

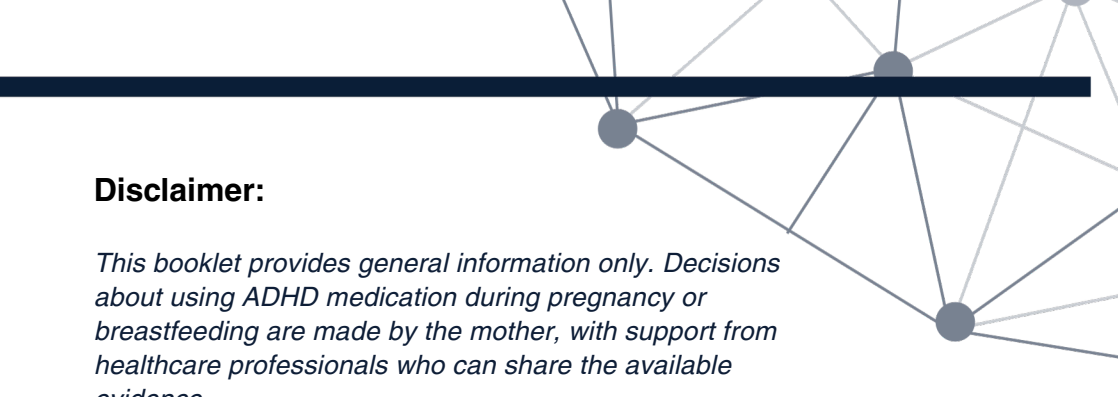
OPTIMISE
Healthcare Group



Pregnancy and Breastfeeding

Patient Information





Disclaimer:

This booklet provides general information only. Decisions about using ADHD medication during pregnancy or breastfeeding are made by the mother, with support from healthcare professionals who can share the available evidence.

This booklet provides clear, evidence-based information about the use of ADHD medications while breastfeeding (and during pregnancy). It is designed to help you make informed decisions that consider both your mental health and your baby's wellbeing.

The information included here is intended as a general guide and does not cover every possible situation. It should not replace medical advice.

ADHD Medication & Breastfeeding

Stimulant medications: Small amounts may pass into breast milk. While research on infant effects is limited, these medications are generally considered low-risk when used at low doses.

Non-stimulant medications: There is less information available, but in some cases these may be preferred depending on your individual situation.

If you are breastfeeding while taking ADHD medication, your baby should be monitored for any changes such as irritability, sleep difficulties, feeding or weight problems.

Some information in this booklet is based on guidance from the Breastfeeding Network (www.breastfeedingnetwork.org.uk)

Medications & Breastfeeding

Types of ADHD Medication

Methylphenidate

Methylphenidate is generally considered the stimulant medication of choice for people with ADHD who are pregnant or breastfeeding. It is well-tolerated and often used as a first-line treatment because it has good evidence for safety and effectiveness, is cost-effective, and comes in a range of formulations that last for different lengths of time.



Breastfeeding & Safety

Available evidence shows that only very small amounts of methylphenidate pass into breast milk, and no harmful effects have been reported in babies exposed to it through breastfeeding.

As a precaution, monitor your baby for:

- Irritability or restlessness
- Poor sleep
- Changes in feeding patterns
- Adequate weight gain
- Weight loss

Starting methylphenidate after your milk supply is well established is unlikely to effect milk production. Whenever possible, use the lowest effective dose to manage your symptoms.

Types of Methylphenidate

Methylphenidate is available in several forms with different durations of action.

- Immediate-release (IR) tablets – such as Methylphenidate Tablets, Medikinet®, Ritalin® or Tranquilyn®. These last about 4 hours and are taken 2–3 times daily.
- Modified-release (MR) preparations – include 8-hour capsules (Equasym XL®, Medikinet XL®, Meflynate XL®, Metyrol XL®, Focusim XL®) and 12-hour tablets (Affenid XL®, Concerta XL®, Delmosart®, Matoride XL®, Xaggitin XL®, Xenidate XL®).

