



Pain relief when breastfeeding

Opiate/opioid pain relief is commonly prescribed for pain relief after birth. This includes drugs like codeine, dihydrocodeine, tramadol and morphine. International guidance has highlighted potential, very rare, problems if taking codeine while breastfeeding, suggesting avoiding codeine altogether. This leaflet outlines these problems and explains the signs of opiate toxicity to look out for.

What is the problem and what is our advice?

At the Royal Berkshire Hospital, we have used codeine for many years. Following national and international guidance, our routine choice of opiate is now Dihydrocodeine. Dihydrocodeine and codeine can pass to your baby via breast milk. With codeine, very rarely, a baby may get a high dose from breast milk causing increased sleepiness, difficulty breastfeeding, breathing difficulties and limpness. This risk is smaller when using dihydrocodeine. **We suggest only using dihydrocodeine if needed in addition to ‘simple’ pain relief (paracetamol and ibuprofen), only using for as long as needed, and watching your baby closely for signs of problems.** Greater caution with co-sleeping is prudent because of the potential for sedation (excessive sleepiness), which may make you less able to attend to your baby’s wellbeing.

Pain relief ladder

- Paracetamol 1g up to 4 times a day.
- Ibuprofen 400mg up to 4 times a day.
- If needed in addition: Dihydrocodeine 30mg up to 4 times a day (recommended for use for up to three days but can be used for longer if needed under medical supervision).

Further, detailed explanation

Codeine has been used safely for many years in many people, including breastfeeding mothers. In June 2013, the European Medicines Agency and the Medicines and Healthcare Products Regulatory Agency (MHRA) issued new guidance recommending that breastfeeding mothers should not take codeine as it may cause problems for their baby.

Codeine is metabolised (changed by the body) to morphine and some people metabolise codeine faster than others, resulting in higher levels of morphine in blood and, possibly, breast milk. It is difficult to predict or know which people are fast metabolisers of codeine.

The alternatives to codeine (in addition to paracetamol and / or ibuprofen) include dihydrocodeine and tramadol. These drugs do not have the same problem with speed of metabolism.

What are the signs of opiate toxicity in babies and mothers?

If you do need to take stronger (dihydrocodeine) pain relief then watch for these issues:

Baby

- Increased sleepiness (breastfed babies usually wake frequently for feeds, at least 8 times in 24 hours and do not usually sleep more than 4 hours at a time when they are very young).
- Reluctance to breastfeed or too sleepy to sustain active sucking.
- Breathing difficulties.
- Limpness in the baby.

Mother

- A mother may become so sleepy that she may have difficulty caring for her baby.

What to do if there are signs of opiate toxicity

If a breastfeeding baby or mother shows these signs, call for help if still in hospital. Or if you are at home, go to the Emergency Department (A&E) or call 999 (or local emergency services).

Further information

The guidance from the MHRA can be found by searching for:

- Medicines and Healthcare Products Regulatory Agency (or MHRA) and Codeine or follow this link: <http://www.mhra.gov.uk/Safetyinformation/DrugSafetyUpdate/CON296400>

Other helpful information can be found on the following websites

- NHS website <https://www.nhs.uk/baby/breastfeeding-and-bottle-feeding/breastfeeding-and-lifestyle/medicines/>
- [The Breastfeeding Network](https://www.breastfeedingnetwork.org.uk/factsheet/analgesics/) - <https://www.breastfeedingnetwork.org.uk/factsheet/analgesics/>
- [The Lullaby Trust](https://www.lullabytrust.org.uk/baby-safety/safer-sleep-information/co-sleeping/) - <https://www.lullabytrust.org.uk/baby-safety/safer-sleep-information/co-sleeping/>

To find out more about our Trust visit www.royalberkshire.nhs.uk

Please ask if you need this information in another language or format.

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Our Maternity Strategy and Vision

'Working together with women, birthing people and families to offer compassionate, supportive care and informed choice; striving for equity and excellence in our maternity service.'

You can read
our maternity
strategy here

