

# Dojenje i lijekovi – predavanje za liječnike

Gdje naći pouzdane informacije?  
Pravila propisivanja lijekova dojiljama.  
Što kad lijek ne ide uz dojenje?

Jelena Dimnjaković, dr.med, CBS (Certified Breastfeeding Specialist)

Jelena.di@lactonline.com

[www.lactonline.com](http://www.lactonline.com)

- *„Most commonly used drugs are relatively safe for breastfed babies. The dose received via milk is generally small and much less than the known safe doses of the same drug given directly to neonates and infants.*
- *Drugs contraindicated during breastfeeding include **anticancer drugs, lithium, oral retinoids, iodine, amiodarone and gold salts.**”*

*Izvor: Hotham N., Hotham E. Drugs in breastfeeding. Aust Prescr. 2015 Oct; 38(5): 156–9.*

# Sadržaj predavanja

## 1. Izvori informacija o dojenju i lijekovima:

- LactMed baza.
- Infant Risk baza.
- Knjiga Hale's Medications and Mother's Milk.
- Sažetak opisa svojstva lijeka.
- Ostalo.

## 2. Pravila propisivanja lijekova dojiljama.

## 3. Što kad lijek ne ide uz dojenje?

# LactMed baza

- <https://toxnet.nlm.nih.gov/newtoxnet/lactmed.htm>
- Dio Toxnet baze.
- Održava je US National Library.
- Ažurira se na mjesečnoj bazi.
- Peer review panel.
- Reference.

# US National Library of Medicine

U.S. Department of Health & Human Services

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## Accelerating Biomedical Discovery and Data-Powered Health

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- TOXNET**  
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- ClinicalTrials.gov**  
A database of clinical studies, worldwide
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NLM's Susan Speaker, PhD, Honored
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Data Science in Politics of Yellow Fever: Discovering the Cause of Yellow Fever
- Technical Bulletin**  
NLM Technical Bulletin, May-June 2019, Fiscal Year 2018 MEDLINE/PubMed Statistics Available

<https://toxnet.nlm.nih.gov>


# LactMed baza

The screenshot shows the LactMed website interface. At the top, there is a dark blue header with the NIH logo and text: "U.S. National Library of Medicine" and "TOXNET TOXICOLOGY DATA NETWORK". Navigation links include "Mobile", "Help", "FAQs", "TOXNET Fact Sheet", and "Training Manual & Schedule". Below the header, the breadcrumb "TOXNET Home > LactMed" is visible, along with a "Share" button. The main content area features a search bar with the text "e.g. sertraline, SSRIs" and a "Search" button. Below the search bar are dropdown menus for "Search term" (singular/plural), "Records with" (all of the words), and a checkbox for "Include Synonyms and CAS Numbers in Search". To the right of the search bar is a "Support" section with a "Resources" list: "User and Medical Advice", "Disclaimer", "LactMed Data Usage/Translation", "LactMed App", "LactMed Record Format", "Database Creation & Peer Review Process", "Help", "Fact Sheet", "Sample Record", "TOXNET FAQ", "Glossary", "Selected References", "About Dietary Supplements", "Breastfeeding Links", and "Get LactMed Widget". Below the search bar are two informational boxes: "About LactMed" and "Did you know". The "About LactMed" box explains the database's purpose and update frequency. The "Did you know" box provides information on how to obtain the full TOXNET dataset and lists available datasets: ChemIDplus, CCRIS, GENE-TOX, HSDB, LactMed, and TOXLINE. At the bottom right, there is a section for "Environmental Health & Toxicology" with a "Visit Site" button.

NIH U.S. National Library of Medicine TOXNET TOXICOLOGY DATA NETWORK

Mobile | Help | FAQs | TOXNET Fact Sheet | Training Manual & Schedule

TOXNET Home > LactMed Share

 **LactMed**  
A TOXNET DATABASE

Drugs and Lactation Database (LactMed)

SEARCH LACTMED BROWSE LACTMED ADVANCED SEARCH

e.g. sertraline, SSRIs Search

Search term  Records with   Include Synonyms and CAS Numbers in Search

**Support**

**Resources**

- User and Medical Advice
- Disclaimer
- LactMed Data Usage/Translation
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**Contact Us**

Email: [tehip@tehl.nlm.nih.gov](mailto:tehip@tehl.nlm.nih.gov)  
Telephone: (301) 496-1131  
Fax: (301) 480-3537


**About LactMed**

**What is LactMed?**

The LactMed® database contains information on drugs and other chemicals to which breastfeeding mothers may be exposed. It includes information on the levels of such substances in breast milk and infant blood, and the possible adverse effects in the nursing infant. Suggested therapeutic alternatives to those drugs are provided, where appropriate. All data are derived from the scientific literature and fully referenced. A peer review panel reviews the data to assure scientific validity and currency.

**Updates:** LactMed is updated monthly.

**Did you know**

 **How do I obtain the full TOXNET dataset?**

The following TOXNET datasets are available:  
ChemIDplus, CCRIS, GENE-TOX, HSDB, LactMed, and TOXLINE.

For further information visit the [NLM Data Distribution Program](#) from the National Library of Medicine.

[More FAQs](#)

**Environmental Health & Toxicology**

Resources on environmental health and toxicology

[Visit Site](#)

# Pretraživanje LactMed baze

NIH U.S. National Library of Medicine TOXNET TOXICOLOGY DATA NETWORK

Mobile | Help | FAQs | TOXNET Fact Sheet | Training Manual & Schedule

TOXNET Home > LACTMED Home > Search Results








**LACTMED SEARCH RESULTS** BROWSE LACTMED ADVANCED SEARCH

loratadine

Search Term: singular/plural Records with: all of the words  Include Synonyms and CAS Numbers in Search

25 items found for 'loratadine'. [Download Records](#) | [Search Details](#) | [History](#) | [My List](#)

Sort By: Relevance Items Per Page: 10 Page 1 of 3 | [« Prev](#) | [Next »](#)

NAME	ADD TO MY LIST
The following is the primary record for the chemical. All of the query terms were found.	
<b>1. Loratadine</b> 79794-75-5	 <a href="#">Select Record</a>
The following 24 records contain one or more of the requested chemical name(s) and all of the query terms anywhere in the record.	
<b>2. Pseudoephedrine</b> 90-82-4	 <a href="#">Select Record</a>
<b>3. Desloratadine</b> 100643-71-8	 <a href="#">Select Record</a>
<b>4. Ketotifen</b> 34580-13-7	 <a href="#">Select Record</a>
<b>5. Brompheniramine</b> 86-22-6	 <a href="#">Select Record</a>
<b>6. Triprolidine</b> 486-12-4	 <a href="#">Select Record</a>
<b>7. Clemastine</b> 15686-51-8	 <a href="#">Select Record</a>

# Pretraživanje LactMed baze

NIH U.S. National Library of Medicine TOXNET TOXICOLOGY DATA NETWORK

Mobile | Help | FAQs | TOXNET Fact Sheet | Training Manual & Schedule

TOXNET Home > LACTMED Home > LACTMED Search Results > Full Record

loratadine Search

Search Details | History « Previous Record | Next Record »

**LACTMED: LORATADINE** CASRN: 79794-75-5 This record appears in multiple databases.

View record in another database: LACTMED Download this Record Print Select Record My List Permalink

Recent related PubMed toxicology articles

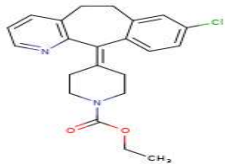
**TABLE OF CONTENTS**

Show Selected Items Clear Expand all Collapse all

- Closest Match to Search Terms
- Full Record
- Drug Levels and Effects
- Substance Identification
- Administrative Information

Show Selected Items Clear

**Loratadine**  
CASRN: 79794-75-5



**FULL RECORD DISPLAY**  
Displays all fields in the record.  
For other data, click on the Table of Contents

**Drug Levels and Effects:**

**Summary of Use during Lactation:**

Because of its lack of sedation and low milk levels, maternal use of loratadine would not be expected to cause any adverse effects in breastfed infants. Loratadine might have a negative effect on lactation, especially in combination with a sympathomimetic agent such as pseudoephedrine. The British Society for Allergy and Clinical Immunology recommends loratadine at its lowest dose as a preferred choice if an antihistamine is required during breastfeeding (1).

