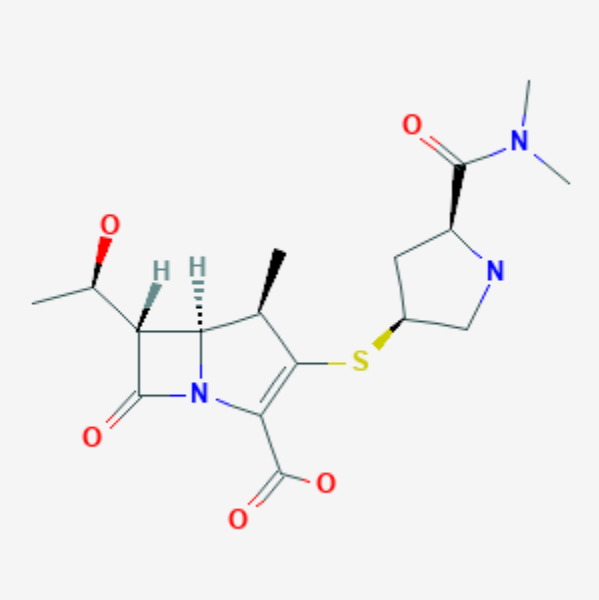
U.S. National Library of Medicine
National Center for Biotechnology Information

NLM Citation: Drugs and Lactation Database (LactMed) [Internet]. Bethesda (MD): National Library of Medicine (US); 2006-. Meropenem. [Updated 2019 Oct 23].
Bookshelf URL: https://www.ncbi.nlm.nih.gov/books/

Meropenem

Revised: October 23, 2019.

CASRN: 96036-03-2



Drug Levels and Effects

Summary of Use during Lactation

Although no information is available on the use of meropenem during breastfeeding, milk levels appear to be low and beta-lactams are generally not expected to cause adverse effects in breastfed infants. Occasionally disruption of the infant's gastrointestinal flora, resulting in diarrhea or thrush have been reported with beta-lactams, but these effects have not been adequately evaluated. Vaborbactam, which is available in the combination product Vabomere, has not been studied in nursing mothers, but the combination is expected to have similar concerns as with meropenem alone.

Drug Levels

Maternal Levels. A woman with a history of NYHA class I heart failure was 3 days postpartum and developed a urinary tract infection and was treated with cephalexin until it was found that the organism was resistant to

extended-spectrum beta-lactams. On day 6 postpartum, meropenem 1 gram IV every 8 hours was started. Five samples of hindmilk were obtained from day 6 to day 9 postpartum over 37 hours. The highest measured level was 644 mcg/L and the lowest was 246 mcg/L. Over the collection period the average breastmilk level was 480 mcg/L. The average infant intake was estimated to be 71 mcg/kg daily, which was 0.13% of the weight-adjusted maternal dosage. The maximum infant intake was estimated to be 97 mcg/kg daily, which was 0.18% of the weight-adjusted maternal dosage[1]

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

Effects in Breastfed Infants

A mother received meropenem 1 gram IV every 8 hours for 7 days while exclusively breastfeeding her newborn. When questioned later, she stated that her infant had no oral thrush, watery diarrhea, or diaper dermatitis that required antifungal therapy during the month following her meropenem therapy.[1]

An infant was breastfed (extent not stated) until the 4th month postpartum. At 2 months of age, his mother was given a 2-week course of tobramycin and meropenem (dosage not specified) for a cystic fibrosis exacerbation. The infant displayed no change in stool pattern during the maternal treatment and had normal renal function at 6 months of age.[2]

Effects on Lactation and Breastmilk

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

References

1. Sauberan JB, Bradley JS, Blumer J, Stellwagen LM. Transmission of meropenem in breast milk. Pediatr Infect Dis J. 2012;31:832–4. PubMed PMID: 22544050.
2. Festini F, Ciuti R, Repetto T et al. Safety of breast-feeding during an IV tobramycin course for infants of CF women. Pediatr Pulmonol Suppl. 2004;27:288-9. Abstract. DOI: 10.1002/ppul.20143.

Substance Identification

Substance Name

Meropenem

CAS Registry Number

96036-03-2

Drug Class

Breast Feeding

Lactation

Anti-Infective Agents

Carbapenems