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Antacids

Revised: October 31, 2018.

Drug Levels and Effects

Summary of Use during Lactation

Although no published information on the aluminum, calcium or magnesium content of milk during maternal antacid therapy could be found, additional intake of these minerals by a nursing mother is unlikely to surpass that found in other infant foods. In addition, oral absorption of aluminum and magnesium is poor. Because of these factors, reviewers generally consider antacid use during breastfeeding to be acceptable.[1][2][3][4] No special precautions are required.

Drug Levels

Maternal Levels. The aluminum content of human milk is normally lower than cow's milk and much lower than infant formula.[5][6]

Magnesium is a normal component of human milk.[7] When magnesium is administered intravenously in large doses, milk magnesium levels are increased only slightly.[8]

Calcium is a normal component of human milk.[7]

Alginic acid and simethicone, which are components of some antacids are not absorbed orally.[1][9]

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

Cimetidine, Famotidine, Nizatidine, Omeprazole, Pantoprazole, Ranitidine, Sucralfate

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 .

References

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Substance Identification

Substance Name

Antacids

Drug Class

Breast Feeding

Lactation

Antacids, Oral

Anti-Ulcer Agents

Gastrointestinal Agents

Antacids