Dexamfetamine

Dexamfetamine is a stimulant medication usually taken once or twice a day—typically in the morning and, if needed, at lunchtime. Each dose works for around 4–6 hours.

There is limited research on the use of dexamfetamine while breastfeeding, so its effects are not well studied. Like methylphenidate, dexamfetamine affects dopamine activity in the brain. High doses may reduce milk supply, especially if breastfeeding is not yet well established.

If you take dexamfetamine while breastfeeding, monitor your baby for irritability, poor sleep, feeding difficulties, and steady weight gain/weight loss.

You do not need to stop breastfeeding if dexamfetamine is needed to manage your ADHD, but it should be used with caution and at the lowest effective dose.

Methylphenidate may be preferred as the first option, particularly if your baby is very young (under 6–8 weeks old) or you are exclusively breastfeeding.

Lisdexamfetmine

Lisdexamfetamine is a type of ADHD medication known as a “prodrug” of dexamfetamine. This means it is taken in an inactive form and then converted by the body’s blood cells into the active medicine, dexamfetamine.

Because this conversion happens gradually, lisdexamfetamine provides a long-lasting effect - usually up to 13 hours.

This is different from other long-acting medications, which work more slowly because of how the tablet or capsule releases the medicine in the stomach.



Atomoxetine

Atomoxetine may be considered for adults who cannot tolerate or do not respond well to first-line ADHD medications.

It works differently from stimulant medications by increasing noradrenaline levels in the brain.

How atomoxetine is processed by the body can vary between individuals. This means the amount that passes into breast milk could be higher for some people, potentially causing drowsiness in both parent and child. Because drowsiness can affect the safety of bed sharing, extra caution is advised.

There is no published information on atomoxetine use during breastfeeding. Extra care is recommended if your baby is newborn, premature, or primarily breastfed.

Atomoxetine is not a reason to stop breastfeeding, especially if your baby is older than 6–12 months. Monitor your child for irritability, excessive sleepiness, feeding difficulties, and healthy weight gain/weight loss.

Guanfacine

Guanfacine is considered a last-line treatment for ADHD. It is usually only recommended if other options are not suitable, or if it has been used successfully in childhood and continued into adulthood under specialist supervision.

Guanfacine works differently from other ADHD medications. It calms the sympathetic nervous system, which controls the body's "fight or flight" response. By lowering heart rate, relaxing blood vessels, and reducing blood pressure, it may help improve ADHD symptoms by reducing overall brain arousal, although the exact mechanism is not fully understood.

There is no published information on guanfacine use during breastfeeding. Its properties suggest it could pass into breast milk, so it cannot be assumed to be compatible with breastfeeding.

Medications & Pregnancy

Whether to continue or stop ADHD medication during pregnancy depends on your individual situation. Deciding whether to continue or stop ADHD medication during pregnancy or breastfeeding is a risk–benefit decision. It involves weighing the potential benefits to your mental health and daily functioning against the possible risks to your baby.

Your healthcare team can provide information and guidance, but the final decision rests with you.

Stopping ADHD medication

Reasons you might consider stopping temporarily or permanently include:

- Mild ADHD symptoms that can be managed without medication.
- Early pregnancy (first trimester), when the baby's organs are developing and medication exposure may carry higher risk.
- Situations where the potential risks to the baby are thought to outweigh the benefits to the parent.

Continuing ADHD medication

You may choose to continue medication if:

- ADHD symptoms are severe, affecting daily life, increasing the risk of accidents, or worsening your mental health.
- You have a history of depression, anxiety, or substance use that is linked to your ADHD.

Stimulant Medications

Methylphenidate

Methylphenidate (Immediate and Prolonged Release – Medikinet XL®, Concerta XL®, Equasym XL®, Xaggitin XL®)

Information from BUMPS (Best Use of Medicines in Pregnancy):
www.medicinesinpregnancy.org

Some studies suggest a slightly increased risk of miscarriage or certain heart defects in babies when methylphenidate is used in early pregnancy.

