

When do I take the medication?

Follow the instructions given by your doctor. You can time the dosing and baby's feeding so that you can get most of the medication into you with least amount passing into the milk.

You may want to take the medication immediately after feeding your baby. Your body produces milk when you nurse your baby and your breasts only store a small amount when you are not nursing. Most medications will slowly be absorbed and levels peak some time after ingestion, and then slowly level off once metabolised. If you take your medicine immediately after the feed, you can better limit your baby's exposure to medication.

What if I decide not to breastfeed my baby?

Breastfeeding is a personal choice. For some women, breastfeeding is a positive experience while to others, it is stressful and demanding. What matters most is your well-being, which affects your attachment to your baby.

Useful telephone numbers

| | |
|---------------------------------|---|
| Central Appointments | +65 6294 4050 |
| Mental Wellness Service Hotline | +65 6394 2205 |
| Clinic Hotline | +65 6394 8412 |
| KK Ask-A-Nurse Service | 1900-KK-Nurse or 1900-55-68773 (chargeable at \$0.80 per minute) |



KK Women's and
Children's Hospital
SingHealth

100 Bukit Timah Road
Singapore 229899
Tel: +65 6-CALL KKH (+65 6-2255 554)
Fax: +65 6293 7933
Website: www.kkh.com.sg
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Breastfeeding and Antidepressants



Mental
Wellness
Service

PATIENTS. AT THE HEART OF ALL WE DO.

Becoming a mother is a significant moment in a woman's life. This can be both exciting and challenging. Sometimes your emotional well-being is affected.

■ **Why do I need to be on medication?**

Postpartum depression is experienced by 10% of women and it carries risk to both you and your baby. There is a risk of maternal suicide and when you feel depressed, you may not be able to bond well with your child. Children of depressed mothers may have behavioural problems, cognitive or developmental delays and impaired attachment. Treating your depression will not only improve your functioning and quality of life but also improves your children's symptoms. Hence your doctor may advise you to be on medication.

■ **Can I still continue to breastfeed my infant?**

Many women have delayed treatment because of the worry that medication they take may harm the nursing infant. Studies have shown that the risk of adverse effects in nursing infants is low. Most medicines do appear in the breast milk but usually in very small amounts.

More importantly, you need to weigh the risks and benefits of breastfeeding, such as the risk of untreated maternal illness and the risk of exposure of the infant to a particular medication in the breast milk.

Your doctor will advise the safest option of medication for you to continue to breastfeed with.

■ **Why do most medications appear in the breast milk in only small amounts?**

The amount of medicine that gets into the breast milk depends on the dose that you are on, the frequency of the dosing and the rate of maternal drug metabolism (the rate that the mother's body can 'break down' the drug).

The concentration of the medicine in the breast milk depends on the concentration of the medicine in your

blood which is measured in micro or even nano-grams per millilitre (millionth or billionth of a gram), whereas the actual dosing of the medicine that you take is in milligrams (thousandth of gram).

Thus your infant is not getting amount similar to your intake but almost always, much less on a weight basis.

Furthermore, the infant's exposure to the drug is more accurately measured by the serum blood level i.e. the concentration of the drug in the blood, which is dependent on the ingested medication and the rate the medication is metabolised by the liver.

■ **What are the special considerations?**

As the medications are metabolised by the infant's liver, the decision to breastfeed while on medication may be deferred if the infant is immature or has medical problems.

■ **What are the commonly prescribed antidepressants?**

The commonly prescribed antidepressants are the tricyclic antidepressants (*Dothiepin, Clomipramine*) and the SSRIs (*Sertraline, Paroxetine*). The medication is usually prescribed at a low dose and titrated over time according to the severity of the condition and your response to the medication.

The data accumulated for the use of these medications during breastfeeding has been positive. The amount of medication to which the nursing infant is exposed to is low and significant complications related to antidepressants in breast milk appear to be rare.

One should choose an antidepressant that has been in use for a significant period of time and has sufficient data supporting the safety of using it during breastfeeding. However, if a woman had responded to a particular antidepressant in the past or had been well on that medication even during pregnancy, then it may be advisable to continue with the same medication, instead of switching to another antidepressant in order to prevent a relapse.