



Maternal and Child Health

Focus on breast feeding positioning, counseling, growth chart

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Objectives

- ▶ Demonstrate counselling skills for promotion of breast feeding (focused on benefits of breast feeding for the mother and child, and correct way of breast feeding, advise on prevention on breast engorgement and breast abscesses)
- ▶ Demonstrate skills to plot growth charts of children

We will discuss..

- ▶ Global target for breastfeeding 'The Baby -Friendly Hospital Initiative As Part of The Global Strategy'
- ▶ Antenatal Infant Feeding Check list
- ▶ Perceived insufficient milk issue.
- ▶ History taking for assessment of breastfeeding.
- ▶ How to assess a breastfeed (attachment, positioning, signs of effective suckling).
- ▶ Demonstrate skills to plot growth charts of children to aid in breastfeeding counseling.

Aim

- ▶ Student will be confidently support mothers with early and exclusive breastfeeding.
- ▶ Student can help in movement towards achieving Baby-friendly hospitals and communities.



Global targets 2025

To improve
maternal, infant
and young child
nutrition



Breastfeeding

TARGET: Increase the rate of exclusive breastfeeding in the first 6 months up to at least 50%

The WHO International Code of Marketing of Breastmilk Substitutes

The Local Implementation



المملكة العربية السعودية
وزارة الصحة
الإدارة العامة للتغذية
برنامج تشجيع الرضاعة الطبيعية



اللائحة و القرارات التنفيذية نظام تداول بدائل حليب الأم

The rule and executive decisions of the Saudi Arabian
Code of Marketing Breast Substitutes

١٤٣٠هـ - ٢٠٠٩م

بسم الله الرحمن الرحيم



الرقم : م/٤٩
التاريخ: ١٤٢٥/٩/٢١هـ

بسم الله تعالى

نحن فهد بن عبدالعزيز آل سعود

ملك المملكة العربية السعودية

بناءً على المادة (السبعين) من النظام الأساسي للحكم ، الصادر بالأمر الملكي رقم (٩٠/د) وتاريخ ١٤١٢/٨/٢٧هـ.

وبناء على المادة (العشرين) من نظام مجلس الوزراء ، الصادر بالأمر الملكي رقم (١٧/د) وتاريخ ١٤١٤/٣/٣هـ.

وبناء على المادة (الثامنة عشرة) من نظام مجلس الشورى ، الصادر بالأمر الملكي رقم (٩١/د) وتاريخ ١٤١٢/٨/٢٧هـ.

وبعد الاطلاع على قرار مجلس الشورى رقم (٧٦/١١١) وتاريخ ١٤٢٥/٢/٧هـ.

وبعد الاطلاع على قرار مجلس الوزراء رقم (٢٦٠) وتاريخ ١٤٢٥/٩/١٨هـ.

رسمنا بما هو آت :

أولاً : الموافقة على "نظام تداول بدائل حليب الأم" وذلك بالصيغة المرفقة .

ثانياً : على سمو نائب رئيس مجلس الوزراء والوزراء - كل فيما يخصه -

تنفيذ مرسومنا هذا.

فهد بن عبدالعزيز

بسم الله الرحمن الرحيم



الرقم : ٤٨٥٧٥
التاريخ : ١٤٢٥/٩/٢١
المرفقات : ١

المملكة العربية السعودية
ديوان رئاسة مجلس الوزراء

سلمه الله

صاحب المعالي وزير الصحة
السلام عليكم ورحمة الله وبركاته وبعد:-

تبعث لكم طيه مايلي:-
أولاً: نسخة من قرار مجلس الوزراء الموقر رقم (٢٦٠) وتاريخ ١٤٢٥/٩/١٨هـ القاضي بالموافقة على (نظام تداول بدائل حليب الأم) وذلك بالصيغة المرفقة بالقرار.
ثانياً: نسخة من المرسوم الملكي رقم (م/٤٩) وتاريخ ١٤٢٥/٩/٢١هـ الصادر بالمصادقة على ذلك.
وتأمل إكمال اللازم على ضوء ذلك... وتقبلوا تحياتنا...،،،

عبدالعزیز بن فهد بن عبدالعزيز

رئيس ديوان رئاسة مجلس الوزراء

- نسخة لرئاسة الحرس الوطني
- نسخة لوزارة الدفاع والطيران
- نسخة للهيئة العامة للغذاء والدواء
- نسخة لوزارة الداخلية
- نسخة لمجلس الشورى
- نسخة لوزارة العدل
- نسخة لوزارة الشؤون الإسلامية والأوقاف والدعوة والإرشاد
- نسخة لوزارة الخدمة المدنية
- نسخة لوزارة التعليم العالي
- نسخة لوزارة التربية والتعليم
- نسخة لوزارة الثقافة والإعلام
- نسخة لوزارة التجارة والصناعة
- نسخة لوزارة المالية
- نسخة لوزارة الشؤون الاجتماعية
- نسخة لديوان المظالم
- نسخة للأمانة العامة لمجلس الوزراء
- نسخة لديوان المراقبة العامة
- نسخة لهيئة الخبراء بمجلس الوزراء
- نسخة للمركز الوطني للوثائق والمحفوظات

صكيب وزير الصحة
رقم الوارد ١١/٢٩٢٤١
المساريح ١٤ / / ١٤
المشروعات ()

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Importance of breastfeeding to the mother (protects against breast cancer and hip fractures in later life, helps mother form close relationship with the baby, artificial feeding costs money)			
Importance of skin-to-skin contact immediately after birth (keeps baby warm and calm, promotes bonding, helps breastfeeding get started)			
Importance of good positioning and attachment (good positioning and attachment helps the baby to get lots of milk, and for mother to avoid sore nipples and sore breasts. Help to learn how to breastfeed is available from ...)			
Getting feeding off to a good start - baby-led feeding; - knowing when baby is getting enough milk; - importance of rooming-in / keeping baby nearby; - problems with using artificial teats, pacifiers.			
No other food or drink needed for the first 6 months – only mother's milk Importance of continuing breastfeeding after 6 months while giving other foods			
Risks and hazards of not breastfeeding - loss of protection from illness and chronic diseases; - contamination, errors of preparation; - costs; - difficulty in reversing the decision not to breastfeed.			



