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References

Prescribing in pregnancy and breastfeeding CHAPTER 7 Stimulants in breastfeeding Table 7.6 provides information on individual drugs in breastfeeding based on available published data in mid-2024. Manufacturers' formal advice on drugs in breastfeeding is available in the SPC or European Public Assessment Report for individual drugs. Table 7.6 does not include this advice (which is often uninformative), but instead uses primary reference sources. It is usually advisable to continue the drug prescribed during pregnancy. Switching drugs postpartum for the purpose of breastfeeding is usually not sensible. Table 7.6 should be used as a guide when initiating treatment postpartum. In each case the previous response (and lack of response) to treatment must be considered. References

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11. Baab SW, et al. Serum bupropion levels in 2 breastfeeding mother-infant pairs. J Clin Psychiatry 2002; 63:910–911. Table 7.6 Stimulants in breastfeeding. Drug Infant plasma concentration Estimated daily infant dose as proportion of maternal dose (RID) Acute

adverse effects in infant Developmental effects in infant Atomoxetine No published data available at the time of writing Dexamfetamine202 Undetectable to 14% of maternal plasma level 2.4 –10.6% None reported None reported but not assessed Lisdexamfetamine No published data available at the time of writing Methylphenidate28,203–205 Undetectable 0.16–0.7% None reported None reported Modafinil206,207 Armodafanil = 1.5%208 Modafanil not reported Armodafanil = 4.85%208 Modafanil = 5.3% None reported None reported but not assessed RID, relative infant dose.

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