use single serving containers of ready-to-feed formula whenever possible. This is especially important if the water supply is not clean or safe to drink or if the electricity is off. Ready-to-feed formula does not need added water and it does not need to be kept in a refrigerator. Local authorities will tell you if your water supply is safe to drink or to use for cooking or bathing.

If ready-to-feed formula is not available, use bottled water to mix powdered or concentrated formula. If bottled water is not available, use boiled water. Bringing water to a rolling boil for 1 minute will kill most disease-causing organisms, but it will not remove chemicals. If you make formula with boiled water, be sure to let it cool before giving it to your baby.

Do not use water that has been treated with iodine or chlorine tablets to prepare formula unless you do not have bottled water and cannot boil your water. Be sure to clean bottles and nipples thoroughly with bottled, boiled, or treated water before every use. Always wash your hands before preparing formula and before feeding your baby. If you do not have clean water for washing hands, use alcohol-based hand sanitizers.

***Where can I find more information on specific exposures to infants through breast milk?***

MotherToBaby has fact sheets about many exposures which include information about breastfeeding ( <https://mothertobaby.org/fact-sheets-parent/>). La Leche League International provides information about breastfeeding to women affected by natural disasters (<https://www.llli.org/>; phone: 800-525-3243). The International Lactation Consultant Association maintains a directory of individual lactation consultants who can help with breastfeeding concerns such as reduced milk supply (<https://www.ilca.org/main/home>).

**Please click [here](#) for references.**

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