

Cold and Allergy Remedies Compatible with Breastfeeding

The common cold will usually run its course within 7 to 14 days. There are many natural remedies and over the counter products that are compatible with breastfeeding. If you feel that a medication is the cause of a sudden drop in milk supply, then stop taking (or decrease your use of) the medication – if the med is indeed the cause, then supply should increase again soon after you stop taking it.

Natural Remedies

General

- Rest. Drink lots of water and take hot baths. Run a humidifier.
- Take in extra vitamin C from foods, juices or in supplement form.
- Echinacea is generally recognized to be safe for nursing moms.
- Garlic eaten raw, cooked, or taken as a supplement can help. Raw is always best, though it's hardest to get down.
- Homeopathic remedies, are considered safe for nursing moms.
- OMT is a very gentle form of osteopathic manipulation, which can enhance the immune system, and help keep the fluids draining from the head and neck so bacteria and viruses are less likely to be able to grow. This can help to reduce or even prevent chronic ear and respiratory infections. OMT has been shown to have a dramatic effect on fluid in the ears, and works well on any type of upper respiratory infection.

Head congestion

- Use a *saline nasal spray*
- *Steam treatments:*
 - Boil a pot of water, remove from the stove and (optional) add a few drops of essential oils (for example: eucalyptus, sage and balsam). Drape a bath towel over your head and breathe deeply for 5 minutes. Do this 2 or 3x a day until symptoms subside.
 - Put two inches of apple cider vinegar in a pan and heat until it begins to steam. Inhale the vapor. If the vapor is too strong, add a little water. Repeat as needed.
- *Essential Oils:* Place a drop or two of either eucalyptus or peppermint essential oil on a cotton ball or handkerchief and hold near the nose while breathing deeply.
 - A couple of cautions: Do not use the oil *in* the nose – it can cause swelling. Do not use peppermint oil or menthol (one of the main components in peppermint oil) or camphor on or near the breast where baby might ingest it, and do not apply directly on the skin of a baby or young child. There have been cases where the direct application of menthol or camphor products (for example, Vicks VapoRub™) to baby's skin resulted in severe breathing difficulties or liver problems (see info on colds and congestion in baby).
- *Cayenne pepper:* Sprinkle it on your food, or put a quarter teaspoon in a glass of water and drink.
- Drink fenugreek tea to relieve head and chest congestion and cough.
- Massage can help with sinus problems

Chest congestion

- *Anise steam treatment*: Boil a pot of water, remove from the stove and add about 3 teaspoons of dried anise. Drape a bath towel over your head and breathe deeply for 5 minutes. Do this 3x a day to help keep the chest clear.
- Drink fenugreek tea to relieve head and chest congestion and cough.

Sore, itchy throat and/or cough

- Drink strong *black tea* (use 2 tea bags per cup).
- Drink *hot lemonade with honey*. Or make a mixture of one part lemon juice and two parts honey. Sip throughout the day.
- Drink fenugreek tea to relieve head and chest congestion and cough.
- Use *Zinc gluconate* lozenges, but avoid taking large amounts of zinc for more than seven days, because it can interfere with other minerals in the body.
- *Salt water gargle*:
Mix a 1 tablespoon of salt in eight ounces of warm water. Gargle the whole mixture (don't swallow) several times a day.
- *Apple-cider vinegar and water gargle*.
Mix 1-6 teaspoons (1/3 – 2 tablespoons) vinegar in a glass of water; you can mix it as strong as you can stand it. Gargle one mouthful (swallow afterward or spit it out). Repeat twice. Do this every hour, or as needed.
- *Slippery elm bark* can help with sore throat and cough. It comes in herbal cough drops and throat lozenges (check the other ingredients!), or you can make a tea. For tea, use 1 to 3 teaspoons of powdered bark per cup, boil and simmer 15 minutes. Up to 3 cups per day.
- *Chamomile tea gargle* (you can also drink the tea)

Medications generally regarded as safe

General guidelines

- Treat only the symptoms you have: avoid a combination medicine when a single one will do the job.
- Short-acting forms of drugs (6 hours or less) are generally better than the long-acting varieties (but see the info below on the non-sedating antihistamines).
- Use nasal spray instead of oral medications when possible (see below).
- Take any medication right AFTER you nurse and only as needed.

