

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 Propylthiouracil Carbimazole Methimazole	May suppress thyroid function in infants. Breast feeding should be discouraged. Propylthiouracil should be used rather than carbimazole or methimazole.
Anticonvulsants Carbamazepine Phenytoin	Can be used Amounts entering breast milk are not sufficient to produce adverse effects
Anticoagulants Heparin Warfarin	Heparin is not present in breast milk. Safe (very small quantities found in breast milk).

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 Propranolol sotalol	Risk of bradycardia and hypoglycemia