**Drug Levels:**

After a single oral dose of 10 mg of loratadine in 6 women, average peak milk levels of 20.3 (range 20.1 to 20.5)

# Pretraživanje LactMed baze

## Drug Levels:

After a single oral dose of 40 mg of **loratadine** in 6 women, average peak milk levels of 29.2 (range 20.4 to 39) mcg/L occurred at two hours after the dose. In addition, average desloratadine peak milk levels of 16 (range 9 to 29.6) mcg/L occurred at 5.3 hours after the dose. The total amount excreted in milk over 48 hours was 11.7 mcg of **loratadine** and its metabolite. However, the dose administered was four times greater than the usual dose of the drug, so a total dose of about 3 mcg would be expected with a 10 mg dose. The calculated average and maximum expected doses of **loratadine** plus desloratadine in milk were 0.46 and 1.1% and of the maternal weight-adjusted dose, respectively, after the 40 mg dose.[2]

## Effects in Breastfed Infants:

A survey of 51 mothers who took **loratadine** during breastfeeding between 1999 and 2001 was conducted by a teratogen information service. Most of the infants were over 2 months old and **loratadine** was generally taken for one week or less. Two mothers reported minor sedation in their infants, one at 3 days of age and one at 3 months of age. Both mothers were taking a dose of 10 mg daily. Weight gain and psychomotor development were similar to infants in a control group of breastfed infants unexposed to medications.[3] An extension of the study that compared the results of this study (plus one additional patient) to that of a control group of 88 mothers who took a drug known to be safe while breastfeeding. No differences in sedation or any other side effects (p=0.606) in the infant were found between mothers who took **loratadine** during breastfeeding and those of the control group.[4]

## Effects on Lactation and Breastmilk:

Antihistamines in relatively high doses given by injection can decrease basal serum prolactin in nonlactating women and in early postpartum women.[5][6] However, suckling-induced prolactin secretion is not affected by antihistamine pretreatment of postpartum mothers.[5] Whether lower oral doses of antihistamines have the same effect on serum prolactin or whether the effects on prolactin have any consequences on breastfeeding success have not been studied. The prolactin level in a mother with established lactation may not affect her ability to breastfeed.

One mother out of 51 mothers who took **loratadine** while nursing reported that she had decreased milk production after taking **loratadine** 10 mg daily for less than one week at 4 months postpartum.[3]

## Alternate Drugs to Consider:

Desloratadine, Fexofenadine

## References:

1. Powell RJ, Du Toit GL, Siddique N et al. BSACI guidelines for the management of chronic urticaria and angio-oedema. Clin Exp Allergy. 2007;37:631-50. PMID: 17456211
2. Hilbert J, Radwanski E, Affine MB et al. Excretion of **loratadine** in human breast milk. J Clin Pharmacol. 1988;28:234-9. PMID: 2966185
3. Messinis IE, Souvatzoglou A, Fais N et al. Histamine H1 receptor participation in the control of prolactin secretion in postpartum. J Endocrinol Invest. 1985;8:143-6. PMID: 3928731
4. Merlob P, Stahl B. Prospective follow-up of adverse reactions in breast-fed infants exposed to **loratadine** treatment (1999-2001). BELTIS Newsl. 2002;Number 10:43-51.
5. Merlob P. Prospective follow-up of adverse reactions in breast-fed infants exposed to maternal **loratadine**.

# Besplatna aplikacija za mobitel



# American Academy of Pediatrics o LactMed-u

- „(...) A more **comprehensive and current database** is available at LactMed (<http://toxnet.nlm.nih.gov>). LactMed includes **up-to-date information** on drug levels in human milk and infant serum, possible adverse effects on breastfeeding infants, potential effects on lactation, and recommendations for possible alternative drugs to consider. Common **herbal products** are also included. For this reason, with the exception of radioactive compounds that require temporary or permanent cessation of breastfeeding, **the reader will be referred to LactMed to obtain the most current data on an individual medication.**”

Sachs HC and COMMITTEE ON DRUGS The Transfer of Drugs and Therapeutics Into Human Breast Milk: An Update on Selected Topics *Pediatrics* 2013;132:e796–e809 doi:10.1542/peds.2013-1985

# Sadržaj predavanja

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- Sažetak opisa svojstva lijeka.
- Ostalo.

## 2. Pravila propisivanja lijekova dojiljama.

## 3. Što kad lijek ne ide uz dojenje?

# Infant Risk Center

The screenshot shows the homepage of the Infant Risk Center website. At the top, there is a browser address bar with the URL <https://www.infanrisk.com>. Below the browser bar, there are social media icons for Facebook, Twitter, and YouTube, and a search bar with the text "Search". The main header features the Infant Risk Center logo, which consists of a stylized white cross with a baby silhouette inside, and the text "InfantRisk Center" in a teal font, with "TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER" in a smaller font below it. A navigation menu is located below the header, with "Home" highlighted in a teal box. The menu items are: Home, Pregnancy, Breastfeeding, Dr. Hale's Blog, Research, Forums, Apps, and Support the InfantRisk Center. The main content area features a large background image of a pregnant woman in a white shirt, seen from behind, talking to three other women in a clinical setting. A red horizontal banner is overlaid on the image, containing a white baby silhouette icon and the text "The world's leading research center for medication safety during pregnancy and lactation." Below the banner, there are three colored boxes: a red box for "HOTLINE" with contact information, a grey box for "TRENDING TOPICS" with a link to "Pregnancy Breastfeeding", and a teal box for "RESEARCH" with a link to "Help our team do research".

https://www.infanrisk.com

f t y

Search

InfantRisk Center  
TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER

Home | Pregnancy | Breastfeeding | Dr. Hale's Blog | Research | Forums | Apps | Support the InfantRisk Center

The world's leading research center for medication safety during pregnancy and lactation.

