

From Christchurch Hospital Medicines Information Service, which has a specialty interest in drugs in lactation, the following response was obtained.

"Selective serotonin reuptake inhibitors (SSRIs) transfer into breast milk to varying extents.

**Paroxetine** is reported to have the lowest transfer into breast milk (weight-adjusted infant dose 1-3%).

**Fluoxetine** transfers to a greater extent (weight-adjusted infant dose  $\approx$  14%) and its active metabolite,

**norfluoxetine**, has a long half-life of one to two weeks and may accumulate in a breastfed infant.

Data on **citalopram** (weight-adjusted infant dose approximately 5%) suggest that the relative infant dose of citalopram is intermediate between paroxetine and fluoxetine.

Based on these data, paroxetine is the preferred SSRI in breastfeeding women.

Most tricyclic antidepressants are considered to be compatible with breastfeeding due to low transfer into breast milk and this is supported by extensive usage data.

Moclobemide has low-transfer into breast milk and is considered compatible with breast feeding."

A check of recent literature in the last five years indicates that there is no change in this view. *Paroxetine of the SSRIs and nortriptyline of the TCAs would be the preferred medicines.*

Standard monitoring of the infant for irritability, drowsiness or gastro intestinal upset is recommended. There may be a theoretical advantage in using the nortriptyline at night to avoid a 'peak' serum concentration around the time of feeding, but this is unlikely to be clinically significant.