

Pain relief when breastfeeding

Opiate/opioid pain relief is commonly prescribed for pain relief after birth. This includes drugs like codeine, dihydrocodeine, tramadol and morphine. International guidance has highlighted potential, very rare, problems if taking codeine while breastfeeding, suggesting avoiding codeine altogether.

Summary: What is the problem and what is our advice?

At the Royal Berkshire Hospital, we have used codeine for many years. Following national and international guidance, our routine choice of opiate is now Dihydrocodeine. Dihydrocodeine and codeine can pass to your baby via breast milk. With codeine, very rarely a baby may get a high dose from breast milk causing increased sleepiness, difficulty breastfeeding, breathing difficulties and limpness. This risk is smaller when using dihydrocodeine. We suggest only using dihydrocodeine if needed in addition to 'simple' pain relief (paracetamol and ibuprofen), only using for as long as needed, and watching your baby closely for signs of problems.

Pain relief ladder

- Paracetamol 1g up to 4 times a day.
- Ibuprofen 400mg up to 4 times a day.
- If needed in addition: Dihydrocodeine 30mg up to 4 times a day.

Further, detailed explanation

Codeine has been used safely for many years in many people, including breastfeeding mothers. In June 2013, the European Medicines Agency and the Medicines and Healthcare Products Regulatory Agency (MHRA) issued new guidance recommending that breastfeeding mothers should not take codeine as it may cause problems for their baby.

Codeine is metabolised (changed by the body) to morphine and some people metabolise codeine faster than others resulting in higher levels of morphine in blood and, possibly, breast milk. It is difficult to predict or know who is a fast metaboliser of codeine.

The alternatives to codeine (in addition to paracetamol and / or ibuprofen) include dihydrocodeine and tramadol. These drugs do not have the same problem with speed of metabolism.

What are the signs of opiate toxicity in babies and mothers?

If you do need to take stronger (dihydrocodeine) pain relief then watch for these issues:

Baby

- Increased sleepiness (breastfed babies usually wake frequently for feeds, at least 8 times in 24 hours and do not usually sleep more than 4 hours at a time).
- Difficulty breastfeeding.
- Breathing difficulties.
- Limpness in the baby.

Mother

- A mother may become so sleepy that she may have difficulty caring for her baby.

If a breastfeeding baby or mother shows these signs, call for help if still in hospital, go to the Emergency Department (A&E) or call 999 (or local emergency services).

Further information

The guidance from the MHRA can be found by searching for:

- Medicines and Healthcare Products Regulatory Agency (or MHRA) and Codeine
Or follow this link:
- <http://www.mhra.gov.uk/Safetyinformation/DrugSafetyUpdate/CON296400>

More information is available on the Trust website: www.royalberkshire.nhs.uk

This document can be made available in other languages and formats upon request.

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