Antenatal Infant Feeding Check list

Other points discussed and any follow-up or referral needed:



A Newborn's Stomach

www.babiesfirstlactation.com

Babies First



Lactation and Education



Day one
Size of a cherry
5 - 7 ml
1 - 1.4 teaspoons



Day three
Size of a walnut
22 - 27 ml
0.75 - 1 oz



One week
Size of an apricot
45 - 60 ml
1.5 - 2 oz



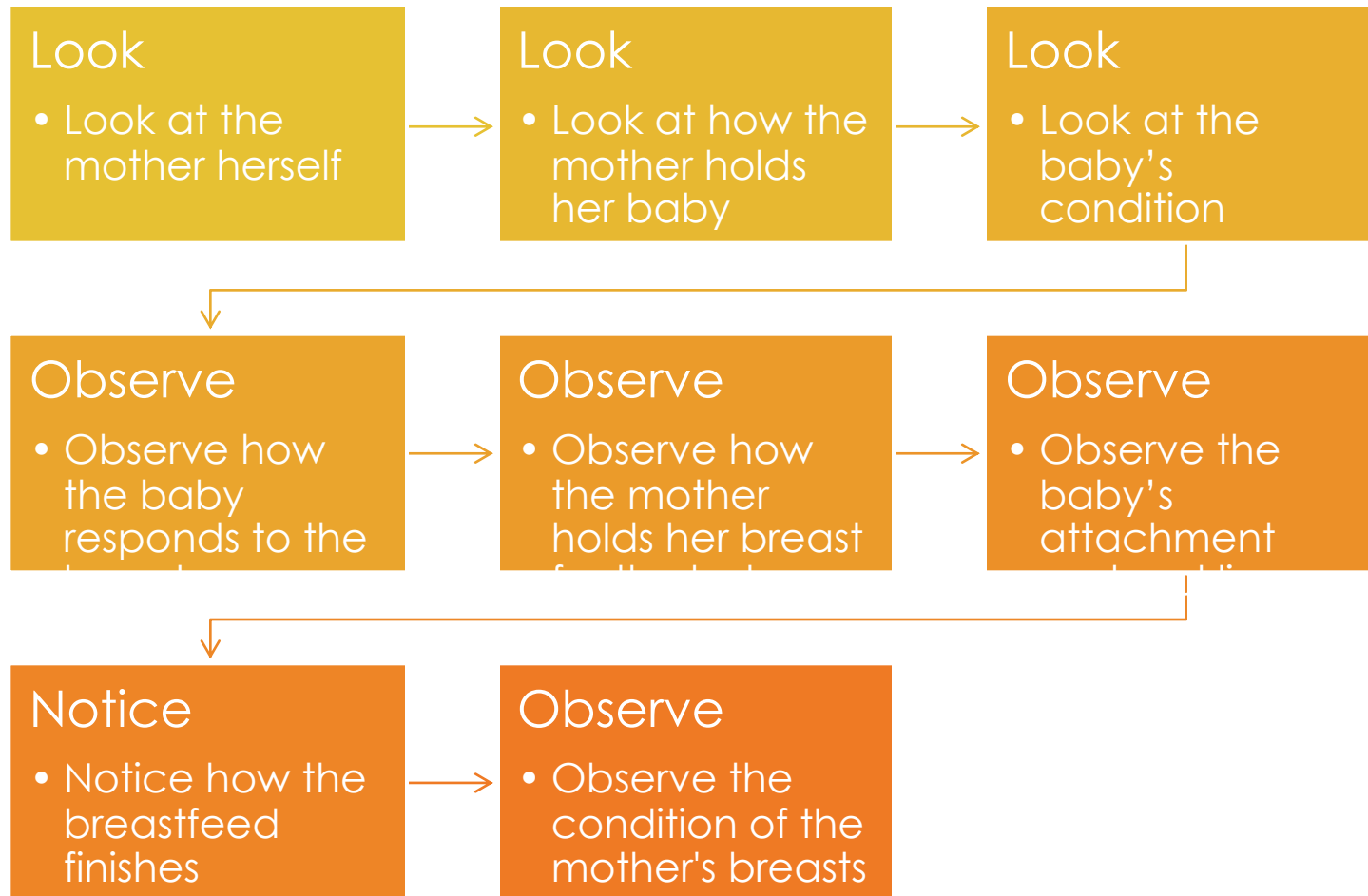
One Month
Size of a large egg
80 - 150 ml
2.5 - 5 oz

© Babies First Lactation and Education

Perceived **insufficient milk**

- ▶ The issue of perceived **insufficient milk** supply is a **frequently** occurring problem and is **reported** globally.
- ▶ Perceived **insufficient milk** is often **reported** as the **most common** problem that women experience with breastfeeding.
- ▶ The occurrence of perceived **insufficient milk frequently** leads to early weaning or **decreased** exclusivity.

HOW TO ASSESS A BREASTFEED



How the mother holds her baby

- ▶ ? mother supports the baby's whole body
- ▶ ? calm and relaxed ? Nervous
- ▶ the four signs of good positioning of the baby are:
 - ▶ the baby should be **straight, facing** the breast, **close** to the mother, and **supported**.

Baby's Position

Remember 4 key points :

1. IN LINE – ear, shoulder, hip in a straight line; neck not twisted/bent forward or backward
2. FACING – the breast with baby's nose to nipple
3. CLOSE to mum's body – baby to breast
4. SUPPORTED – at head, shoulders; newborn – support whole body

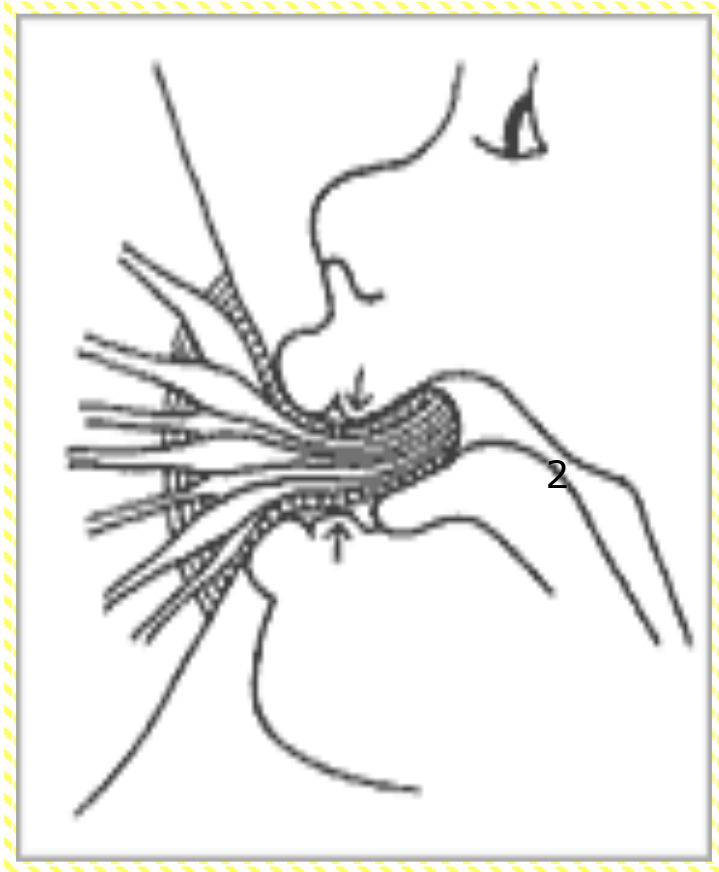
Breastfeeding Positions



In line
Close
Supported
Facing



Observe the baby's attachment and suckling



Which one is good attachment?

