

Breastfeeding and Medication

ATTENTION DEFICIT DISORDER

For most breast-feeding women with ADHD and their babies, the risks of non-breast-feeding outweigh the risks of the medication normally used.

Breastfeeding is the standard for infant nutrition;

it provides unrivalled benefits for both the woman's health and that of her child. Rarely does a breast-feeding woman have to stop breast-feeding to take medication.

Attention deficit disorder with or without hyperactivity (ADHD)

- Studies have shown that the risk of adverse effects in breast-fed children is minimal when their mothers take medication as prescribed in the context of ADHD.
- Although the effects of ADHD medications on child development have not been adequately studied, the latest evidence and recommendations can help guide shared decision-making.
- Few women require treatment that may constitute a contraindication to breast-feeding, especially if the decision during pregnancy was to continue the medication.
- Failure to treat a woman with severe ADHD can significantly affect her ability to function, and may present significant risks for her safety and that of her child.
- Similarly, if a woman is using a stimulant for another clinical condition, discontinuing its use could make her more vulnerable.
- In all cases, the risk of worsening symptoms on discontinuation of treatment must be weighed against the risks to the child if treatment is initiated or continued, as well as the risks to both the child and the mother of not breast-feeding.

For anyone with ADHD taking medication, not just in the context of pregnancy and breastfeeding, the minimum effective dose should be used.

Symptoms to watch for in children:

- Agitation, irritability
- Disturbed sleep, insomnia
- Affected appetite, suboptimal weight gain
- Tremors



No adverse effects in breast-fed children have been reported when taking the medications usually used by their mothers for AD/HD (methylphenidate, amphetamine derivatives, atomoxetine).

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