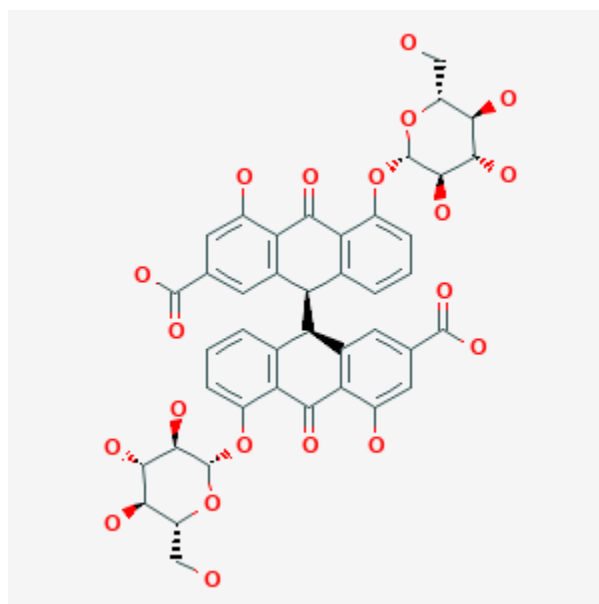




## Senna

Revised: October 31, 2018.

CASRN: 8013-11-4



## Drug Levels and Effects

### Summary of Use during Lactation

Although an early uncontrolled report using an old senna product found increased frequency of diarrhea in breastfed infants, several controlled studies using modern senna products found no effect on the infant. Usual doses of senna are acceptable to use during breastfeeding.

### Drug Levels

*Maternal Levels.* After administration of 3.6 mL of senna fluidextract on day 5 postpartum, senna was undetectable (<2.8 g/L) in the breastmilk of 10 women.[1]

Twenty five nursing mothers averaging 4.7 months postpartum (range 2.5 to 15 months) were given a single 100 mg of Senokot tablet containing 8.6 mg of sennosides a and b. Milk was expressed every 30 minutes for 6 hours.

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Sennosides a and b were undetectable (<0.34 mg/L) in all samples of breastmilk. Three mothers whose infants reportedly had loose stools were subsequently give a double dose of Senokot, but sennosides a and b remained undetectable.[2]

Twenty postpartum mothers were given a laxative containing plantago seeds (psyllium) and senna equivalent to 15 mg of sennosides a and b daily on days 2 to 4 postpartum. A median of 5 samples of breastmilk were taken during the 26 hours after the last dose. Rhein, a metabolite of the sennosides, was measured in milk. Peak rhein milk levels generally occurred 10 hours after the dose. The authors estimated that all breastfed infants would have received at most 500 ng/kg of rhein.[3]

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

## Effects in Breastfed Infants

After administration of 3.6 mL of senna fluidextract on day 5 postpartum, a laxative effect on the bowels was observed in 6 of 10 infants.[1]

In another observational study, no cases of diarrhea were observed among the breastfed infants of 148 mothers who received 2 teaspoonfuls of Senokot (equivalent to 700 mg of senna pod) on day 3 postpartum.[4] Fifty mothers who were in the first day postpartum received senna equal to 450 mg of senna pod. Additional doses were given on subsequent days if needed. None of their breastfed infants were noted to have any markedly abnormal stools, although all of the infants also received supplemental feedings.[5]

In a randomized, nonblinded study, 35 mothers were given tablets containing a total of 14 mg of standardized senna extract once daily for 2 weeks starting in the immediate postpartum period. Six of the 37 breastfed infants were reported to have diarrhea which was a higher percentage than with other nonabsorbable laxatives in the study.[6]

Sixteen women were given 800 mg of powdered senna containing 24 mg of sennosides. None of their breastfed infants had any abnormal stools.[7]

A randomized, double-blind trial compared Senokot tablets in a dose of 2 tablets (14 mg sennosides a and b) twice daily for 8 doses started on the first day postpartum to placebo. Of the women in the study, 126 breastfed their infants and took senna while 155 control mothers breastfed their infants. There was no difference in the percentages of infants in the active and control groups with loose stools or diarrhea.[8]

Twenty postpartum mothers were given a laxative containing plantago seeds (psyllium) and senna equivalent to 15 mg of sennosides a and b daily on days 2 to 4 postpartum. Of the 11 infants who were breastfed, none had any loose stools.[3]

## Effects on Lactation and Breastmilk

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

## Alternate Drugs to Consider

Bisacodyl, Docusate, Magnesium Hydroxide, Psyllium

## References

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## Substance Identification

### Substance Name

Senna

### CAS Registry Number

8013-11-4

### Drug Class

Breast Feeding

Lactation

Cathartics

Gastrointestinal Agents