What can you see?

6/4



Breastfeeding Counselling: a training course,
WHO/CHD/93.4, UNICEF/NUT/93.2

How a baby latch

Good attachment

- ▶ The baby's **mouth** is wide open.
- ▶ The **lower lip** is turned out.
- ▶ The **chin** is touching the breast (or nearly so).
- ▶ More **areola** is visible above the baby's mouth than below

Poor attachment

- ▶ The **mouth** is not wide open.
- ▶ The **lower lip** is pointing forward (it may also be turned in).
- ▶ The **chin** is away from the breast.
- ▶ More **areola** is below the baby's mouth (you might see equal amounts of areola above and below the mouth)

Signs of effective suckling

- ▶ The baby takes slow deep sucks.
- ▶ Then he pauses and waits for the ducts to fill up again.
- ▶ Then he takes a few quick sucks to start the milk flow.
- ▶ As the milk flows, his sucks become deeper and slower again.
- ▶ You may see or hear swallowing.
- ▶ The babies cheeks are round.

Signs of ineffective suckling

- ▶ The baby taking quick shallow sucks all the time.
- ▶ The baby may make smacking sounds as he sucks.
- ▶ The baby's cheeks may be tense or pulled in as he sucks.
- ▶ that mean the baby is not getting much breast milk.

What Are Ways to Ensure an Adequate Latch?

TABLE 3

Signs of Good Positioning and Latch for Successful Breastfeeding

The infant's nose is free from the breast

The infant's chin is pressed against the breast

The infant's cheeks are rounded, not sunken in or dimpled

The infant's mouth is open wide like a yawn

If any areola is visible, more is seen above the infant's top lip, with little to none showing near the chin

The infant's lower lip is flanged outward

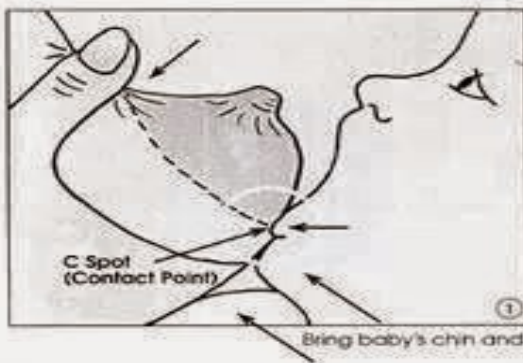
The infant's body is in line with the head and facing toward the mother ("tummy to tummy")

Feeding is not painful to the mother after the initial 30 seconds to one minute after latching

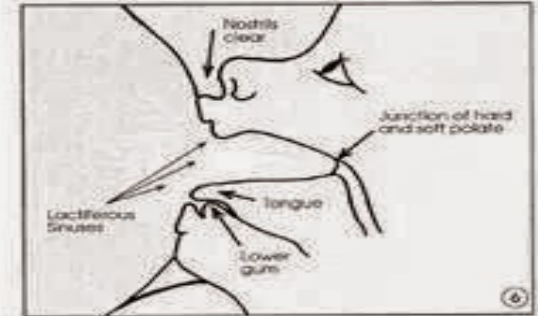
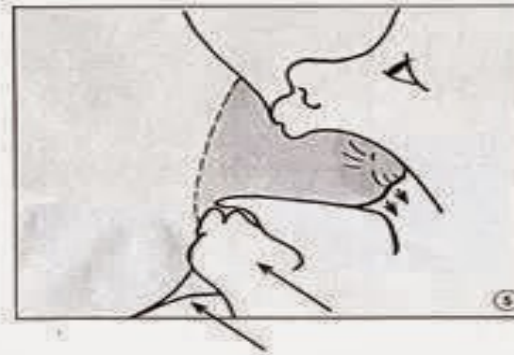
The infant has a rhythmic suck and swallow pattern

Information from references 26 and 27.

ATTACHMENT - The Key to Successful Breastfeeding.




Bring baby's chin and chest forward onto the breast.



YouTube SA Search

GLOBAL HEALTH MEDIA PROJECT

Breastfeeding Series



0:01 / 10:26

Attaching Your Baby at the Breast – Breastfeeding Series

20,785,688 views • 1 Aug 2015

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Global Health Media Project

SUBSCRIBED

<https://www.youtube.com/watch?v=wjt-Ashodw8>



Materials to be used in Maternal & Child Health CASES

Focus on breast feeding positioning,
counseling, growth chart.

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Antenatal Infant Feeding Check list

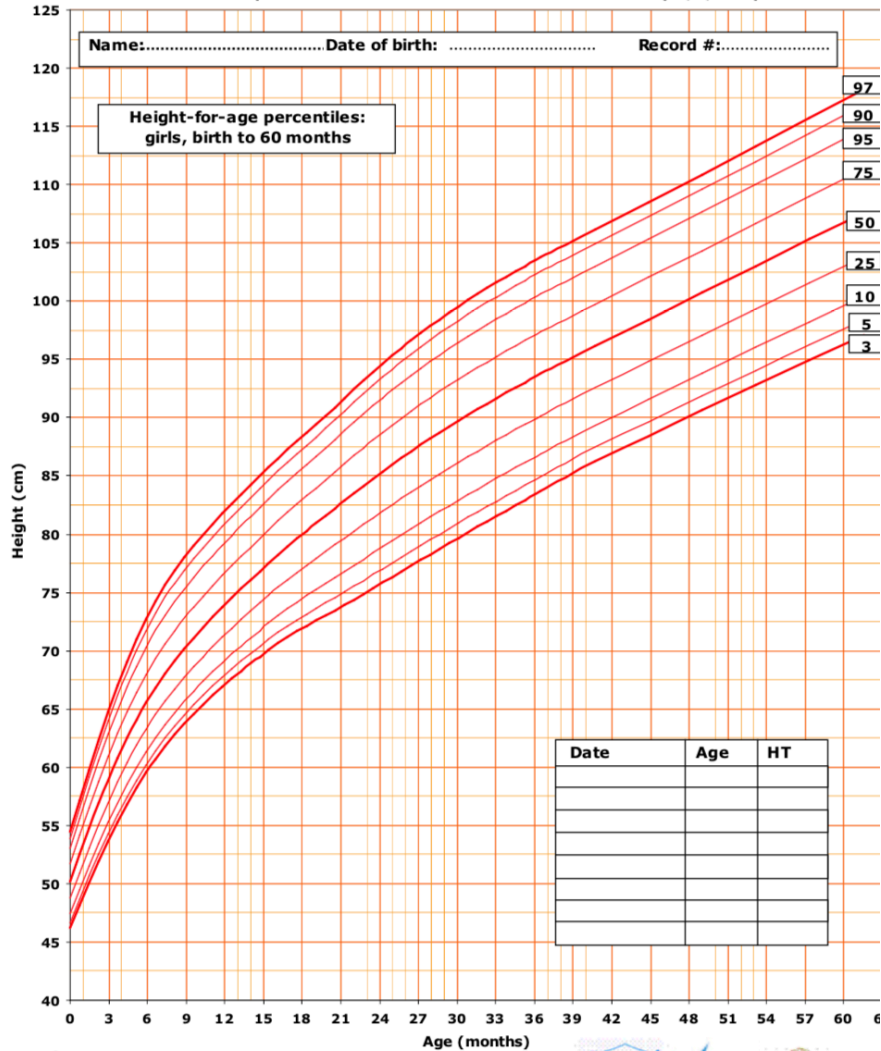
Other points discussed and any follow-up or referral needed:

The Growth Charts for Saudi Children and Adolescents

Endorsed by The Health Services Council of Saudi Arabia No. 29 (24/6/2007)

The Growth Charts for Saudi Children and Adolescents

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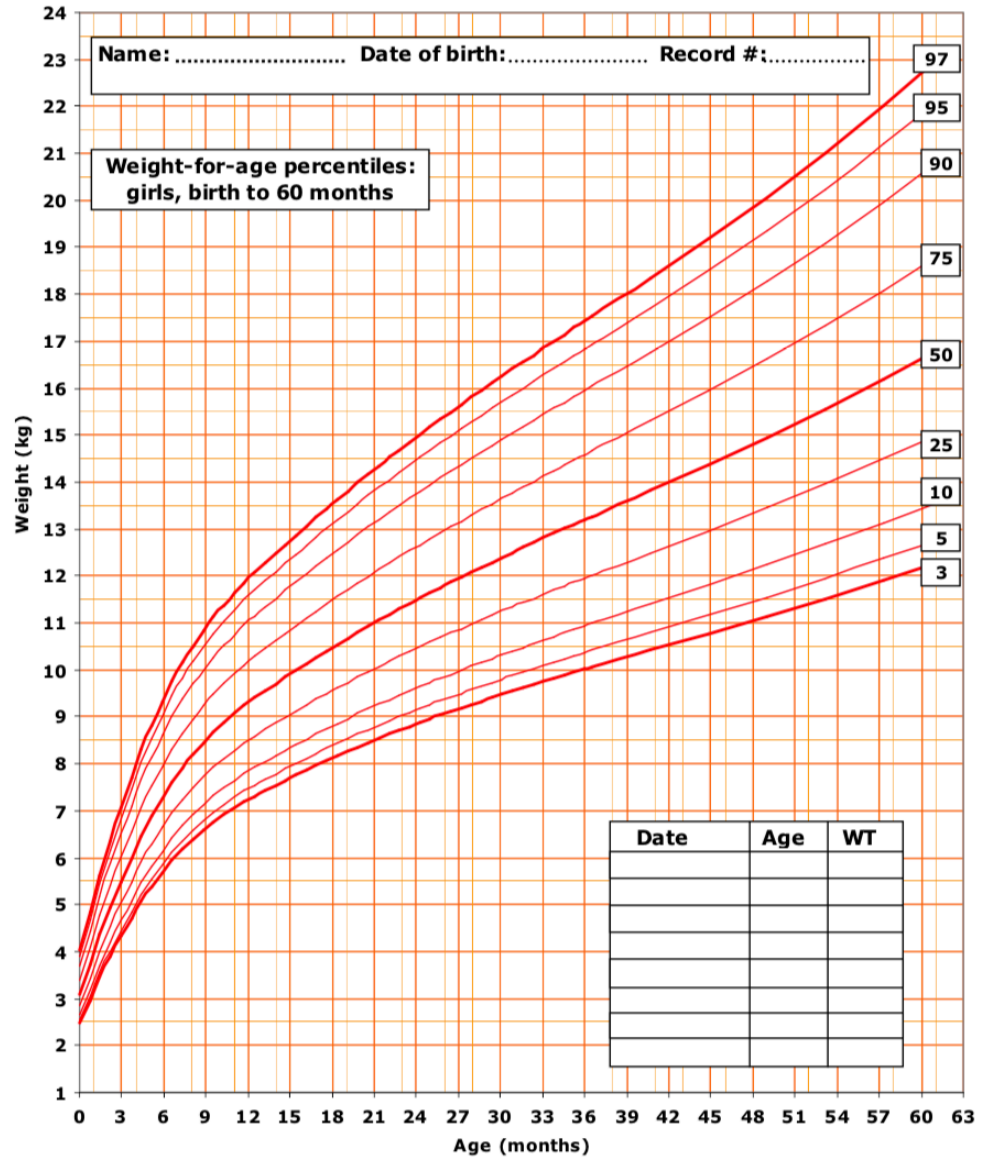


Source: Mohammad I. El Mouzan, Abdullah A. Al Salloum, Abdullah S. Al Herbish, Peter J Foster, Mansour M. Qurashi, Ahmad A. Al Omar. The 2005 Growth Charts for Saudi Children and Adolescents (No. AR-20-63). King Abdulaziz City for Science and Technology 2009, Riyadh, KSA.
NB: The age is based on Gregorian calendar.



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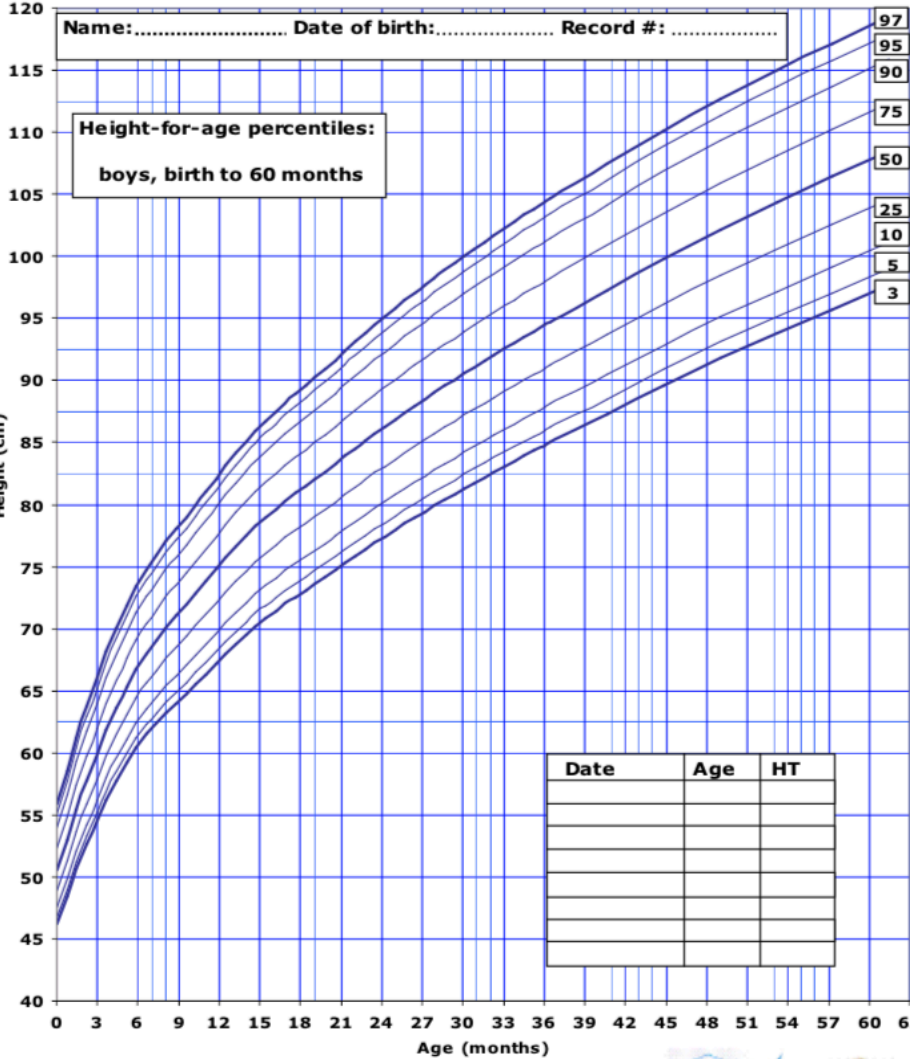