The 2012 edition of *Medications and Mothers' Milk* by Thomas Hale, PhD has information on many cold medications (including specific guidance on combination products) in the Appendix (p. 1233-1272). Many of the active ingredients in cold and allergy medications are listed below.

Cough & sore throat meds

- Sore throat sprays or lozenges are generally considered safe, as are cough drops. *Avoid* eating excessive amounts of cough drops containing menthol. Large amounts of menthol can reduce milk supply.
- Many forms of Robitussin, Delsym and Benylin are considered compatible with breastfeeding. Always check the active ingredients, as there are many versions.

Cough Medicines	
Name of medication	Lactation Risk Category**
Codeine	L3 (moderately safe)
Dextromethorphan	L1 (safest)
Guaifenesin	L2 (safer)
** Per <i>Medications' and Mothers' Milk</i> by Thomas Hale, PhD (2012 edition)	

Pain meds

Both Advil/Motrin (Ibuprofen) and Tylenol (Acetaminophen) are considered compatible with breastfeeding.

Aleve (Naproxen) is also AAP-approved for nursing mothers, but (per Hale) should be used with caution due to its long half-life and its effect on baby's cardiovascular system, kidneys and GI tract; short-term, infrequent or occasional use is not necessarily incompatible with breastfeeding.

Aspirin use is discouraged in children due to the risk of Reye's syndrome. Although the risk is probably low, it is also discouraged in nursing mothers because of the potential risk of Reye's syndrome and bleeding.

Eye drops

Eye drops designed for cold/allergy symptom relief are considered compatible with breastfeeding.

Nasal sprays or gels

Nasal sprays are generally considered compatible with breastfeeding.

Of the preparations available for treatment of allergic symptoms, the nasal steroids (e.g., Flonase, NasalCrom) are considered to be, by far, some of the most effective and safest to use in breastfeeding moms. Although there is so far no data specifically on these intranasal steroids, it is known that the plasma levels of the drug are extremely low, and thus milk levels would be even lower.

Nasal sprays containing oxymetazoline are probably not a problem, but oxymetazoline is long-acting and thus not the first choice for nursing mothers. A shorter acting alternative is phenylephrine.

A homeopathic nasal gel, made by Zicam and containing ionic zinc gluconate, was recalled by the US FDA in 2009 because it has been associated with long lasting or permanent loss of smell (anosmia) [this is not related to lactation - see the FDA information page and Jafek BW, Linschoten MR, Murrow BW. Anosmia after intranasal zinc gluconate use. *Am J Rhinol.* 2004 May-Jun;18(3):137-41]. Zicam contains small amounts of zinc (Zincum Gluconicum) – 266 micrograms per squirt; in one study (Mossad 2003) the daily dosage used was 2.1 mg per day. Zinc is considered compatible with breastfeeding, particularly in small amounts (excessive amounts are not a good idea, for mom's sake rather than baby's). The amount of systemic absorption of nasal sprays/gels is minimal compared to oral ingestion.

Nasal Sprays	
Name of medication	Lactation Risk Category**
Beclomethasone (Vanceril, Beclovent, Beconase)	L2 (safer)
Cromlym sodium (Nasalcrom)	L1 (safest)

Fluticasone (Flonase)	L3 (moderately safe)
Mometasone (Nasonex)	L3 (moderately safe)
Oxymetazoline (Afrin, some forms of Sinex)	L3 (moderately safe)
Phenylephrine (in some forms of Sinex and Neo-Synephrine)	L3 (moderately safe)
Triamcinolone Acetonide (Nasacort)	L3 (moderately safe)
** Per <i>Medications' and Mothers' Milk</i> by Thomas Hale, PhD (2012 edition)	

Decongestants

Both **pseudoephedrine** and **phenylephrine** are generally considered to be safe for the breastfed baby, but pseudoephedrine may reduce milk supply.