**HOTLINE**  
Questions about OTC or prescription medications while pregnant or nursing? Call our experts.  
Monday – Friday, 8am – 5pm CT  
1 (806) 352-2519

**TRENDING TOPICS**  
Information, news and updates on the latest articles regarding pregnancy and breastfeeding.  
[Pregnancy](#) [Breastfeeding](#)


**RESEARCH**  
We are dedicated to expanding our research and knowledge about drug information and interactions.  
[Help our team do research](#)

# Infant Risk aplikacije


TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER

Home | Pregnancy | Breastfeeding | Dr. Hale's Blog | Research | Forums | **Apps** | Support the InfantRisk Center

**MommyMeds for Mothers**



**InfantRisk Center for Health Care Providers**



Download on the Android Market | Download on the App Store

Texas Tech University Health Sciences Center © 2019

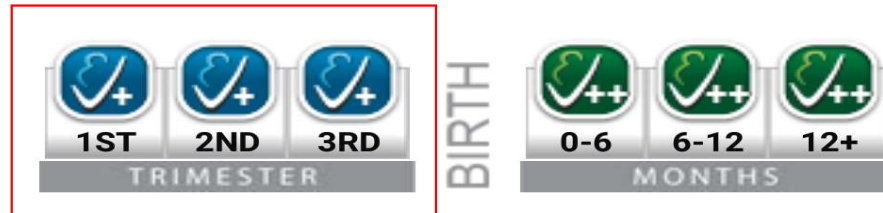
FAQS • PRIVACY POLICY • SITE

Infant risk center for healthcare providers

cca 80 HRK!

## Details

### LORATADINE



Info i o primjeni lijeka u  
trudnoći!

**TRADE NAMES:** Alavert, Claritin, Clear-Atadine

**DRUG TYPE:** Long-acting antihistamine

**USUAL DOSE:** 10 mg daily.

**LACTATION RISK:** L1 - Limited Data-Compatible

**PREGNANCY RISK:** Benefits are likely to exceed risk

**RELATIVE INFANT DOSE:** 0.77% - 1.19%

**SIDE EFFECTS:** Sedation, dry mouth, fatigue, nausea, tachycardia, palpitations.

**ALTERNATIVE MEDS:** Cetirizine.

**T1/2:** 8.4 h (range 3-20 h)

**ORAL BIOAVAILABILITY:** Complete

**MW:** 383

# Dr Hale's Lactation Risk Categories

- **L1 Compatible** - stari lijekovi, puno podataka, uzimalo ga puno dojilja.
- **L2 Probably Compatible** – manje podataka ili studije nisu pokazale povećanje u broju nuspojava u dojenčadi.
- **L3 Probably Compatible** – novi lijekovi, nema studija ili studije pokazuju blage nuspojave.
- **L4 Potentially Hazardous** – benefit/risk – neki kemoterapeutici.
- **L5 Hazardous** – kontraindikacija.

# Savjet

- Pretražujte po generičkom nazivu.
- Npr. atorvastatin firme Pfizer se kod nas zove Sortis, a u SAD-u Lipitor.



# Sadržaj predavanja

1. Izvori informacija o dojenju i lijekovima:
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  - Ostalo.
2. Pravila propisivanja lijekova dojiljama.
3. Što kad lijek ne ide uz dojenje?

# Knjiga Hale's Medications and Mother's Milk

The image shows a screenshot of the website <https://www.halesmeds.com>. The page features a dark red header with the logo "SPRINGER PUBLISHING COMPANY Hale's Medications & Mothers' Milk" and navigation links for "Pricing", "Sign Up", and "Log in". The main content area has a light gray background with the title "Hale's Medications & Mothers' Milk™" in a large, serif font. Below the title is the tagline "Complete, current information on the transmission of drugs in breast milk". To the left is a 3D rendering of the 2019 book cover, which features a smiling baby and the author's name, Thomas W. Hale, R.Ph., Ph.D. To the right is a yellow starburst graphic that says "NOW ON A DEVICE OF YOUR CHOICE". Below the starburst are images of a laptop, a tablet, and a smartphone, all displaying the website's interface. A small circular logo with the word "Hale's" is also visible in the foreground.

# Sadržaj predavanja

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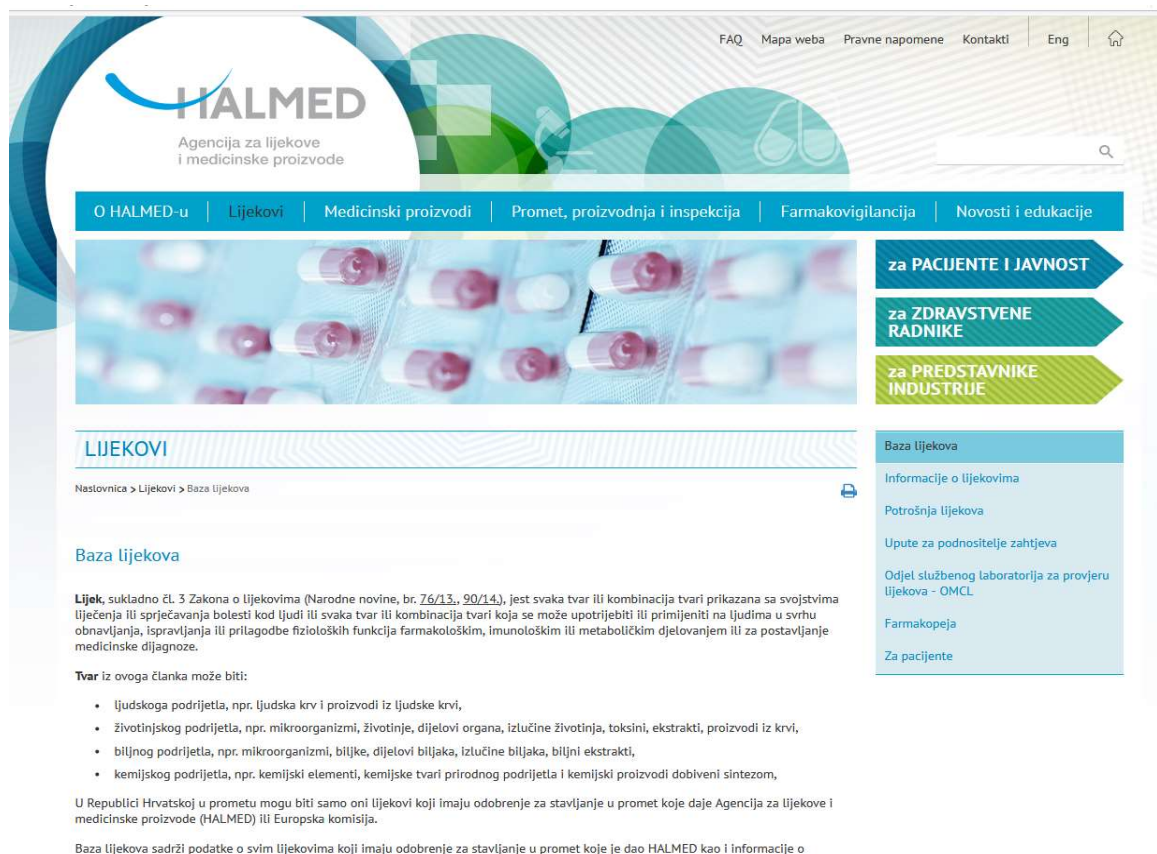
## 2. Pravila propisivanja lijekova dojiljama.

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# Sažetak opisa svojstva lijeka

- Summary of product characteristics (SmPC ili SPC) = Sažetak opisa svojstva lijeka.
- Patient Information Leaflet (PIL) = Uputa o lijeku.