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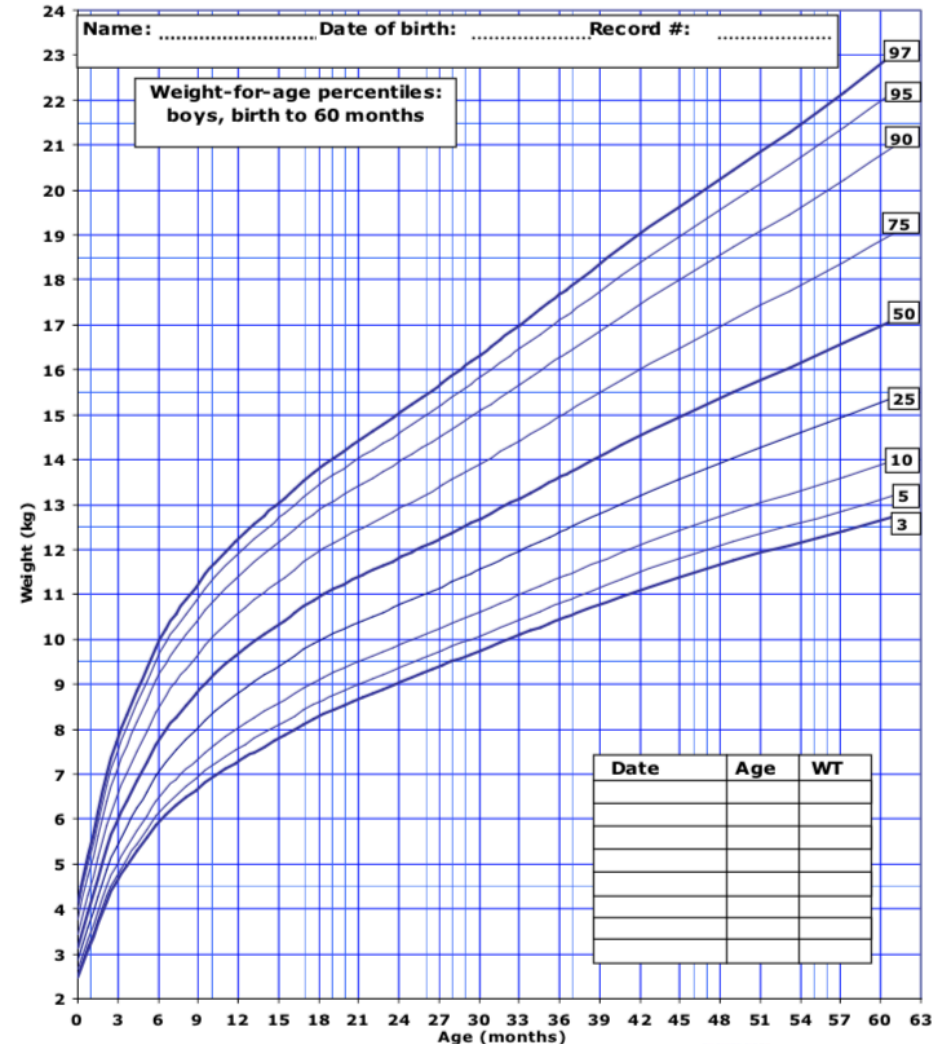
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BREASTFEEDING HISTORY JOB AID

Mother's name

Baby's name

Age of child

Particular concerns about feeding of child
(or reason for consultation)

Date

Feeding

Breast milk; Other milk (formula, cow's milk, other)

Frequency of breastfeeds

Length of breastfeeds/one or both breasts

Night feeds

Quantity and frequency of other milk feeds

Other fluids in addition to milk (when started, what, quantity, frequency)

Other foods in addition to milk (when started, what, quantity, frequency)

Use of bottles and how cleaned

Feeding difficulties (breastfeeding/other feeding)

Health

Growth chart (birth weight, weight now)

Urine frequency per day (6 times or more), if less than 6 months

Stools (frequency, consistency)

Illnesses

Behaviour (feeding, sleeping, crying)



Pregnancy, birth, early feeds (where applicable)

Antenatal care

Feeding discussed at ante-natal care

Delivery experience – early contact, first breastfeed within first hour

Rooming-in

Prelacteal feeds

Postnatal help with feeding

Mother's condition and family planning

Age

Health – including nutrition and medications

Habits – coffee, smoking, alcohol, drugs

Breast health

Family planning

Motivation to breastfeed

Previous infant feeding experience

Number of previous babies

How many breastfed and for how long

If breastfed – exclusive or mixed fed

Other feeding experiences – ever used bottle feeds

Family and social situation

Work situation

Economic situation, education

Family's attitude to infant feeding practices (baby's father, grandmother)

Help with baby at home

BREASTFEED OBSERVATION JOB AID

Mother's name _____

Date _____

Baby's name _____

Baby's age _____

Signs that breastfeeding is going well:

Signs of possible difficulty:

GENERAL

Mother: Mother:

- Mother looks healthy Mother looks ill or depressed
 Mother relaxed and comfortable Mother looks tense and uncomfortable
 Signs of bonding between mother and baby No mother/baby eye contact

Baby: Baby:

- Baby looks healthy Baby looks sleepy or ill
 Baby calm and relaxed Baby is restless or crying
 Baby reaches or roots for breast if hungry Baby does not reach or root

BREASTS

- Breasts look healthy Breasts look red, swollen, or sore
 Mother says no pain or discomfort Mother says breast or nipple painful
 Breast well supported, fingers away from nipple Breast held with fingers near nipple
 Nipple stands out, protractile Nipple inverted, large or long

BABY'S POSITION

- Baby's head and body in line Baby's neck and head twisted
 Baby held close to mother's body Baby not held close
 Baby's whole body supported Baby's whole body not supported
 Baby approaches breast, nose to nipple Baby approaches breast, lower lip to nipple

BABY'S ATTACHMENT

- More areola seen above baby's top lip More areola seen below bottom lip
 Baby's mouth open wide Baby's mouth not open wide
 Lower lip turned outwards Lips pointing forward or turned in
 Baby's chin touches breast Baby's chin not touching breast

SUCKLING

- Slow, deep sucks with pauses Rapid shallow sucks
 Cheeks round when suckling Cheeks pulled in when suckling
 Baby releases breast when finished Mother takes baby off the breast
 Mother notices signs of oxytocin reflex No signs of oxytocin reflex noticed



Maternal & Child Health

CASES

Focus on breast feeding positioning,
counseling, growth chart.

