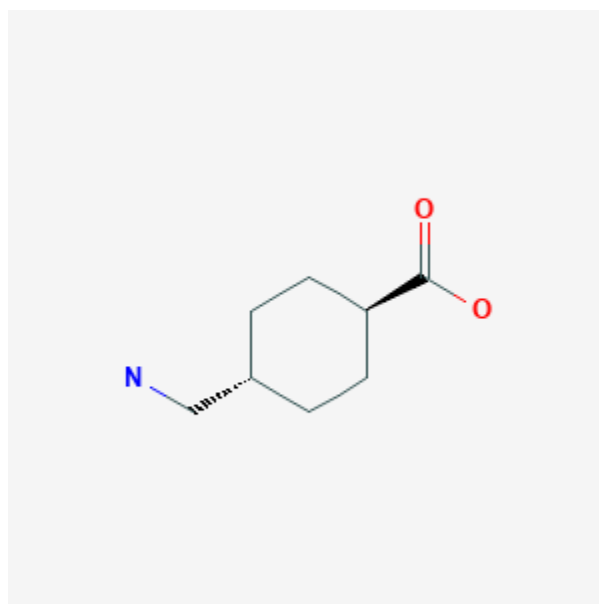




Tranexamic Acid

Revised: December 3, 2018.

CASRN: 1197-18-8



Drug Levels and Effects

Summary of Use during Lactation

Amounts of tranexamic acid in breastmilk appear to be low. Although an international consensus panel recommended against using tranexamic acid during breastfeeding,[1] a subsequent controlled study found no adverse outcomes among breastfed infants whose mothers took tranexamic acid in dosages up to 4 grams daily during breastfeeding. One center in Canada reports routine use of tranexamic acid 3 grams daily in nursing mothers with bleeding disorders until bleeding stops.[2] If tranexamic acid is required by a mother, it is not a reason to discontinue breastfeeding; however, until more data become available, medical supervision and follow-up of the breastfed infant is recommended.[3]

Drug Levels

Maternal Levels. Unpublished data from the manufacturer indicates that the concentration of tranexamic acid in breastmilk is 1% of the peak serum concentration 1 hour after the last dose of a 2-day treatment course.[4] Further details of the study have not been published.

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

Effects in Breastfed Infants

Twenty-one mothers who took tranexamic acid during breastfeeding were compared to 42 mothers who took amoxicillin during breastfeeding. In the study population, the tranexamic acid dosage ranged between 1.5 and 4 grams daily at an average of 4.2 months of age and 81% exclusively breastfed their infants. The average time of follow-up of the infants of study mothers was 35.7 months of age. No statistically significant difference were found between the study and control groups in possible drug side effects, neurological development or general health.[3]

A randomized, double-blind, multicenter study compared the use of a 1 gram dose of intravenous tranexamic acid (n = 10,051) to placebo (n = 10,009) in women with postpartum hemorrhage. The dose could be repeated in 24 hours if bleeding recurred. Among babies who were breastfed, no difference in infant deaths were seen between the two groups, nor were any thromboembolic events reported. The numbers of breastfed infants in each group were not reported.[5]

Effects on Lactation and Breastmilk

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

References

1. Caballero T, Farkas H, Bouillet L et al. International consensus and practical guidelines on the gynecologic and obstetric management of female patients with hereditary angioedema caused by C1 inhibitor deficiency. *J Allergy Clin Immunol.* 2012;129:308-20. PubMed PMID: 22197274.
2. Hawke L, Grabell J, Sim W et al. Obstetric bleeding among women with inherited bleeding disorders: A retrospective study. *Haemophilia.* 2016;22:906-11. PubMed PMID: 27704714.
3. Gilad O, Merlob P, Stahl B, Klinger G. Outcome following tranexamic acid exposure during breastfeeding. *Breastfeed Med.* 2014;9:411-2. PubMed PMID: 25025926.
4. Verstraete M. Clinical application of inhibitors of fibrinolysis. *Drugs.* 1985;29:236-61. PubMed PMID: 2580684.
5. Shakur H, Roberts I, Fawole B et al. Effect of early tranexamic acid administration on mortality, hysterectomy, and other morbidities in women with post-partum haemorrhage (WOMAN): An international, randomised, double-blind, placebo-controlled trial. *Lancet.* 2017;389:2105-16. PubMed PMID: 28456509.

Substance Identification

Substance Name

Tranexamic Acid

CAS Registry Number

1197-18-8

Drug Class

Breast Feeding

Lactation

Antifibrinolytic Agents