# HALMED baza lijekova



HALMED  
Agencija za lijekove  
i medicinske proizvode

FAQ Mapa weba Pravne napomene Kontakti Eng

O HALMED-u | Lijekovi | Medicinski proizvodi | Promet, proizvodnja i inspekcija | Farmakovigilancija | Novosti i edukacije

za PACIJENTE I JAVNOST  
za ZDRAVSTVENE RADNIKE  
za PREDSTAVNIKE INDUSTRIJE

## LJEKOVIMA

Nastavnik > Lijekovi > Baza lijekova

### Baza lijekova

**Lijek**, sukladno čl. 3 Zakona o lijekovima (Narodne novine, br. 76/13, 90/14), jest svaka tvar ili kombinacija tvari prikazana sa svojstvima liječenja ili sprječavanja bolesti kod ljudi ili svaka tvar ili kombinacija tvari koja se može upotrijebiti ili primijeniti na ljudima u svrhu obavljanja, ispravljanja ili prilagodbe fizioloških funkcija farmakološkim, imunološkim ili metaboličkim djelovanjem ili za postavljanje medicinske dijagnoze.

**Tvar** iz ovoga članka može biti:

- ljudskoga podrijetla, npr. ljudska krv i proizvodi iz ljudske krvi,
- životinjskog podrijetla, npr. mikroorganizmi, životinje, dijelovi organa, izlučine životinja, toksini, ekstrakti, proizvodi iz krvi,
- biljnog podrijetla, npr. mikroorganizmi, biljke, dijelovi biljaka, izlučine biljaka, biljni ekstrakti,
- kemijskog podrijetla, npr. kemijski elementi, kemijske tvari prirodnog podrijetla i kemijski proizvodi dobiveni sintezom,


U Republici Hrvatskoj u promet mogu biti samo oni lijekovi koji imaju odobrenje za stavljanje u promet koje daje Agencija za lijekove i medicinske proizvode (HALMED) ili Europska komisija.

Baza lijekova sadrži podatke o svim lijekovima koji imaju odobrenje za stavljanje u promet koje je dao HALMED kao i informacije o

Baza lijekova

- Informacije o lijekovima
- Potrošnja lijekova
- Upute za podnositelje zahtjeva
- Odjel službenog laboratorija za provjeru lijekova - OMCL
- Farmakopeja
- Za pacijente

# HALMED baza lijekova

PRETRAŽITE BAZU LIJEKOVA 

Lijekovi na recept  Tradicionalni biljni lijekovi  
 Bezreceptni (OTC) lijekovi  Homeopatski lijekovi  
 Lijekovi odobreni centraliziranim postupkom  Lijekovi za liječenje rijetkih i teških bolesti

Naziv lijeka

Broj odobrenja

**Djelatna tvar**

Farmaceutski oblik

Proizvođač

Nositelj odobrenja

Datum rješenja  -

Rok rješenja  -   neograničen

Klasa

Urbroj

Sastav

Način izdavanja

Način propisivanja

Mjesto izdavanja

Način oglašavanja prema stanovništvu

ATK

Lijek je stavljen u promet u RH

Prema zadanom kriteriju pronađeno je ukupno 27 lijekova.

> [Spremi rezultate pretraživanja \[xls\]](#)

Naziv lijeka	Djelatna tvar	Datum rješenja
Aerinaze*	desloratadine / pseudophedrine sulphate	-
Aerius*	desloratadine	-
Alerdin 0,5 mg/ml oralna otopina	desloratadinum	26.04.2018.
Alerdin 2,5 mg raspadljive tablete za usta	desloratadinum	26.04.2018.
Alerdin 5 mg raspadljive tablete za usta	desloratadinum	26.04.2018.
Azomy*	desloratadine	-
Belodin 10 mg tablete	loratadinum	24.04.2017.
Belodin A 10 mg tablete (Belodin 10 mg tablete)	loratadinum	21.06.2013.
Claritine 1 mg/ml sirup	loratadinum	15.01.2016.
Claritine 10 mg tablete	loratadinum	15.01.2016.
Claritine Alergija 10 mg tablete	loratadinum	15.01.2016.
Contral 10 mg tablete	loratadinum	28.06.2018.
Dassetta*	desloratadine	-
Desloratadine Actavis*	desloratadine	-
Desloratadine ratiopharm*	desloratadine	-
Desloratadine Teva*	desloratadine	-
Deslordis 5 mg filmom obložene tablete**	desloratadinum	16.02.2015.
Escontral 0,5 mg/ml oralna otopina	desloratadinum	15.06.2018.
Escontral 5 mg filmom obložene tablete	desloratadinum	30.09.2015.
Escontral direkt 2,5 mg raspadljive tablete za usta	desloratadinum	30.03.2018.
Escontral direkt 5 mg raspadljive tablete za usta	desloratadinum	30.03.2018.

Proizvođač	Belupo Ijekovi i kozmetika d.d., Koprivnica, Republika Hrvatska
Nositelj odobrenja	Belupo Ijekovi i kozmetika d.d., Ulica Danica 5, Koprivnica
Datum rješenja	24.04.2017.
Rok rješenja	neograničen
Klasa	UP/I-530-09/16-02/108
Urbroj	381-12-01/70-17-05
Sastav	jedna tableta sadrži 10 mg loratadina
Način izdavanja	na recept
Način propisivanja	ponovljivi recept
Mjesto izdavanja	u ljekarni
Način oglašavanja prema stanovništvu	zabranjeno
ATK	R06AX13
Lijek je stavljen u promet u RH	Da
Sažetak opisa svojstava lijeka	<a href="#">preuzmi</a>
Uputa o lijeku	<a href="#">preuzmi</a>

[< POVRATAK](#)

# SPC Belodin A 10 mg tablete



PDF File

# SPC Belodin A 10 mg tablete

## 4.6. Plodnost, trudnoća i dojenje

### Trudnoća

Velika količina podataka o trudnicama (više od 1000 izloženih ishoda) ukazuju da loratadin ne uzrokuje malformacije niti ima toksičan učinak na fetus odnosno novorođenče. Ispitivanja na životinjama ne ukazuju na izravne ili neizravne štetne učinke s obzirom na reproduktivnu toksičnost (vidjeti dio 5.3.). Kao mjera opreza, bolje je izbjegavati primjenu loratadina tijekom trudnoće.

### Dojenje

Loratadin se izlučuje u majčino mlijeko, stoga se ne preporučuje primjena loratadina u dojilja.