Case 1

- ▶ Fatima goes in to see her pregnancy care provider. He or she does not know if Fatima heard the group talk on breastfeeding and if she has any questions.
- ▶ *How can the pregnancy care provider find out if a pregnant woman knows about the importance of breastfeeding or has questions?*

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<p>No other food or drink needed for the first 6 months – only mother's milk Importance of continuing breastfeeding after 6 months while giving other foods</p>			
<p>Risks and hazards of not breastfeeding - loss of protection from illness and chronic diseases; - contamination, errors of preparation; - costs; - difficulty in reversing the decision not to breastfeed.</p>			

Other points discussed and any follow-up or referral needed:

Case 2

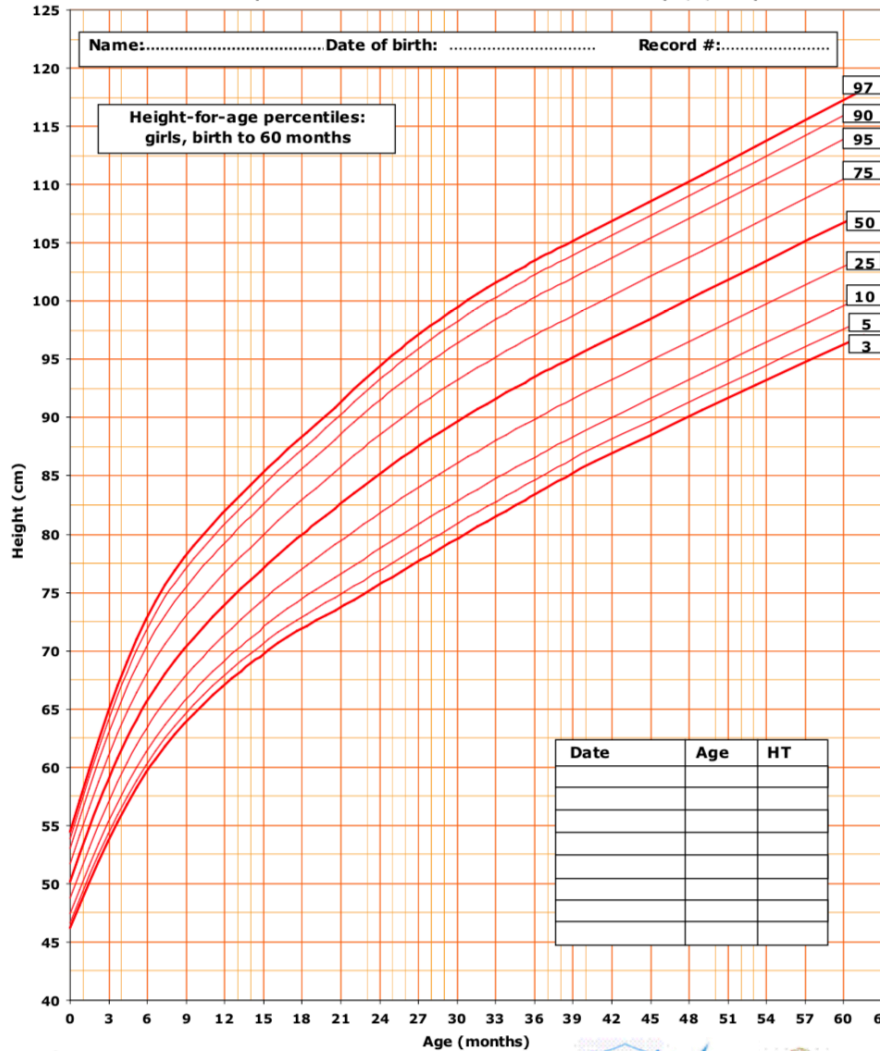
- ▶ Mariam gave her previous baby regular supplements from birth. Now she is hearing that supplements are not good for babies and wants to know why because she want to give her daughter. Her baby now is 3 months ht 58 cm wt 6 kg
- ▶ ***What can you say to Mariam?***

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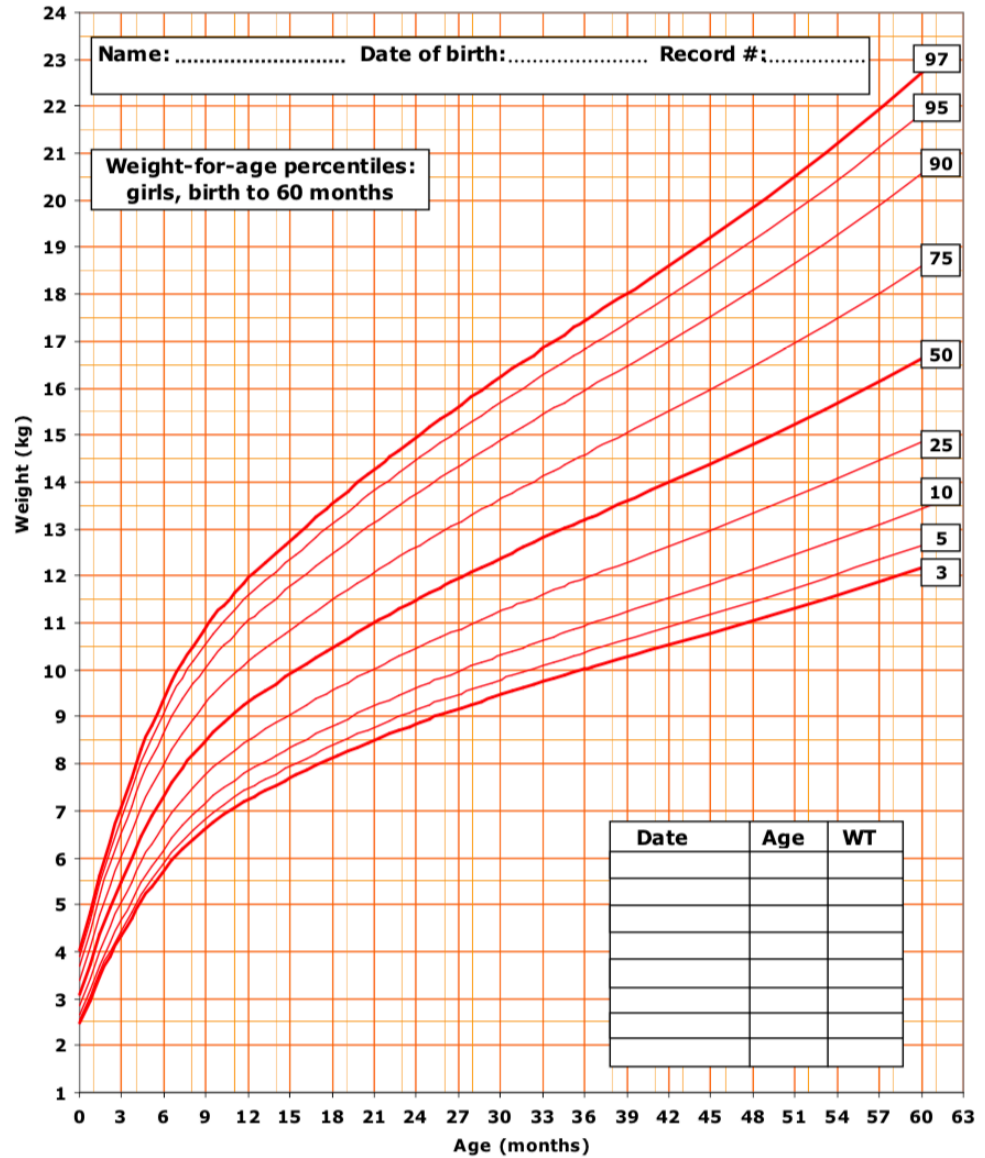