However, most babies exposed to methylphenidate do not have birth defects. It is not clear whether the small risks are due to the medication itself or other factors.

Methylphenidate and similar drugs have also been linked to slower growth in the womb, possibly due to effects on placental blood flow.

If taken in the weeks before delivery, methylphenidate can sometimes cause short-term withdrawal symptoms in the newborn, such as jitteriness, sleep difficulties, or breathing problems. Babies may be monitored after birth for these symptoms.

Dexamfetamine

Information from BUMPS (Best Use of Medicines in Pregnancy):
www.medicinesinpregnancy.org

Therapeutic amphetamine use in pregnancy is not known to cause birth defects. However, use later in pregnancy may slow the baby's growth in the womb, possibly by affecting blood flow through the placenta.

Amphetamines work on the brain and may cause short-term withdrawal symptoms in the newborn if taken in the weeks before birth. Your baby may need to be monitored after delivery for signs such as jitteriness, sleep difficulties, breathing issues, or feeding problems.

Non-Stimulant Medications

Guanfacine

Information from MotherToBaby: www.mothersandchildren.org

Guanfacine has not been well studied in pregnancy. A small study of 30 pregnancies exposed to guanfacine did not find any birth defects. Animal studies also did not suggest an increased risk of birth defects.

Atomoxetine

Information from BUMPS (Best Use of Medicines in Pregnancy):
www.medicinesinpregnancy.org

Atomoxetine use in pregnancy is not thought to cause birth defects, though ongoing research is needed to confirm this.

Because atomoxetine works on the brain, it may cause short-term withdrawal symptoms in a newborn if taken in the weeks before delivery. After birth, your baby may need to be monitored for jitteriness, sleep difficulties, breathing issues, or feeding problems.

Useful Resources

BUMPS (best use of medicines in pregnancy),
www.medicinesinpregnancy.org

MotherToBaby www.mothersandchildren.org

Breast Feeding Network www.breastfeedingnetwork.org.uk

NHS UK www.nhs.uk/medicines/methylphenidate-adults/pregnancy-and-breastfeeding-and-fertility-while-taking-methylphenidate-for-adults

Help in Crisis

Emergency Crisis Services

If you feel you are unable to keep yourself safe and require immediate support, please call 999 or attend your local A&E department

Local Crisis Services

Contact 111 for details of crisis services in your local area

There are a range of services available to support patients who are pregnant or breastfeeding. **Midwives and antenatal teams** provide care throughout pregnancy, offering health checks, advice, and emotional support. After birth, health visitors continue to provide guidance on feeding, baby care, and maternal wellbeing.

For those experiencing mental health concerns, **perinatal mental health services** are available to offer specialised support, including for individuals managing ADHD during pregnancy. These services work closely with patients to ensure their physical and emotional health are supported throughout pregnancy and the postnatal period.

You can call any of the following if you feel you need to talk to someone but are not in a crisis:

Samaritans - *phone:* 116 123

Papyrus - *phone:* 0800 068 41 41

CALM - *phone:* 0800 58 58 58

SHOUT - *Text* (85258)

Safeguarding

If you believe that you or someone you care for is vulnerable or at risk of harm, neglect, exploitation, or abuse, it is important to seek help promptly. Anyone can make a referral to their local safeguarding team.



If you or a family member are at risk, please reach out for support without delay. You can contact your GP, local safeguarding team, or appropriate authorities who are trained to assist in these situations. Additionally, you can call 111 for crisis support, safeguarding advice, and to be directed to relevant services.

If there is an immediate or imminent risk to you or a loved one, please call 999.

You can find contact details for your local safeguarding services here:

<https://safeguarding-guide.nhs.uk/contacts/>

