Antibiotic Safety of Concern to Nursing Mothers

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SAN FRANCISCO — Many new mothers are leery of taking antibiotics while breast-feeding, but their fears are unfounded, Dr. Natali Aziz said at a meeting on antepartum and intrapartum management sponsored by the University of California, San Francisco.

Most of the commonly used antimicrobials are safe in breast-feeding and very few are controversial or contraindicated.

Take the time to review the risks and benefits of antibiotics for a new mother who needs the medicine. "Many times we can dispel the fears and rumors that patients might have heard," said Dr. Aziz of the university.

Penicillins, cephalosporins, macrolides, and aminoglycosides all are safe in breast-feeding. The only potential side effects observed in infants who breast-feed from mothers taking these antibiotics are changes in intestinal flora that may cause loose stools or diarrhea.

Some controversy around whether to take quinolones or metronidazole while breast-feeding has been resolved in favor of the drugs' safety.

The quinolone ofloxacin raised concerns after it was associated with arthropathy in juvenile animals, but the risk of arthropathy in infants breast-feeding from mothers on short courses of the medication is extremely low, she said. In a review of more than 7,000 children on chronic quinolone therapy, only 10 developed an arthropathy-like syndrome.

The American Academy of Pediatrics has declared ofloxacin safe for breast-feeding, she added.

Metronidazole has been associated with carcinogenesis in rodents, but the drug does not increase the rate of adverse events in breast-fed infants and no studies have found cancer to be associated with breast-feeding in humans. The worst the data show is a statistical trend toward relatively benign side effects—loose stools or candidal colonization may develop in infants breast-feeding from women on metronidazole.

The American Academy of Pediatrics rates metronidazole safe while breast-feeding, with one caveat. Because a large percentage of the metronidazole ends up in a woman's breast milk, she should consider discarding some milk after a dose.

Women taking a 2-gram dose of metronidazole should express and discard milk for up to 24 hours.

DR. AZIZ

"So women who are taking a 2-gram dose, for example for trichomonas treatment, should express and discard milk for up to 24 hours" before resuming breast-feeding, Dr. Aziz said.

Chloramphenicol is one of the rare antibiotics contraindicated during breast-feeding because it may cause bone marrow suppression. In addition, the drug can induce "gray-baby syndrome"—a decrease in hepatic enzyme function leading to hypotension, cyanosis, and even death.

Chronic use of tetracyclines is not recommended because this can stain the immature teeth of infants. Short-term use, however, is approved by numerous organizations, Dr. Aziz said. ■

Safe Drugs During Breast-Feeding

Acyclovir	Gentamicin
Amoxicillin	Isoniazid
Aztreonam	Kanamycin
Cefazolin	Nitrofurantoin
Cefotaxime	Ofloxacin
Cefoxitin	Quinidine
Cefprozil	Quinine
Ceftazidime	Rifampin
Ceftriaxone	Streptomycin
Chloroquine	Sulbactam
Ciprofloxacin	Sulfadiazine
Clindamycin	Sulfisoxazole
Dapsone	Tetracycline
Erythromycin	Trimethoprim-sulfamethoxazole
Ethambutol	
Fluconazole	

Source: American Academy of Pediatrics Committee on Drugs, 2001