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Case 3

- ▶ Nora gave birth to a healthy boy in the hospital two weeks ago. Today she, the baby, and her mother-in-law are returning to the hospital because the baby is "sleeping all the time" and has passed only three stools this week. When the outpatient clinic nurse weighs the baby, she finds him 12% under birth weight.
- ▶ Nora feels that her baby is refusing her breasts. Yesterday, the mother-in-law began offering tea with honey in a bottle twice a day.
- ▶ Upon observing the breastfeed; the baby is held loosely and that he must bend his neck to reach the breast. The baby has very little of the breast in his mouth and falls off the breast easily. When he falls off the breast, he gets upset, moves his head around, crying and has difficulty getting attached again.
- ▶ ***How you can approach this case?***

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 Lower lip turned outwards Lips pointing forward or turned in
 Baby's chin touches breast Baby's chin not touching breast

SUCKLING

- Slow, deep sucks with pauses Rapid shallow sucks
 Cheeks round when suckling Cheeks pulled in when suckling
 Baby releases breast when finished Mother takes baby off the breast
 Mother notices signs of oxytocin reflex No signs of oxytocin reflex noticed



Additional Resources for practice Breastfeeding Counselling

Breastfeeding: Common Questions and Answers

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Robert Oh, MD, MPH, Madigan Army Medical Center, Joint Base Lewis McCord, Washington

All major health organizations recommend breastfeeding as the optimal source of infant nutrition, with exclusive breastfeeding recommended for the first six months of life. After six months, complementary foods may be introduced. Most organizations recommend breastfeeding for at least one year, and the World Health Organization recommends a minimum of two years. Maternal benefits of breastfeeding include decreased risk of breast cancer, ovarian cancer, postpartum depression, hypertension, cardiovascular disease, and type 2 diabetes mellitus. Infants who are breastfed have a decreased risk of atopic dermatitis and gastroenteritis, and have a higher IQ later in life. Additional benefits in infants have been noted in observational studies. Clinicians can support postdischarge breastfeeding by assessing milk production and milk transfer; evaluating an infant's latch to the breast; identifying maternal and infant anatomic variations that can lead to pain and poor infant weight gain; knowing the indications for frenotomy; and treating common breastfeeding-related infections, dermatologic conditions, engorgement, and vasospasm. The best way to assess milk supply is by monitoring infant weight and stool output during wellness visits. Proper positioning improves latch and reduces nipple pain. Frenotomy is controversial but may reduce pain in the short term. The U.S. Preventive Services Task Force recommends primary care interventions to support breastfeeding and improve breastfeeding rates and duration. (*Am Fam Physician*. 2018;98(6):368-373. Copyright © 2018 American Academy of Family Physicians.)

Management of Common Problems that can Affect Breastfeeding

FOR ADDITIONAL READING

Management of Common Conditions That Can Affect Breastfeeding

Condition	Presentation	Treatment
Dermatoses		
Bacterial infection	Erythema, purulent discharge	Most cultures are positive for <i>Staphylococcus</i> Topical mupirocin (Bactroban) applied three times per day
Candidiasis	Salmon-colored nipples, flaky or shiny skin with associated itching or burning within the duct during feeding	Topical or oral antifungals Oral fluconazole (Diflucan; two 150-mg doses given 48 hours apart or 100 mg per day for 10 days) is more effective than oral nystatin Topical mupirocin applied three times per day for five to seven days can be considered because it may have antifungal properties and help prevent secondary bacterial infections Gentian violet can be used with caution because of the risk of infant mucosal ulcerations: gentian violet 1% is applied to the nipple with a cotton swab (this is messy and will stain clothing and skin) followed by a feeding at the treated breast, then this is repeated on the other side; this process is continued daily for three or four days, and up to seven days if there is improvement
Dermatitis/eczema	Pruritic, erythematous, scaly rash	Remove offending agent Rinse older infant's mouth between eating solids and breastfeeding Class IV medium-potency topical corticosteroid, such as hydrocortisone valerate 0.2%, triamcinolone 0.1%, or fluocinolone 0.025% (Synalar) applied twice per day for seven days
Nipple damage	Erythema, broken skin, ulcerations, bruising	Adjustment of latch and infant position or pump flange size to stop trauma to the nipple Expressed breast milk applied to the nipple after feedings and as needed between feedings Lanolin, all-purpose nipple ointment, breast shells, or glycerin pads can be used but are no more effective than expressed breast milk; hydrogel dressings have been shown to manage pain more effectively than lanolin

Milk flow issues

Blocked milk ducts

Tender nodule confined to one or more ducts

Check breast pump flange sizes (during expression phase of pumping, the nipple and a small amount of areola should be pulled into the tunnel; the nipple should be centered and move freely in the tunnel)

Check the latch of the infant

Massage area or apply vibration (e.g., with an electric toothbrush or massager)

Improve/increase drainage of the breast by removing constricting clothing (e.g., underwire bras, tight sports bras), increasing the frequency of feedings, or pumping more often or between feedings; hand express to focus on one area for complete emptying

Dangle feeding: the breast is dangled over the infant, often with the infant lying flat or inclined and the mother leaning over the infant so that milk flows forward by gravity

Heat therapy: apply warm compresses or a heating pad to the breast for 20 minutes

