

Lithium and breastfeeding women: new approach at the Royal Women's Hospital, Melbourne

Objective/Background: The majority of medicines are compatible with breastfeeding, although until recently lithium (used in bipolar disorder treatment) was considered to be contraindicated for lactating women because of its narrow therapeutic range and toxicity potential. Toxic effects include gastrointestinal pain, diarrhoea, tremor and lethargy.¹ Lithium passes into breast milk at higher concentrations than most medicines and has a long half-life (14-24 hours). Infants eliminate lithium more slowly than adults and long-term effects on breastfed infants are unknown.

However, recent guidelines consider the possibility of supporting mothers on lithium treatment to breastfeed with close infant/maternal monitoring.^{2 3}

Method: At the Royal Women's Hospital, a team comprising a lactation consultant, breastfeeding medicine doctor, pharmacist, psychiatrist and neonatal paediatrician have reviewed the literature and developed a Clinical Guideline for the management of breastfeeding women taking lithium. A small number of women have been successfully managed by the team in recent years.

Results: We will present the Clinical Guideline which explains how eligible pregnant women being treated with lithium are identified during pregnancy, antenatal advice provided, and in-hospital postnatal breastfeeding management and early follow up care is organised. Recent case studies will be discussed.

Conclusion/Discussion: Our multidisciplinary team has developed a pathway for women who are being treated with lithium to initiate breastfeeding. All feeding options and the known implications of each are discussed with the woman to facilitate shared informed decision-making.

Keywords: breastfeeding, bipolar disorder, medication

References

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