

Penicillins	No significant adverse effect allergic reactions, diarrhea
Cephalosporins	No significant adverse effect allergic reactions, diarrhea
Chloramphenicol	Gray baby syndrome Possibility of bone marrow suppression Should be avoided
Sulphonamides	hyperbilirubinemia -neonatal jaundice Should be avoided in jaundiced infants or infants with G6PD deficiency
Erythromycin	No significant adverse effect
Quinolones	Risk of arthropathies Should be avoided
Tetracycline	Absorption by the baby is probably prevented by chelation with milk calcium. Risk of permanent tooth discoloration and deformation

Sedative/hypnotics
Single doses are unlikely to be harmful
Regular use of high doses should be avoided

Barbiturates (phenobarbitone)	Lethargy, sedation, poor suck reflexes Clinical monitoring is recommended
Benzodiazepines (diazepam)	Lethargy, sedation in infants Clinical monitoring is recommended

Insulin	can be used
Oral antidiabetics	can be used
Metformin	avoid due to lactic acidosis
Oral contraceptives	Safe but can suppress lactation in high doses
Antithyroid drugs	May suppress thyroid function in infants. Breast feeding should be discouraged.
Propylthiouracil	Propylthiouracil should be used rather than carbimazole or methimazole.
Carbimazole	
Methimazole	
Anticonvulsants	Can be used
Carbamazepine	Amounts entering breast milk are not sufficient to produce adverse effects
Phenytoin	
Anticoagulants	Heparin is not present in breast milk.
Heparin	Safe (very small quantities found in breast milk).
Warfarin	

Estrogens	↓ milk quantity
Iodine (radioactive)	Hypothyroidism permanent in infant Breast-feeding is contraindicated
Cytotoxic drugs	Breast feeding should be avoided
Lithium	Large amounts can be detected in milk Low volume of distribution
CVS drugs	Risk of bradycardia and hypoglycemia
Propranolol	
sotalol	