Pseudoephedrine & milk supply: Thomas Hale Ph. D., a renowned breastfeeding pharmacologist (Breastfeeding Pharmacology), notes that “breastfeeding mothers with poor or marginal milk production should be exceedingly cautious in using pseudoephedrine” and that “it is apparent that mothers in late-stage lactation may be more sensitive to pseudoephedrine and have greater loss in milk production” (*Medications and Mother's Milk*, 2012 edition).

Dr. Hale is referring to this study: Aljazaf K, et. al. Pseudoephedrine: effects on milk production in women and estimation of infant exposure via breastmilk. *Br J Clin Pharmacol*. 2003 Jul;56(1):18-24.

If you do take pseudoephedrine and notice a drop in milk supply (many moms do not, but research shows that it can decrease milk supply by as much as 24%), simply stop the medication and take measures to increase milk supply – the problem should resolve fairly quickly.

Be *very* cautious about taking pseudoephedrine on a regular basis, as it has the potential to permanently decrease your milk supply. Regular use of pseudoephedrine (120 mg/day) has occasionally been used to decrease milk production in moms with overproduction, where the usual methods to regulate milk production were not working.

Many meds have been reformulated so they no longer contain pseudoephedrine — they're using *phenylephrine* instead. Per Hale, “Because of pseudoephedrine’s effect on milk production, many have concerns that phenylephrine may suppress milk production as well. There is no evidence that this occurs at all.”

Decongestants	
Name of medication	Lactation Risk Category**
Phenylephrine	L3 (moderately safe)
Pseudoephedrine (Sudafed, Dimetapp Decongestant)	L3 (moderately safe)
** Per <i>Medications' and Mothers' Milk</i> by Thomas Hale, PhD (2012 edition)	

Antihistamines

Mom’s use of sedating antihistamines (including Benadryl and Chlor-Trimeton products) are generally regarded to be compatible with breastfeeding, but always double-check the active ingredients as they can vary greatly. Monitor your infant for possible drowsiness if you use this type of antihistamine. The non-sedating antihistamines (below) are generally preferred and are less likely to sedate baby.

The ingredients of Claritin, Claritin-D, Clarinex, Allegra, Allegra-D, and Zyrtec are generally regarded to be compatible with breastfeeding (again – always double-check the active ingredients). Loratadine (Claritin) has been studied and the amount of loratadine that passes into breastmilk is extremely low. Claritin-D and Allegra-D have the decongestant pseudoephedrine added (see above about possible effect on milk supply). Dr. Hale has said that he prefers the non-sedating antihistamines (even though they are long-acting) over the sedating allergy medications.

Milk supply: A common concern is that the sedating antihistamines might lower milk supply but, per Dr. Thomas Hale, there is no current research supporting this belief – only some anecdotal reports. If you feel that your supply has decreased, it could simply be a byproduct of decreased nursing frequency or dehydration due to your illness.

If you feel that a medication is the cause of a sudden drop in milk supply, then stop taking (or decrease your use of) the medication – if the med is indeed the cause, then supply should increase again soon after you stop taking it. When using an antihistamine, it can be helpful to step up your fluid intake quite a bit. As with any medication, take it only as needed, and discontinue use as soon as you can.

Antihistamines	
Name of medication	Lactation Risk Category**
Brompheniramine	L3 (moderately safe)
Chlorpheniramine	L3 (moderately safe)
Cetirizine (Zyrtec)	L2 (safer)
Desloratadine (Clarinex)	L2 (safer)
Dexbrompheniramine	L3 (moderately safe)
Diphenhydramine (Benadryl)	L2 (safer)
Doxylamine (Unisom)	L3 (moderately safe) Caution – particularly if infant has apnea or other respiratory syndromes.
Fexofenadine (Allegra)	L2 (safer)
Loratadine (Alavert, Claritin)	L1 (safest)
Triprolidine	L1 (safest)
** Per <i>Medications' and Mothers' Milk</i> by Thomas Hale, PhD (2012 edition)	