Proizvođači imaju konzervativan pristup! Potražite još informacija (LactMed baza, InfantRisk Center, knjiga Hale)

# Sadržaj predavanja

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- **Ostalo.**

## 2. Pravila propisivanja lijekova dojiljama.

## 3. Što kad lijek ne ide uz dojenje?

# Academy of Breastfeeding Medicine Protocols

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## ABM Protocol

### ABM Clinical Protocol #15: Analgesia and Anesthesia for the Breastfeeding Mother, Revised 2017

Sarah Reece-Stremtan,<sup>1</sup> Matilde Campos,<sup>2</sup> Lauren Kokajko,<sup>1</sup> and The Academy of Breastfeeding Medicine

*A central goal of The Academy of Breastfeeding Medicine is the development of clinical protocols, free from commercial interest or influence, for managing common medical problems that may impact breastfeeding success. These protocols serve only as guidelines for the care of breastfeeding mothers and infants and do not delineate an exclusive course of treatment or serve as standards of medical care. Variations in treatment may be appropriate according to the needs of an individual patient.*

#### Background

THERE IS LITTLE RIGOROUS INFORMATION in the scientific literature about anesthesia or procedural sedation in breastfeeding mothers. Recommendations in this area typically focus on pharmacologic properties of anesthetic agents, limited studies of milk levels, and rare infant effects. In addition to medication concerns, additional perioperative considerations may impact a breastfeeding dyad's continued breastfeeding success when a mother undergoes anesthesia or sedation. Despite the lack of controlled studies regarding outcomes of breastfeeding in mothers receiving anesthesia, multiple review articles conclude that most mothers may safely breastfeed immediately following anesthesia.<sup>1-8</sup> (IV) (Quality of evidence [levels of evidence IA, IB, IIA, IIB, III, and IV] is based on levels of evidence used for the National Guidelines Clearing House and is noted in parentheses.)<sup>9</sup> Most recommendations for breastfeeding in the perioperative setting come from expert opinion rather than from extensive studies or trials. Up-to-date information on specific medications can be found on the United States National Library of Medicine

ing the amount of medication that passes into breast milk, the oral absorption of medication, the gestational and postpartum age of the child, and the potential for adverse effects on the breastfeeding infant.<sup>11</sup> Anesthetic agents cause little or no effects for older infants, but could potentially cause problems in neonates, particularly those who are preterm and/or suffer from preexisting apnea.

- Mothers with healthy term or older infants can generally resume breastfeeding as soon as they are awake, stable, and alert.<sup>1-8</sup> (IV) Resumption of normal menses is a hallmark that medications have redistributed from the plasma compartment (and thus generally the milk compartment) and entered adipose and muscle tissue where they are slowly released.
- Infants at risk for apnea, hypotension, or hypotonia may benefit from a brief interruption of breastfeeding (6-12 hours) after maternal anesthesia. In this situation, mothers can express and store her milk in small amounts to be used when the infant is older, or it can be mixed with fresh milk containing no medications to

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## ABM Protocol

### ABM Clinical Protocol #18: Use of Antidepressants in Breastfeeding Mothers

Natasha K. Sriraman,<sup>1</sup> Kathryn Melvin,<sup>2</sup>  
Samantha Meltzer-Brody,<sup>2,3</sup> and The Academy of Breastfeeding Medicine

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#### Background

POSTPARTUM DEPRESSION (PPD) (SOMETIMES referred to as pregnancy-related mood disorder) is one of the most common and serious postpartum conditions, affecting 10-20% of mothers within the first year of childbirth.<sup>1</sup> Studies have found that up to 50% of women with PPD are undiagnosed.<sup>2</sup> Risk factors include a prior history of depression (approximately 25-30% risk of recurrence),<sup>3,4</sup> including PPD, and depression during pregnancy. Other risk factors include recent stressful life events, lack of social support, unintended pregnancy,<sup>5</sup> and women who are economically stressed, disadvantaged, low income, or black.<sup>6</sup> Moreover, studies of economically disadvantaged families have shown that approximately 25% of women will have ongoing depressive symptoms that last well beyond the initial postpartum year.<sup>7</sup>

Treatment approaches include nonpharmacological therapies such as interpersonal psychotherapy or cognitive behavioral therapy, pharmacological therapies, or a combination of both. Antidepressant medications are one of the most commonly

based information recommendations for treatment of PPD in breastfeeding mothers.

#### Spectrum of disease

There has been controversy about whether PPD is a distinct entity. In the *Diagnostic and Statistical Manual of Mental Disorders*, 4th and 5th editions (DSM-IV and V, respectively), PPD is considered a subtype of major depression, and there is an associated specifier to denote onset in the postpartum period.<sup>8</sup> The newer DSM-V expanded the definition of PPD to include onset of symptoms during pregnancy through 4 weeks postpartum.<sup>9</sup> Diagnosis may be further complicated by other comorbid conditions, including anxiety and bipolar disorder. Postpartum mood disorders are common in the postpartum period but differ according to timing and severity of symptoms and encompass a wide range of disorders.<sup>2,3,10</sup>

"Postpartum blues" is a condition characterized by emotional changes, insomnia, appetite loss, and feelings of being overwhelmed that can affect 30-80% of women.<sup>7,8</sup> It is a

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## ABM Protocol

### ABM Clinical Protocol #28, Peripartum Analgesia and Anesthesia for the Breastfeeding Mother

Erin Martin,<sup>1</sup> Barbara Vickers,<sup>2</sup> Ruth Landau,<sup>3</sup>  
Sarah Reece-Stremtan,<sup>4</sup> and The Academy of Breastfeeding Medicine

*A central goal of The Academy of Breastfeeding Medicine is the development of clinical protocols, free from commercial interest or influence, for managing common medical problems that may impact breastfeeding success. These protocols serve only as guidelines for the care of breastfeeding mothers and infants and do not delineate an exclusive course of treatment or serve as standards of medical care. Variations in treatment may be appropriate according to the needs of an individual patient.*

#### Background

The World Health Organization recommends exclusive breastfeeding for 6 months followed by a continuation of breastfeeding with the introduction of complementary foods for 2 years or longer as mutually desired by mother and infant.<sup>1</sup> This recommendation is supported by a growing body of evidence for both the short- and long-term health benefits to infants and mothers.<sup>2</sup> Despite its large public health impact, the study of breastfeeding initiation and continuation beginning in the peripartum phase is methodologically complex, lacking in scientific rigor, and sparse. There are several external factors such as maternal intention to breastfeed, community traditions and support, level of education, maternal age, race, and social class that influence breastfeeding outcomes.<sup>3,4</sup> Many intrapartum interventions also have the potential to impact breastfeeding outcomes.<sup>5</sup> Oxytocin, endorphins, and adrenaline produced in response to the physiological pain of labor may play significant roles in maternal and neonatal responses to birth and early breastfeeding.<sup>6</sup> The use of pharmacologic and nonpharmacologic

peripartum analgesia and anesthesia for the breastfeeding mother and offer suggestions for future research. Quality of evidence (levels of evidence: IA, IIB, IIA, IIB, III, and IV) is based on levels of evidence used for the National Guidelines Clearinghouse and is noted in parentheses.<sup>7</sup> The first part of the protocol will discuss the use of analgesia during labor and anesthesia for operative deliveries, and the second half will discuss specific medications used for postpartum pain relief. Note that some medications will be mentioned in both situations as infant effects may be different with medication through placental transfer versus colostrum and milk intake.

