

Drug / Medication	Breastfeeding Effects	Effects on Infant	Consider
Alcohol	 Passes into breast milk at same levels as in mom's bloodstream Decreases milk supply (Beer does not stimulate milk production) Changes the taste of breast milk 	 Can cause your baby to be too sleepy When used in excess, can cause your baby to have brain damage Can cause you to be too sleepy to care for your infant safely 	 Pump and dump for 2 hours after drinking no more than two drinks (2 beers, 8 oz glass of wine, or 2 oz of liquor) Pump and dump for 12 hours after binge drinking (more than two drinks)
Amphetamines (Stimulants for ADHD)	 Passes into breast milk in small amounts at prescribed doses At high doses, high levels pass into breast milk May decrease milk production 	 Can cause your baby to be agitated, hyperactive, have difficulty sleeping, have a poor appetite, poor weight gain, or tremors Long term effects are not known 	 Breastfeeding is ok at prescribed doses If you take this without a prescription, pump and dump for 24 hours before breastfeeding Consider asking your provider to switch you to methylphenidate or bupropion
Benzodiazepine Sedatives Ex. Lorazepam (Ativan), alprazolam (Xanax), diazepam (Valium), clonazepam (Klonopin)	Passes into breast milk in varying amounts depending on the half- life of the individual medicine	 Can cause your baby to be too sleepy, not eat well, not gain weight Can cause you to be too sleepy to care for your infant safely If combined with opioids and/or alcohol, can cause your baby to stop breathing Can cause withdrawal after stopping (irritability, crying, poor sleep, poor feeding) 	 If you take these occasionally, pump and dump for 8 hours before breastfeeding If you take these daily, consult your provider to consider tapering off / stopping use before breastfeeding
Buprenorphine (Suboxone / Subutex)	Levels in breast milk are low	At high doses, can cause your baby to be too sleepy, pale, constipated, not sleep, not eat	 Breastfeeding is recommended while receiving buprenorphine for opiate dependency Do not stop breastfeeding abruptly. Consult your provider; taper off slowly to avoid withdrawal

Questions about breastfeeding with medications you are taking? Consult with your medical provider.

Unable to stop taking any of the medications or drugs listed above? Speak with your medical provider about treatment.



Drug / Medication	Breastfeeding Effects	Effects on Infant	Consider
Cocaine	Passes easily into breast milk	 Babies are very sensitive to cocaine and cannot break it down, causing your baby to have seizures, high blood pressure, turn blue, choke, vomit, have diarrhea, tremors, high heart rate and irritability 	DO NOT BREASTFEED until discussed with your provider.
Fentanyl	Passes into breast milk	 Can cause your baby to be too sleepy, not breathe, have low blood pressure, poor feeding, vomiting, tremors, restlessness Can cause you to be too sleepy to care for your infant safely Can cause withdrawal symptoms if you stop breastfeeding abruptly 	 DO NOT BREASTFEED until discussed with your provider. Consider enrolling in a treatment program with methadone or subutex so you can breastfeed safely
Gabapentin	Doses prescribed by a provider usually don't produce high levels in babies	 Effects on baby can include drowsiness, poor weight gain, and developmental milestones, especially when used with seizure or psychiatric medications 	 OK to breastfeed at prescribed doses Recommend caution, consult your provider and consider stopping use if you are using more than prescribed (or > 2100 mg/day
Heroin	Passes into breast milk	 Can cause your baby to be too sleepy, not breathe, have low blood pressure, poor feeding, vomiting, tremors, restlessness Can cause you to be too sleepy to care for your infant safely Can cause withdrawal symptoms if you stop breastfeeding abruptly 	 DO NOT BREASTFEED until discussed with your provider. Consider enrolling in a treatment program with methadone or subutex so you can breastfeed safely

Questions about breastfeeding with medications you are taking? Consult with your medical provider.

Unable to stop taking any of the medications or drugs listed above? Speak with your medical provider about treatment.



