



The thyroid is also known as the "butterfly gland"

PIC QUESTION OF THE WEEK: 2/01/10

Q: What is the safety of thyroid medications during breastfeeding?

A: Thyroid dysfunction is seen in five to ten percent of post-partum women and can be especially significant in the breastfeeding mother because thyroid hormones facilitate the regulation of prolactin and oxytocin, key factors in the process of lactation. Studies evaluating the effect of thyroid disease on breastfeeding are limited; however, it is generally recognized that hypothyroidism has an increased potential to interfere with milk production. The effects of hyperthyroidism during breastfeeding remain unclear. During pregnancy, untreated hypothyroidism can result in pregnancy-induced hypertension as well as pre-term delivery. It can subsequently lead to a reduction in circulating levels of oxytocin resulting in delayed lactation and decreased milk supply. First-line treatment for hypothyroidism is thyroid hormone replacement, specifically levothyroxine (Synthroid, etc.). Minimal amounts of levothyroxine transfer into breast milk and are considered insufficient to either adversely affect the breastfeeding infant or adequately supplement the hypothyroid child. The use of thyroid replacement medications can be beneficial in hypothyroid mothers because they also improve milk production. The American Academy of Pediatrics (AAP) considers levothyroxine to be *usually compatible* with breastfeeding (AAP Guideline – 2001). The AAP also lists liothyronine (Cytomel, etc.) as *usually compatible* with lactation; however, this hormone passes more readily into milk than levothyroxine. Hyperthyroidism, while less common during pregnancy and in lactating mothers, can be safely treated with anti-thyroid medications. Propylthiouracil (PTU) is the agent of choice in mothers who are *breastfeeding* because the drug is excreted into breast milk in insignificant amounts. Methimazole (Tapazole) is also an acceptable alternative. Both drugs are considered *usually compatible* during breastfeeding. In summary, medications used for the treatment of both hypo- and hyperthyroidism are considered safe and there is no need to discontinue breastfeeding in mothers who are being treated for either condition.

References

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