#### Recommendations

##### Analgesia for labor pain

Women experience labor pain in different ways and have differing levels of pain tolerance. Labor pain may exceed a woman's ability to cope or be magnified by fear and anxiety. Suffering in labor may lead to dysfunctional labors, poorer

# American Academy of Pediatrics

American Academy of Pediatrics  
DEDICATED TO THE HEALTH OF ALL CHILDREN™



Guidance for the Clinician in  
Rendering Pediatric Care

CLINICAL REPORT

## The Transfer of Drugs and Therapeutics Into Human Breast Milk: An Update on Selected Topics

**abstract** FREE

Many mothers are inappropriately advised to discontinue breastfeeding or avoid taking essential medications because of fears of adverse effects on their infants. This cautious approach may be unnecessary in many cases, because only a small proportion of medications are contraindicated in breastfeeding mothers or associated with adverse effects on their infants. Information to inform physicians about the extent of excretion for a particular drug into human milk is needed but may not be available. Previous statements on this topic from the American Academy of Pediatrics provided physicians with data concerning the known excretion of specific medications into breast milk. More current and comprehensive information is now available on the Internet, as well as an application for mobile devices, at LactMed (<http://toxnet.nlm.nih.gov>). Therefore, with the exception of radioactive compounds requiring temporary cessation of breastfeeding, the reader will be referred to LactMed to obtain the most current data on an individual medication. This report discusses several topics of interest surrounding lactation, such as the use of psychotropic therapies, drugs to treat substance abuse, narcotics, galactagogues, and herbal products, as well as immunization of breastfeeding women. A discussion regarding the global implications of maternal medications and lactation in the developing world is beyond the scope of this report. The World Health Organization offers several programs and resources that address the importance of breastfeeding (see <http://www.who.int/topics/breastfeeding/en/>). *Pediatrics* 2013;132:e796–e809

**INTRODUCTION**

Hari Cheryl Sachs, MD, FAAP\* and COMMITTEE ON DRUGS

**KEY WORD**  
human milk

**ABBREVIATIONS**  
AAP—American Academy of Pediatrics  
FDA—Food and Drug Administration  
HBV—hepatitis B vaccine  
HPV—human papillomavirus vaccine  
NSAID—nonsteroidal antiinflammatory drug

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The guidance in this report does not indicate an exclusive course of treatment or serve as a standard of medical care. Variations, taking into account individual circumstances, may be appropriate.

\*The recommendations in this review are those of the authors and do not represent the views of the US Food and Drug Administration.

# American College of Radiology

The screenshot shows the American College of Radiology (ACR) website. At the top, there is a navigation bar with the ACR logo and the tagline "Committed to Science, Committed to You." Below this is a search bar and a menu with options like "Clinical Resources", "Advocacy and Economics", "Lifelong Learning and CME", "Member Resources", "Practice Management, Quality, Informatics", "Research", and "Log In". The main content area features the title "Manual on Contrast Media" with social sharing options (Share, Recommend, Bookmark). A text block states: "The premier resource for using contrast media in imaging has been updated. Included in v10.3 of the Manual on Contrast Media: Updated chapters: Safe Injection of Contrast Media, Extravasation of Contrast Media. New: Contrast Reaction Card now available for download below." To the right is a book cover for "ACR Manual On Contrast Media Version 10.3 2018 ACR Committee on Drugs and Contrast Media". At the bottom, there are two buttons: "Download Your Copy of the Contrast Manual Today" and "View and Download PDF".

Manual on Contrast Media

Share Recommend Bookmark

The premier resource for using contrast media in imaging has been updated. Included in v10.3 of the Manual on Contrast Media:

Updated chapters:

- Safe Injection of Contrast Media
- Extravasation of Contrast Media

New: **Contrast Reaction Card** now available for download below.

Download Your Copy of the Contrast Manual Today »

View and Download PDF

# Cjepiva i dojenje – Center for Disease Control and Prevention (CDC)

The screenshot shows the CDC website page for 'Vaccinations' under the 'Breastfeeding and Special Circumstances' section. The page title is 'Vaccinations' and the main heading is 'Vaccination Safety for Breastfeeding Mothers'. The content discusses the importance of vaccinations for both maternal and child health, referencing the Advisory Committee on Immunization Practices (ACIP) and their guidelines. It mentions that live viruses in vaccines can replicate in the mother, but inactivated, recombinant, subunit, polysaccharide, and conjugate vaccines, as well as toxoids, pose no risk for mothers who are breastfeeding or for their infants. It also notes that breastfeeding is a contraindication for smallpox vaccination of the mother due to the theoretical risk of contact transmission. A reference is provided at the bottom of the page.

**Vaccinations**

## Vaccination Safety for Breastfeeding Mothers

Vaccinations are important to both maternal and child health. The [Advisory Committee on Immunization Practices \(ACIP\)](#) develops recommendations on how to use vaccines to control disease in the United States. [ACIP Vaccine Recommendations and Guidelines](#) include the age(s) when the vaccines should be given, the number of doses needed, the amount of time between doses, and precautions and contraindications.

According to the [ACIP's General Best Practice Guidelines for Immunization in Special Situations](#), except for smallpox and yellow fever vaccines, neither inactivated nor live-virus vaccines administered to a lactating woman affect the safety of breastfeeding for women or their infants. Although live viruses in vaccines can replicate in the mother, the majority of live viruses in vaccines have been demonstrated not to be excreted in human milk. Inactivated, recombinant, subunit, polysaccharide, and conjugate vaccines, as well as toxoids, pose no risk for mothers who are breastfeeding or for their infants.

Breastfeeding is a contraindication for smallpox vaccination of the mother because of the theoretical risk for contact transmission from mother to infant. Two serious adverse events have been reported in exclusively breastfed infants whose mothers were vaccinated with Yellow Fever vaccine. Until more information is available, Yellow Fever vaccine should be avoided in breastfeeding women. However, when travel of nursing mothers to a Yellow Fever endemic area cannot be avoided or postponed, these women should be vaccinated.<sup>1</sup>

1. Staples JE, Gershman M, Fischer M. [Yellow fever vaccine: recommendations of the Advisory Committee on Immunization Practices \(ACIP\)](#). *MMWR Recomm Rep*. 2010;59(RR-7):1-27.

**Vaccination Safety for Use in Lactation**

# Sadržaj predavanja

## 1. Izvori informacija o dojenju i lijekovima:

- LactMed baza.
- Infant Risk baza.
- Knjiga Hale's Medications and Mother's Milk.
- Sažetak opisa svojstva lijeka.
- Ostalo.

## 2. **Pravila propisivanja lijekova dojiljama.**

## 3. Što kad lijek ne ide uz dojenje?

# Dr Hale Key points about breastfeeding and medications:

- **Većina lijekova je sigurna** za vrijeme dojenja. Opasnosti od korištenja formule su dobro poznate i opisane.
- Treba **izbjeći nepotrebnu** primjenu lijekova (biljni pripravci, vitamini, neobični suplementi...).
- Ako je RID (**Relative Infant Dose**) **manji od 10%**, lijek je vjerojatno siguran.
- Birati lijek o kojem ima podataka, **izbjeći nove** lijekove.
- Procijeniti dojenče prije primjene lijeka – oprez sa **prematurosima i neonatusima**.
- U **prva 3 do 4 dana života**, lijekovi uglavnom postižu **subkliničke razine** u dojenčetu jer je količina mlijeka mala.
- Majke s depresijom ili drugim mentalnim oboljenjima trebaju liječenje. **Većina lijekova za depresiju je sigurna** u vrijeme dojenja.
- Kod primjene nekih lijekova, prekid dojenja na par sati ili dana će biti potreban (npr. radioaktivne tvari i onkološki lijekovi). **Ako je lijek opasan za mamu**, vjerojatno je opasan i za dijete.
- Birati lijekove sa **kratkim polu-životom**, koji se **jako vežu na proteine**, s niskom oralnom **bioavailability** ili velikom **molekularnom težinom**.