Drug / Medication	Breastfeeding Effects	Effects on Infant	Consider
Ketamine	Limited / no data available regarding breastfeeding	Little data on effects on baby	 Recommend caution Consult with your provider and consider stopping/changing medications if able
Kratom	Limited / no data in pregnancy or breastfeeding	Effects on your baby are similar to the effects of heroin or morphine	 Pump and dump for 4 hours after using, if you use rarely Pump and dump for 24 hours after using if you use more than rarely
Marijuana/ Cannabis	 THC is concentrated in breast milk, the brain and body fat for weeks to months after use Can decrease milk supply 	 Can cause your baby to be too sleepy, not wake up to eat or eat poorly May increase the risk of SIDS May cause developmental delays and behavior problems 	 Use is strongly discouraged while breastfeeding. Consider stopping use so you can breastfeed safely Consult your provider if you are unable to stop using
Methadone	 Passes into breast milk in small amounts Breastfeeding may decrease withdrawal symptoms in infants who were exposed in utero 	 Inconsistent use can cause your baby to be too sleepy, stop breathing, become pale, constipated, not wake up to eat or eat poorly Can cause withdrawal symptoms if you stop breastfeeding abruptly 	 Breastfeeding is recommended while receiving methadone for opiate dependency If you use inconsistently, pump and dump for at least 12 hours after using Do not stop breastfeeding abruptly. Consult your provider. Taper off slowly to avoid withdrawal
Methamphetamine	Passes easily into breast milk in small amounts	 Can cause your baby to be agitated, irritable, have poor sleep, poor weight gain, and tremors There are case reports of infant death due to exposure in breast milk Long-term behavioral effects are reported 	DO NOT BREASTFEED until discussed with your provider.

Questions about breastfeeding with medications you are taking? Consult with your medical provider.
Unable to stop taking any of the medications or drugs listed above? Speak with your medical provider about treatment.



Drug / Medication	Breastfeeding Effects	Effects on Infant	Consider
Opioids oxycodone, hydrocodone (Vicodin), codeine, morphine	 Passes into breast milk in small amounts Breastfeeding may decrease withdrawal symptoms in infants who were exposed in utero 	 Inconsistent use can cause your baby to be too sleepy, stop breathing, become pale, constipated, not wake up to eat or eat poorly Can cause withdrawal symptoms if you stop breastfeeding abruptly Can cause you to be too sleepy to care for your infant safely 	 Breastfeeding is encouraged if you are under medical supervision with consistent use (i.e. chronic pain management or addiction treatment programs) If you use inconsistently, do not breastfeed, pump and dump for 4 hours after using Breastfeed at least 2 hours after, or immediately before use Do not stop breastfeeding abruptly. Taper off to avoid withdrawal Consider enrolling in a treatment program to help you stop using or transition to medically supervised opioid therapy
SSRIs for depression or anxiety Fluoxetine (Prozac), Sertraline (Zoloft), Citalopram (Celexa), Escitalopram (Lexapro)	 Passes into breast milk in small amounts Breastfeeding may decrease withdrawal symptoms in infants who were exposed in utero 	Can cause withdrawal symptoms if you stop breastfeeding abruptly	 Breastfeed as desired Do not discontinue without consulting your provider
Synthetic Cannabinoids (Spice, K2, others), CBD oil, THC products	 Little specific information on synthetic cannabinoids THC is concentrated in breast milk, the brain and body fat for weeks to months after use Can decrease milk supply 	 Can cause your baby to be too sleepy, not wake up to eat or eat poorly May increase the risk of SIDS May cause developmental delays and behavior problems 	 Use is not recommended Consult your provider and consider stopping use so you can breastfeed safely

Questions about breastfeeding with medications you are taking? Consult with your medical provider.

Unable to stop taking any of the medications or drugs listed above? Speak with your medical provider about treatment.

References:

- 1. Drugs and Lactation Database (LactMed). Bethesda (MD): National Library of Medicine (US); 2006-. Accessed May 2025. https://www.ncbi.nlm.nih.gov/books/n/lactmed
- 2. Briggs Drugs in Pregnancy and Lactation. Wolters Kluwer: LexiComp; Accessed May 2025. https://online.lexi.com
- 3. Hale, T. W., & Rowe, H. E. (2014). Medications & Mothers' Milk: 19th Ed. 2021. Plano, TX: Hale Publishing, L.P.