
Use of Psychiatric Medications in Breastfeeding Patients

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Introduction: When new mothers are admitted to the inpatient psychiatric unit, they might ask about the safety of taking psychiatric medications while breast-feeding. If they were nursing an infant prior to admission, provide them with a breast pump so they can continue producing milk. The milk should be refrigerated until a family member or designated person can pick it up. Most psychiatric medications pose little risk to breastfeeding infants. Here's a guide to the safety of psychiatric medications during breastfeeding.

Antidepressants:

- Most antidepressants are safe to use in breastfeeding. These include: paroxetine, sertraline (have the most data), bupropion, citalopram, mirtazapine, venlafaxine (less data but considered safe).
- Antidepressants that are not recommended include: Fluoxetine, due to long half-life and risk of causing jitteriness in the baby; tricyclics, which can cause excess sedation in the baby (especially Doxepin); vilazodone, vortioxetine, and MAOIs (as we have little data on these meds),

Antipsychotics:

- Most antipsychotics are considered safe, including haloperidol, olanzapine and quetiapine, (which have the most safety data), and aripiprazole, risperidone, and ziprasidone.
- Antipsychotics that are not recommended include brexpiprazole, cariprazine, iloperidone, lumateperone, lurasidone, as we know little about their safety in breastfeeding.
- Clozapine is contra-indicated in nursing.
- Monitor infants for side effects like extra-pyramidal symptoms (these are rare) and sedation.

Anxiolytics/hypnotics:

- Anxiolytics/hypnotics that are safe to use in breast-feeding include lorazepam, diphenhydramine and melatonin, but monitor for signs of infant sedation. Buspirone, gabapentin and trazodone are probably ok to use at low doses, but breast-feeding data is sparse.
- Anxiolytics/hypnotics that are not recommended include clonazepam, diazepam, chlordiazepoxide due to their long half-lives and risk of sedation in the baby; alprazolam, temazepam, ramelteon, suvorexant, zaleplon and zolpidem due to lack of data.

Mood Stabilizers:

- Lithium: Can lead to relatively high blood levels in infants so it's best to avoid or minimize its use during breast-feeding. Some clinicians prescribe it to new mothers but monitor the babies closely for potential side effects (e.g., lethargy, feeding difficulties) and follow these guidelines:
 - Regular lab tests for the infant (lithium level, TSH, BUN, creatinine), eg. at 2 and 10 days postpartum and then at 30 and 60 days postpartum.
 - If the infant's lithium level is greater than 0.2 mEq/L, or if there are increases in TSH, BUN, or creatinine, recommend that the mother reduce breastfeeding and supplement with formula, or discontinue breastfeeding entirely.
 - Advise mothers to hold off on breastfeeding, or to combine it with formula, during periods when the baby may be dehydrated, such as if the baby has diarrhea or fever.
- Valproate, lamotrigine, and carbamazepine are OK to use in breast-feeding. Monitor the infant for sedation. Mothers on lamotrigine should stop nursing if the baby develops a rash.

Additional Considerations:

- For medication safety information during breastfeeding, refer to the Drugs and Lactation Database (LactMed) (www.tinyurl.com/atnyr6xd)

