

U.S. National Library of Medicine National Center for Biotechnology Information **NLM Citation:** Drugs and Lactation Database (LactMed) [Internet]. Bethesda (MD): National Library of Medicine (US); 2006-. Parenteral Nutrition. [Updated 2018 Dec 3]. **Bookshelf URL:** https://www.ncbi.nlm.nih.gov/books/



Parenteral Nutrition

Revised: December 3, 2018.

Drug Levels and Effects

Summary of Use during Lactation

Several women receiving either partial or total parenteral nutrition have reportedly breastfed their infants successfully. One prominent group encourages lactation among their patients receiving parenteral nutrition if the mother wishes, with the understanding that formula supplementation may be necessary depending on the adequacy of her milk supply. Infants' growth should be monitored closely as a means of determining adequate nutrition.[1]

Drug Levels

Maternal Levels. Relevant published information was not found as of the revision date.

Infant Levels. Relevant published information was not found as of the revision date.

Effects in Breastfed Infants

A woman with chronic intestinal pseudo-obstruction was treated with home parenteral nutrition 5 days a week for 5 years at which time she became pregnant. She was maintained on parenteral nutrition during pregnancy and postpartum while she successfully breastfed her infant on the same regimen used during pregnancy.[2] Twenty months after the first delivery, the mother became pregnant again and delivered a full-term infant by cesarean section. Parenteral nutrition was increased to 7 days a week and she successfully breastfed her second infant with slight modifications in the parenteral nutrition formula.[3]

A woman was treated with home parenteral nutrition for 24 years for chronic intestinal pseudo-obstruction. She became pregnant at age 25 and continued with parenteral nutrition that was adjusted as pregnancy progressed. She delivered a preterm infant by cesarean section at 33 weeks gestation and was able to partially breastfeed her infant.[4]

A woman with maple syrup urine disease had been treated since birth with special oral formulas low in branched-chain amino acids. She became pregnant and was maintained with oral nutrition until week 37 when partial parenteral nutrition was begun to met increased metabolic demands. Following a cesarean section, the mother successfully breastfed (extent not stated) her infant for over 6 months. Infant growth at 7 months was

Disclaimer: Information presented in this database is not meant as a substitute for professional judgment. You should consult your healthcare provider for breastfeeding advice related to your particular situation. The U.S. government does not warrant or assume any liability or responsibility for the accuracy or completeness of the information on this Site .

normal and the Bayley Scales of Infant and Toddler Development Cognitive Composite Score was above average. [5]

A 26-year-old woman who was receiving long-term home parenteral nutrition due to short bowel syndrome caused by recurrent thromboembolic mesenteric infarctions. During the third trimester and postpartum, she received only home parenteral nutrition. Following a cesarean section at 37 weeks, she breastfed (extent not stated) her infant. The infant was judged as doing well at 6 months of age and thriving at 1 year of age.[6]

Effects on Lactation and Breastmilk

Several case reports exist in which a mother receiving either partial or total parenteral nutrition successfully breastfed an infant.[1][2][4][5][6][7]

References

- 1. Rayburn W, Wolk R, Mercer N et al. Parenteral nutrition in obstetrics and gynecology. Obstet Gynecol Surv. 1986;41:200-14. PubMed PMID: 3083312.
- 2. Campo M, Albinana S, Garcia-Burguillo A et al. Pregnancy in a patient with chronic intestinal pseudoobstruction on long-term parenteral nutrition. Clin Nutr. 2000;19:455-7. PubMed PMID: 11104598.
- 3. Moreno JM, Gomis P. Pregnancy in a patient with chronic intestinal failure on long-term parenteral nutrition. Clin Nutr. 2002;21:438-40. PubMed PMID: 12430564.
- 4. Elchlal U, Sela HY, Gimmon Z. Defying physical limitations: Successful pregnancy and birth in a patient on home total parenteral nutrition since infancy. Eur J Obstet Gynecol Reprod Biol. 2009;147:111-2. PubMed PMID: 19619931.
- 5. Wessel AE, Mogensen KM, Rohr F et al. Management of a woman with maple syrup urine disease during pregnancy, delivery, and lactation. JPEN J Parenter Enteral Nutr. 2015;39:875-9. PubMed PMID: 24618664.
- 6. Buchholz BM , Ruland A, Kiefer N et al. Conception, pregnancy, and lactation despite chronic intestinal failure requiring home parenteral nutrition. Nutr Clin Pract. 2015;30:807-14. PubMed PMID: 25788322.
- 7. Borbolla Foster A, Dixon S, Tyrrell-Price J et al. Pregnancy and lactation during long-term total parenteral nutrition: A case report and literature review. Obstet Med. 2016;9:181-4. PubMed PMID: 27829882.

Substance Identification

Substance Name

Parenteral Nutrition

Drug Class

Breast Feeding

Lactation

Parenteral Nutrition