# American Academy of Pediatrics:

- Dob dojenčeta je važan faktor u odlučivanju.
- Nuspojave povezane sa izlaganjem lijeku putem majčinog mlijeka su najčešće u dobi **do 2 mjeseca** i rijetke su u dojenčadi starije od 6 mjeseci.

Pri propisivanju lijeka dojilji, treba paziti na:

- Je li lijek siguran za dijete, ali i
- kako utječe na laktaciju.
- Treba imati na umu mijenja li lijek okus mlijeka.

# Zašto je bitno kako lijek utječe na laktaciju?



Preuzeto sa: [ibconline.ca](http://ibconline.ca)

Insuficient Glandular Tissue (IGT, hipoplazija dojke).  
Lactation aid.  
Supplemental Nursing System (SNS, set za relaktaciju).  
Tripple feeding.



Preuzeto sa: [nursingangel.com.au](http://nursingangel.com.au)

**OPREZ:** kontracepcija koja sadrži estrogen,  
antihistaminici, pseudoefedrin – moguć  
utjecaj na laktaciju.

# Lijekovi koji mijenjaju okus mlijeka

- Npr. azitromicin, eritromicin, klaritromicin, klindamicin, doksiciklin, ciprofloksacin, metronidazol, neki ACE inhibitori, neki beta-blokatori.
- Mogu biti sigurni za primjenu, ali ako majka prijavi štrajk dojenja po uvođenju lijeka, treba posumnjati na promijenjen okus mlijeka.

# Sadržaj predavanja

## 1. Izvori informacija o dojenju i lijekovima:

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- Ostalo.

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## 3. Što kad lijek ne ide uz dojenje?

## Prekid dojenja?

- „*Drugs contraindicated during breastfeeding include **anticancer drugs, lithium, oral retinoids, iodine, amiodarone and gold salts.***”

# Priča s Facebooka



**Nikki Heying**  
February 13

6 weeks old on the left, 30 weeks old on the right. It's been 6 months. Six months since I was allowed to breastfeed my son. Six months of a hard battle against CANCER, getting poisoned with chemo that tainted my breastmilk and prevented me from nursing my infant son. Six months of pumping every few hours and dumping every single ounce of it all down the drain, just so I could keep my supply up, in hopes of eventually being allowed to nurse my baby again. Six months of having a dear, sweet, generous friend (Bec Nikodem) come to my house 1-2 times a week to latch my son, just so he would remember HOW to breastfeed again when I was able. Well, here we are, I had my last chemo session in January and it's been 35 days post-chemo. My breastmilk no longer contains any remnants of chemo in it, and last night I was able to BREASTFEED MY SON AGAIN!!!! It's been a long road, but I wanted to share my journey publicly in hopes that it can be shared and might inspire others in some small way. 🍀 God is GOOD. The power of prayer is REAL. 🍀

#normalizebreastfeeding #cancer #breastfeeding

\*\*Photo credit for image on the left: @RHusbandsPhotography \*\* Rita Husbands

Majka se za vrijeme kemoterapije zbog Ca dojke, izdajala i bacala mlijeko. Nakon 6 mjeseci kemoterapije i mjesec dana nakon zadnje doze, nastavila je dojiti dijete.

Prekid dojenja je relativna stvar.

Što kad je potreban prekid dojenja? Koja pitanja se mami vrte po glavi?

- Koliko TOČNO sati/dana/tjedana se ne smije dojiti?
- Kako i čime nahraniti dijete za to vrijeme?
- Kako održati laktaciju?
- Kako spriječiti razvoj mastitisa?
- Što ako se ne mogu izdojiti?

Koliko TOČNO sati/dana/tjedana se ne smije dojiti?

- Knjiga Hale!
- Savjetuje točno koliko dana je bolje ne dojiti.

# Čime hraniti dijete za to vrijeme?

- Do godine dana, osnovna hrana je majčino mlijeko ili adaptirano mlijeko.
- WHO: prva zamjena za majčino mlijeko je mlijeko druge žene, druga adaptirano mlijeko.
- Koje adaptirano mlijeko? Odluka pedijatra.
- Roditelji moraju dobiti upute o ispravnoj pripremi adaptiranog mlijeka – velik broj roditelja ne čita upute!

# KAKO nahraniti dijete?

- Poželjno izbjeći bočicu.
- Ne postoji bočica slična dojci!
- Šprica, žličica, čaša.
- Ako bočica, onda **paced bottle feeding**. Pogledajte Youtube video „the Milk Mob paced bottle feeding”.

Izvori: Geddes, Donna T., et al. “*Tongue movement and intra-oral vacuum in breastfeeding infants.*” *Early human development* 84.7 (2008): 471-477.

Geddes, Donna T., et al. “*Tongue movement and intra-oral vacuum of term infants during breastfeeding and feeding from an experimental teat that released milk under vacuum only.*” *Early human development* 88.6 (2012): 443-449.

Collins CT, Gillis J, McPhee AJ, Suganuma H, Makrides *Avoidance of bottles during the establishment of breast feeds in preterm infants.* *Cochrane Database of Systematic Reviews* 2016, Issue 10. Art. No.: CD005252. DOI: 10.1002/14651858.CD005252.pub4.

# Alternativni načini hranjenja



Preuzeto sa <https://sg.theasianparent.com/alternative-cup-feeding>



Preuzeto sa <https://parenting.firstcry.com/articles/feeding-baby-with-syringe-how-to-and-precautionary-tips/>

# Kako održati laktaciju?

- Izdajanjem:
  - Ručno.
  - Izdajalicom – ručna ili električna.



<https://www.youtube.com/watch?v=F3ZCT6IY10s>



Preuzeto sa 123rf.com



Preuzeto sa mother.ly

## Izdajanje:

- Vremenski naporno: svaka 2-3 sata po 20ak min.
- Održavanje izdajalice i posuđa (pranje).
- Potrebno je vrijeme da se savlada tehnika.
- Oštećenja bradavica uslijed nepravilne tehnike.
- Može dovesti do smanjenja zalihe mlijeka (u odnosu na dojenje ako je već uspostavljeno).
- Financijski trošak.
- **Lactonline – blog Mamica Kravica – praktični savjeti o izdajanju.**

# Mastitis



Preuzeto sa: MayoClinic.org

## Simptomi:

- Kvruga.
- Bol.
- Toplina.
- Opći simptomi – poput gripe – temperatura do 40, slabost.

## Th:

- Topli oblozi, masaža, dojenje/izdajanje, hladni oblozi.
- Ako ne prolazi u roku 24-48 h – antibiotici.

Izvor: Core curriculum for Interdisciplinary Lactation Care, 2019.

# Što ako se ne mogu izdojiti?

- Što ako se majka ne može izdojiti, a želi održati laktaciju??

