



Gastroenteritis in Breastfeeding

Information in this leaflet is general in nature and should not take the place of advice from your health care provider. With every pregnancy there is a 3 to 5% risk of having a baby with a birth defect.

What is gastroenteritis?

Gastroenteritis (often called "gastro") is a common illness that can cause stomach cramps, diarrhoea and vomiting.¹ Other symptoms may include loss of appetite, bloating, nausea and generally feeling unwell, including tiredness and body aches.² In most people the symptoms improve within a few days.²

Causes of gastroenteritis

Viruses are the most common cause of gastroenteritis and are usually spread from person to person or through touching contaminated surfaces.¹ Contaminated food (food poisoning), water or handling infected animals can also cause gastroenteritis.¹

Why treat?

The main risk associated with gastroenteritis, especially in breastfeeding women, is dehydration (loss of water), which sometimes results in a loss of sugar and salts that the body needs to work normally.² This can be prevented by replacing the water and salts lost by vomiting and diarrhoea.²

Treatment of infectious gastroenteritis

People with diarrhoea or vomiting should

- Rest at home and not attend work^{1,3}
 - Drink small amounts (sips) of clear fluids such as water often (every five to ten minutes).¹
- Oral rehydration drinks, such as Gastrolyte and Hydralyte, are available from chemists and also help to replace fluids and salts.¹
- Eat if you feel hungry.¹ Start with bland foods such as crackers, rice, bananas or dry toast. Usually people are back on a normal diet in two to three days, even if diarrhoea continues.¹
 - **If symptoms are severe** such as you are unable to keep down enough fluids, not passing much urine, feeling dizzy when standing up, or passing urine that is dark in colour, then **urgent medical treatment** is recommended.¹ Treatment in hospital may be required and fluids may need to be administered intravenously (directly into the bloodstream using a thin tube that goes into the vein-this is often referred to as a "drip").²

Issues for breastfeeding

Continue to breastfeed your baby even if you have symptoms of gastroenteritis.⁴ It is important that you keep up your fluid intake while breastfeeding.



Medicines recommended

If medication is considered to control mild diarrhoea during periods of social inconvenience (such as travel or work), use the minimum effective dose for the shortest time possible.⁵Loperamide, which is most often recommended, and Diphenoxylate with Atropine (Lomotil) may be used in women breastfeeding a healthy full-term infant.⁶However, antidiarrhoeal medications should be avoided for moderate to severe diarrhoea as they do not treat the underlying cause and may prolong the illness.¹

If medication is needed to relieve nausea and vomiting there are a range of medicines which are safe to use in women breastfeeding a healthy full-term infant. Consult your doctor or call MotherSafe for further advice.

As a general rule, it is best to breastfeed your baby first and then take medication.

How is the spread of gastroenteritis prevented?

After using the toilet, changing nappies and before eating or preparing food, wash your hands thoroughly with soap and running water for at least 10 seconds and dry them with a clean towel.^{1,2} Do not prepare food for others or care for patients, children or the elderly until 48 hours after diarrhoea or vomiting ceases.¹

For general food safety guidelines in pregnancy see the NSW food authority. [www.foodauthority.nsw.gov.au/ Documents/foodsafetyandyou/pregnancy_brochure.pdf](http://www.foodauthority.nsw.gov.au/Documents/foodsafetyandyou/pregnancy_brochure.pdf)

See your doctor if these strategies do not help

Ask your midwife, doctor or pharmacist for the brand names of these medicines.

References

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