Feed with the chin toward the blockage to increase suction on that area and improve drainage (this may require assistance from a support person to hold the infant in position or can be done with dangle feeding)

Reduce pain and inflammation with nonsteroidal anti-inflammatory drugs such as ibuprofen, 600 to 800 mg three times per day

The herbal remedy lecithin, 1,200 mg three or four times per day, can be considered for recurrence

Evaluate for milk blebs

Rest and hydration

Management of Common Conditions That Can Affect Breastfeeding

Condition	Presentation	Treatment
Milk flow issues <i>(continued)</i>		
Engorgement	Full, tender breasts; breasts are edematous and shiny, and nipples and areolae may appear similar to inverted nipple; difficulty with latching	<p>Hot or cold packs, acupuncture, application of cabbage leaves, and massage therapy may be helpful to reduce discomfort</p> <p>Reverse pressure softening (positive pressure applied around the nipple and areola temporarily moving interstitial fluid deeper into the breast away from the areola, making the areola softer and more pliable) decreases edema around the nipple and areola to help the infant latch more easily; a video of this method is available at https://m.youtube.com/watch?t=15s&v=2_RD9HNR0J8</p> <p>Feed infant in a reclined position to reduce flow to infant</p> <p>Hand express or pump just enough to soften the breast and provide relief but not completely drain the breast</p>

Serious infections

Breast abscess	Tender, fluctuant nodule; erythema; induration; warmth Usually associated with the systemic symptoms of mastitis	Ultrasonography for diagnosis Incision and drainage plus appropriate antibiotic therapy based on culture results Because of the risk of sinus tract formation, referral to a breast surgeon or interventional radiologist for incision and drainage should be considered
Mastitis without systemic symptoms	Tender nodule within a duct plus erythema and warmth	Treat for blocked ducts, including massage, warm compresses, rest, hydration, and nonsteroidal anti-inflammatory drugs, for 24 hours If there is no improvement after 24 hours, start dicloxacillin, 500 mg four times per day for five days; add an additional five days if inflammation is still present
Mastitis with systemic symptoms	Symptoms of mastitis plus malaise, fatigue, and fever greater than 101°F (38.3°C)	Follow recommendations for mastitis without systemic symptoms If symptoms do not resolve in 48 hours, a milk sample should be cultured; most cultures are positive for <i>Staphylococcus</i> If there is a concern for methicillin-resistant <i>Staphylococcus aureus</i> , the patient should be treated accordingly If symptoms are unresolved or there is an area of fluctuance, breast ultrasonography should be performed to evaluate for abscess

Table 1. Online and print resources for medications and lactation.

Medication and Lactation Resource	Web Address	Mobile Application?	Comments
LactMed	https://www.ncbi.nlm.nih.gov/books/NBK501922/	Yes but the app is no longer supported. Data have not been updated since 2018	Database of drugs and dietary supplements that may affect breastfeeding, part of the National Library of Medicine Toxicology Data Network (TOXNET), updated monthly
InfantRisk Center and Medications and Mothers' Milk	https://www.infantrisk.com/	Yes	Research center for phone, e-mail, app, textbook, and online support
MotherToBaby	https://mothertobaby.org/	No	Service of the nonprofit Organization of Teratology Information Specialists (OTIS) with phone, text, e-mail, and online "chat" support
MotherSafe	https://www.seslhd.health.nsw.gov.au/royal-hospital-for-women/services-clinics/directory/mothersafe	No	Free telephone-based counseling service in Australia for patients and providers



COVID-19 Information

[Public health information \(CDC\)](#) | [Research information \(NIH\)](#) | [SARS-CoV-2 data \(NCBI\)](#) | [Prevention and treatment information \(HHS\)](#) | [Español](#)



Drugs and Lactation Database (LactMed)

< Prev Next >



Bethesda (MD): [National Library of Medicine \(US\)](#); 2006-.

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Search this book

The LactMed® database contains information on drugs and other chemicals to which breastfeeding mothers may be exposed. It includes information on the levels of such substances in breast milk and infant blood, and the possible adverse effects in the nursing infant. Suggested therapeutic alternatives to those drugs are provided, where appropriate. All data are derived from the scientific literature and fully referenced. A peer review panel reviews the data to assure scientific validity and currency.

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[Fact Sheet. Drugs and Lactation Database \(LactMed\)](#)

[Drugs and Lactation Database \(LactMed\) - Glossary](#)

[LactMed Selected References](#)

[Drugs and Lactation Database \(LactMed\) - About Dietary Supplements](#)

[Breastfeeding Links](#)

<https://www.ncbi.nlm.nih.gov/books/NBK501922/>



Generic Name Drugs Drug trade names

Enter a name to check the Risk level...



Very Low Risk

Compatible. Not risky for breastfeeding or infant.

Low Risk

Moderately safe. Mild risk possible. Follow up recommended. Read the Comment.

High Risk

Poorly safe. Evaluate carefully. Use a safer alternative. Read the Comment.

Very High Risk

Not recommended. Cessation of breastfeeding or alternative.

Is it compatible with breastfeeding?

Enter a name to check the Risk level...



Substances and components

Popular

1. Ibuprofen
2. Azithromycin
3. Paracetamol
4. Diclofenac

New

1. Streptokinase
2. Streptomycin
3. Strontium-89M
4. Succimer

Updated

1. Loratadine
2. Acetylcysteine
3. Ketorolac Trometamol
4. Acyclovir

<https://www.e-lactation.com/en/>



Medications & Mothers' Milk

Hale's breastfeeding reference

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In-App Purchases



Hale's Medications & Mothers' Milk 2019

Thomas W. Hale, R.Ph., Ph.D.

1,300+ drugs, herbals, vaccines, and more

Access 26 full entries without subscription

T 1/2	3-8 h
M/P	1.2
Tmax	Oral 1-3 hours; IM 1.5 hours
PB	71-75 %
MW	289.8
Oral	Well absorbed
Vd	
pKa	5.35

Empower mothers to safely breastfeed

Each entry includes **Hale's Lactation Risk Category**

ARIPIPIRAZOLE
Trade Abilify, Abilimat, Aripiprazole
Category Antipsychotic, Atypical
L3 - Limited Data-Probably Incompatible
DRUG LAST UPDATED: AUG 27, 2018

Aripiprazole is a second-generation atypical antipsychotic, used for the treatment of schizophrenia. In a case report who started therapy on 10 mg daily and then had a subsequent dose increase to 15 mg daily, milk levels were drawn prior to administration on day 15 and 16 and were undetectable.

T 1/2	75 h
M/P	0.2
Tmax	3-5 hours
PB	99%
MW	448
Oral	87%
Vd	4.9

Quickly search the most up-to-date drug information

Easily scan details about medications' effect on breast milk

T 1/2	75 h
M/P	0.2
Tmax	3-5 hours
PB	99%
MW	448
Oral	87%
Vd	4.9
pKa	
RID	0.7% - 6.44%



Thank you!