

Table 5.2 Acute headache medications during lactation

Medication	Dosage	Comments
<i>Compatible with breastfeeding</i>		
Acetaminophen (Tylenol)	325–650 mg PO QID Liquid & PR available	Do not exceed 3.5 g daily
Ibuprofen (Motrin)	400 mg PO TID-QID Liquid available	Take with food
Intranasal lidocaine	4% compounded solution. 0.5–1 mL. May repeat once.	Best studied for cluster headache. May help about half with migraine.
Prednisone	80 mg PO initially, reduced by 20 mg each day for 4 days Or 20 mg twice daily for 5 days	Treatment of status migrainosus (severe migraine persisting >72 hours). Take with food. Wait at least 4 hours to breastfeed to minimize baby's exposure.
Sumatriptan (Imitrex)	25–100 mg PO	Only triptan with adequate data available to determine safety with nursing. No need to pump and discard milk.
<i>Compatible with breastfeeding, use caution*</i>		
Aspirin	650 mg PO	Monitor for hemolysis, increased bleeding, and metabolic acidosis
Butorphanol (Stadol)	Nasal spray or injection for severe, recalcitrant headaches. Monitor for overuse.	Monitor for apnea, bradycardia, and cyanosis. Generally not recommended: high risk for misuse/abuse
Caffeine	100 mg PO added to analgesic	Monitor for irritability and poor sleep. Effects may be prolonged.
Codeine	15–30 mg PO	May result in elevated morphine levels. Monitor for apnea, bradycardia, and cyanosis. Single dose likely safe.
Morphine (MSIR)	10–30 mg PO/PR	Monitor for apnea, bradycardia, and cyanosis. Single dose likely safe.
Naproxen (Naprosyn, Aleve)	250–500 mg PO	Although no known effects, less safety documentation available than for ibuprofen
Ondansetron (Zofran)	4–8 mg PO BID Liquid and ODT available	Excreted in rodent breast milk; human breast milk concentrations not studied. Preferred anti-emetic during nursing.
Topical peppermint oil	10% peppermint oil in ethanol applied to the forehead	Do not use near babies' or children's faces; can cause serious bucco- oral and bronchial spasms

Table 5.2 (continued)

Medication	Dosage	Comments
<i>Avoid if possible</i>		
Ergotamine (Cafergot, Wigraine)	Not recommended	Monitor for infant ergotism
Metoclopramide (Reglan)	Not recommended	Insufficient data, but possible neural developmental effects
Promethazine (Phenergan)	Not recommended	Black box warning for pediatric use. Manufacturer does not recommend when nursing.
<i>Insufficient data to permit recommendation</i>		
Meclizine (Antivert, Dramamine)	Insufficient data for recommendation	Excretion into human milk unknown. Effects with nursing inadequately studied.
Prochlorperazine (Compazine)	Insufficient data for recommendation	Excreted into human milk. Effects with nursing inadequately studied.

*Avoid repeat dosing and monitor infant for side effects.

BID = twice daily, ODT = orally disintegrating tablet, PO = by mouth, PR = rectal, QID = four times daily, TID = three times daily

All drugs should be used as needed, with regular use limited to a maximum of 2 days per week.