# Trajni prekid dojenja

- Imajte na umu: Uspostava i prekid dojenja su procesi koji traju, ne dogode se od danas do sutra.
- Poželjan je prirodan prekid dojenja (bez lijekova za ablaktaciju):
  - Izdavanje samo da popusti pritisak.
  - Hladni oblozi.
- Kabergolin - *indiciran za inhibiciju fiziološke laktacije ubrzo nakon poroda te za supresiju uspostavljene laktacije:*
  1. *Ako je dojenje kontraindicirano iz **medicinskih razloga** povezanih s majkom ili novorođencetom.*
  2. *Nakon mrtvorodenja ili pobačaja.*

# Kabergolin – oprez!

Tijekom liječenja lijekom **DOSTINEX** primijećene su i prijavljene sljedeće nuspojave, uz učestalost kategoriziranu kao vrlo često ( $\geq 1/10$ ); često ( $\geq 1/100$  i  $< 1/10$ ); manje često ( $\geq 1/1000$  i  $< 1/100$ ); rijetko ( $\geq 1/10\ 000$  i  $< 1/1000$ ); vrlo rijetko ( $< 1/10\ 000$ ); nepoznato (ne može se procijeniti iz dostupnih podataka).

MedDRA klasifikacija organskih sustava	Učestalost	Nuspojave
Srčani poremećaji	vrlo često	srčana valvulopatija (uključujući regurgitaciju) i povezani poremećaji (perikarditis i perikardijalni izljev)
	nepoznato	angina pectoris
Poremećaji dišnog sustava, prsišta i sredoprsja	manje često	dispneja, pleuralni izljev, fibroza (uključujući plućnu fibrozu), epistaksa
	vrlo rijetko	pleuralna fibroza
	nepoznato	poremećaj disanja, zatajenje dišnog sustava, pleuritis, bol u prsištu
Poremećaji imunološkog sustava	nepoznato	reakcije preosjetljivosti
Poremećaji živčanog sustava	vrlo često	glavobolja, omaglica/vrtoglavica
	često	somnolencija
	manje često	prolazna hemianopsija, sinkopa, parestezija
	nepoznato	iznenadne epizode spavanja, tremor
Poremećaji oka	nepoznato	poremećen vid
	često	depresija
Psihijatrijski poremećaj	manje često	povećan libido
	nepoznato	agresivnost, deluzije, hiperseksualnost, patološko kockanje, psihotični poremećaj, halucinacije
	često	DOSTINEX u načelu ima hipotenzivan učinak u dugotrajno liječenih bolesnika; posturalna hipotenzija, navale vrućine**
Krvožilni poremećaji	manje često	vazospazam u prstima, nesvjestica
	vrlo često	mučnina, dispepsija, gastritis, bol u abdomenu
Poremećaji probavnog sustava	često	konstipacija, povraćanje
	rijetko	bol u epigastriju
	vrlo često	astenija, umor
Opći poremećaji i poremećaji na mjestu primjene	manje često	edem, periferni edem
Poremećaji jetre i žuči	nepoznato	poremećaj jetrene funkcije
Poremećaji kože i potkožnog tkiva	manje često	osip, alopecija
Poremećaji mišićno-koštanog sustava i	manje često	grčevi u nogama

Izvor: Dostinex 0.5 mg tablete SmPC:  
<http://new.halmed.hr/Lijekovi/Baza-lijekova/Dostinex-05-mg-tablete/13881/>

# Bromergon

- Iz SmPC-a Bromergon 25 mg tablete:
- *„Bromokriptin se ne preporučuje za rutinsku supresiju laktacije ili za olakšavanje simptoma poslijeporođajne boli i prepunjenosti dojki koji se mogu primjereno liječiti nefarmakološkom intervencijom (kao što su čvrsta potpora grudi, primjena leda) i/ili jednostavnim analgeticima.”*

# Za sva pitanja vezano za dojenje - uputite majku dalje

- **Laktacijska ambulanta DZ Baruna Filipovića u Zagrebu**- ambulantu vodi IBCLC savjetnica, radno vrijeme utorak i četvrtak 15-19 h, prethodno nazvati na 01/3780444 ili poslati mail na savjetovaliste.dojenje@dzz-zapad.hr
- **Laktacijska ambulanta KB Sv.Duh u Zagrebu** – radno vrijeme utorak, srijeda, četvrtak 11-13 h, predbilježbe na telefon: 01/3712316 od 13 do 14 h
- **Popis IBCLC savjetnica iz Hrvatske** – <http://www.husd.hr/mame/pronadite-savjetnicu-za-dojenje>, neke savjetnice rade privatno.
- **RODIN SOS TELEFON ZA DOJENJE** – udruga Roditelji u akciji – savjetuju putem telefona 0912277220 i 01 61177520, radnim danom (i praznicima koji padaju na inače radni dan) od 17 do 20 h, vikendom od 15 do 20 h, putem maila [dojenje@roda.hr](mailto:dojenje@roda.hr) i Rodine SOS grupe za dojenje na Facebooku.
- **Grupe za potporu dojenju, Hrvatska** – popis grupa <http://hugpd.hr/o-nama/popis-grupa-za-potporu-dojenja/> – svaku grupu vodi patronažna sestra – grupe su mjesta gdje se mame fizički sastaju i dijele probleme i brige vezane uz dojenje (i svašta drugo), neke grupe s popisa nažalost nisu aktivne, iako su na popisu.
- **Lactonline** – online savjetovanje i edukacija o dojenju

**Ne savjetuju o lijekovima!!**

# Why even bother?

- Dojenje nije najbolje i najprirodnije, dojenje je standard, normala, dakle dobro i prirodno, sve drugo je ISPOD toga.
- Nedojenje ugrožava i majku i dijete.
- WHO preporučuje dojenje BAREM 2 godine, a ako majka i dijete žele, i DUŽE.
- Dojenje je prestalo biti kulturološka norma. Zdravstveni sustav je jedan od ključnih stakeholdera u pokušaju vraćanja dojenja kao kulturološke norme.
- *Plan i program mjera zdravstvene zaštite iz obveznog zdravstvenog osiguranja.*

# Take-home message

- Budimo obzirni prema dojiljama.
- Poštujemo želje majke kad god situacija dozvoljava.
- Većina često korištenih lijekova je kompatibilna s dojenjem.
- Farmakoterapija depresije nije automatski razlog za prekid dojenja.
- Nešto što se nama čini kao jednostavan i siguran savjet „prekinite dojenje na par dana“, za majku i dijete nije ni jednostavno ni sigurno.
- LactMed baza – besplatna, jednostavna, pouzdana.
- Ostali izvori: InfantRisk Center, knjiga Hale's Medications in Mother's Milk, preporuke stručnih društava.

# Reference i linkovi

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- <http://new.halmed.hr/Lijekovi/Baza-lijekova/>
- <https://www.bfmed.org/protocols>
- <https://www.aap.org/en-us/Pages/Breastfeeding-and-Medication.aspx>
- <https://www.acr.org/Clinical-Resources/Contrast-Manual>
- Hotham N., Hotham E. Drugs in breastfeeding. Aust Prescr. 2015 Oct; 38(5): 156–9.
- [https://narodne-novine.nn.hr/clanci/sluzbeni/2006\\_11\\_126\\_2779.html](https://narodne-novine.nn.hr/clanci/sluzbeni/2006_11_126_2779.html)
- Watch Your Language By Diane Wiessinger, MS, IBCLC  
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- WHO and UNICEF. [Global Strategy for Infant and Young Child Feeding](#). 2003.