

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-. Dicyclomine. [Updated 2018 Oct 31]. **Bookshelf URL:** https://www.ncbi.nlm.nih.gov/books/



Dicyclomine

Revised: October 31, 2018.

CASRN: 77-19-0



Drug Levels and Effects

Summary of Use during Lactation

Dicyclomine has not been well studied during breastfeeding. However, one possible case of apnea has been reported in a breastfed infant that is similar to reactions that have occurred in infants given the drug directly.[1] Dicyclomine should not be used during lactation.

Drug Levels

Maternal Levels. Relevant published information was not found as of the revision date. However, the manufacturer reported a mother who was given a single 20 mg dose of dicyclomine orally. Two hours after the dose, the concentration in breastmilk was 131 mcg/L.[1]

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

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 .

Effects in Breastfed Infants

Relevant published information was not found as of the revision date. The manufacturer reported a breastfed infant who developed apnea during maternal therapy with dicyclomine.[1] Dicyclomine is a possible cause of the reaction.

Effects on Lactation and Breastmilk

Relevant published information in nursing mothers was not found as of the revision date. Anticholinergics can inhibit lactation in animals, apparently by inhibiting growth hormone and oxytocin secretion.[2][3][4][5][6] Anticholinergic drugs can also reduce serum prolactin in nonnursing women.[7] The prolactin level in a mother with established lactation may not affect her ability to breastfeed.

References

- 1. Briggs GG, Freeman RK, Yaffe SJ. Drugs in pregnancy and lactation, 7th ed. Baltimore. Williams & Wilkins. 2005.
- 2. Aaron DK, Ely DG, Deweese WP et al. Reducing milk production in ewes at weaning using restricted feeding and methscopolamine bromide. J Anim Sci. 1997;75:1434-42. PubMed PMID: 9250502.
- 3. Powell MR, Keisler DH. A potential strategy for decreasing milk production in the ewe at weaning using a growth hormone release blocker. J Anim Sci. 1995;73:1901-5. PubMed PMID: 7592071.
- 4. Daniel JA, Thomas MG, Powell MR, Keisler DH. Methscopolamine bromide blocks hypothalmic-stimulated release of growth hormone in ewes. J Anim Sci. 1997;75:1359-62. PubMed PMID: 9159285.
- 5. Bizzarro A, Iannucci F, Tolino A et al. Inhibiting effect of atropine on prolactin blood levels after stimulation with TRH. Clin Exp Obstet Gynecol. 1980;7:108-11. PubMed PMID: 6788407.
- 6. Svennersten K, Nelson L, Juvnas-Moberg K. Atropinization decreases oxytocin secretion in dairy cows. Acta Physiol Scand. 1992;145:193-4. PubMed PMID: 1636447.
- 7. Masala A, Alagna S, Devilla L et al. Muscarinic receptor blockade by pirenzepine: effect on prolactin secretion in man. J Endocrinol Invest. 1982;5:53-5. PubMed PMID: 6808052.

Substance Identification

Substance Name

Dicyclomine

CAS Registry Number

77-19-0

Drug Class

Breast Feeding

Lactation

Muscarinic Antagonists

Parasympatholytics