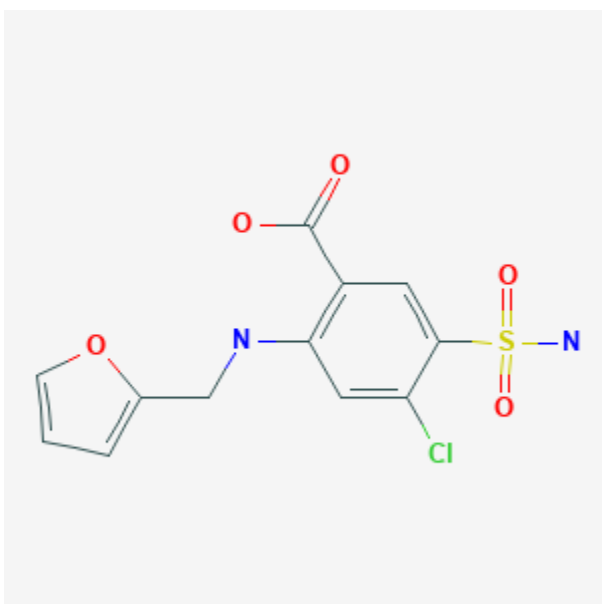




Furosemide

Revised: January 20, 2020.

CASRN: 54-31-9



Drug Levels and Effects

Summary of Use during Lactation

Because little information is available on the use of furosemide during breastfeeding and because intense diuresis might decrease lactation, an alternate drug may be preferred, especially while nursing a newborn or preterm infant. Low doses of furosemide may not suppress lactation.

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

Anecdotal, short-term observations at one medical center found no adverse infant effects from maternal use of furosemide in the immediate postpartum period.[1]

Effects on Lactation and Breastmilk

Furosemide 20 mg intramuscularly on the first postpartum day followed by 40 mg orally for 4 days has been used in conjunction with fluid restriction and breast binding to suppress lactation within 3 days postpartum.[2] The added contribution of furosemide to fluid restriction and breast binding, which are effective in suppressing lactation, is not known. No data exist on the effects of loop diuretics on established lactation.

Alternate Drugs to Consider

Chlorothiazide, Hydrochlorothiazide

References

1. Font LM. Breast milk and drugs. MCN Am J Matern Child Nurs. 1989;14:308–9. Letter. PubMed PMID: 2507852.
2. Cominos DC, Van Der Walt A, Van Rooyen AJ. Suppression of postpartum lactation with furosemide. S Afr Med J. 1976;50:251–2. PubMed PMID: 3858.

Substance Identification

Substance Name

Furosemide

CAS Registry Number

54-31-9

Drug Class

Breast Feeding

Lactation

Antihypertensive Agents

Loop Diuretics