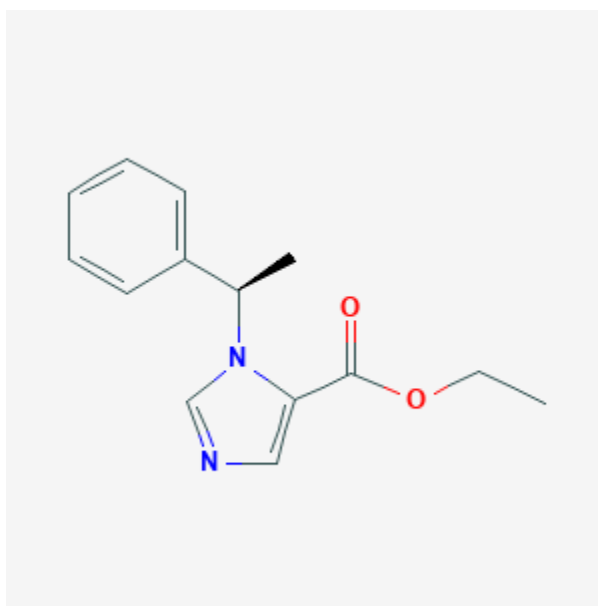




Etomidate

Revised: October 31, 2018.

CASRN: 33125-97-2



Drug Levels and Effects

Summary of Use during Lactation

Amounts of etomidate in milk are very small and decrease rapidly. Existing data indicate that no waiting period is required before resuming breastfeeding after etomidate anesthesia. Breastfeeding can be resumed as soon as the mother has recovered sufficiently from general anesthesia to nurse. When a combination of anesthetic agents is used for a procedure, follow the recommendations for the most problematic medication used during the procedure.

Drug Levels

Maternal Levels. Twenty women undergoing cesarean section received 0.3 mg/kg of etomidate intravenously for induction of anesthesia. Average colostrum levels were 79.3 mcg/L (range 0 to 420 mcg/L) at 30 minutes and

16.2 mcg/L (range 0 to 60 mcg/L) at 2 hours after the dose. Etomidate was not detected in any colostrum samples 4 hours after the dose.[1]

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.

Alternate Drugs to Consider

Dexmedetomidine, Methohexital, Propofol, Thiopental

References

1. Esener Z, Sarihasan B, Guven H et al. Thiopentone and etomidate concentrations in maternal and umbilical plasma, and in colostrum. *Br J Anaesth.* 1992;69:586-8. PubMed PMID: 1467101.

Substance Identification

Substance Name

Etomidate

CAS Registry Number

33125-97-2

Drug Class

Breast Feeding

Lactation

Anesthetics, Intravenous

Hypnotics and Sedatives