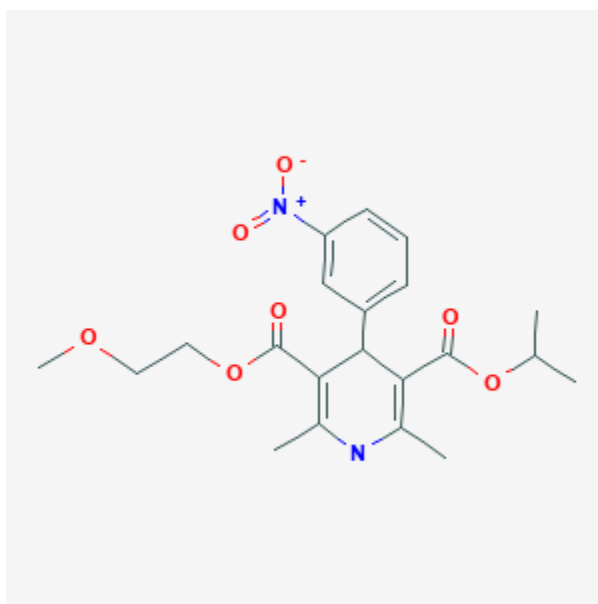




Nimodipine

Revised: October 31, 2018.

CASRN: 66085-59-4



Drug Levels and Effects

Summary of Use during Lactation

Based on limited data, amounts ingested by the infant are small and would not be expected to cause any adverse effects in breastfed infants.

Drug Levels

Maternal Levels. A woman who was 3 days postpartum received 60 mg of nimodipine orally every 4 hours. She had a peak milk nimodipine level of about 3.5 mcg/L 1 hour after a dose at steady-state. Milk levels from 1 hour before a dose (i.e., 3 hours after the previous dose) to simultaneously with a dose were less than 1 mcg/L.[1] Using the peak milk level data, the estimated maximum intake of an exclusively breastfed infant would be about 0.0009% of the maternal weight-adjusted dosage.

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One woman who was 3 weeks postpartum was receiving nimodipine 2 mg per hour intravenously for 22 hours. The highest milk nimodipine concentration occurred 2 hours after completing the regimen and was 4.7 mcg/L. Four hours later the level had dropped to 0.63 mcg/L. It was estimated that a nursing infant would receive a maximum daily dosage of 0.092% of the mother's weight-adjusted dosage.[2]

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

Effects in Breastfed Infants

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

Effects on Lactation and Breastmilk

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

References

1. Tonks AM. Nimodipine levels in breast milk. Aust N Z J Surg. 1995;65:693-4. PubMed PMID: 7575306.
2. Carcas AJ, Abad-Santos F, de Rosendo JM et al. Nimodipine transfer into human breast milk and cerebrospinal fluid. Ann Pharmacother. 1996;30:148-50. PubMed PMID: 8835048.

Substance Identification

Substance Name

Nimodipine

CAS Registry Number

66085-59-4

Drug Class

Breast Feeding

Lactation

Antihypertensive Agents

Calcium Channel Blockers

Vasodilator Agents