

**Table S1.** Medicines that women used during the postpartum period and show disagreement in risk classification according to Lactmed and Hale. (Attica/Greece 2020; N=847)

ATC	Medication	Lactmed	Hale	N	%
J01MA	Ciprofloxacin	Probably Compatible. Avoiding BF for 3-4 hours decreases the exposure.	L3. Use alternative drugs if possible.	11	1.3
J01FF	Clindamycin	Probably Compatible. Use alternative drugs if possible.	L2. LD. Probably Compatible.	4	0.5
N02AB	Meperidine	LD. Infant's sedation. Use alternative drugs.	L4	7	0.8
J01XD	Metronidazole	Opinions vary. Avoid long term therapy. Avoid BF for 12-24h after last maternal dose. Use alternative drugs if possible.	L2	224	26.4
J01XE	Nitrofurantoin	Avoid BF when infant <8 days or G6PD deficiency. Use alternative drugs.	L2. Avoid BF when infant <1 month or G6PD deficiency.	2	0.2
A02BA	Ranitidine	Use alternative drugs. Ranitidine spontaneously breaks down to a cancer-causing chemical.	L2	7	0.8
N02CC	Sumatriptan	LD. Probably Compatible. Withholding breastfeeding in preterm infants might be helpful.	L3	2	0.2
N03AG	Valproic Acid	Probably Compatible. Monitor infant for side effects.	L4. Neurobehavioral complications.	2	0.2

BF: Breastfeeding, LD: Limited Data.

**Table S2.** Risk classification of medicines used during the postpartum period according to Lactmed and Hale.(Attica/Greece 2020; N=847).

ATC	Medication	Lactmed	Hale	N	%
B01AC	Acetylosalicylic Acid	Probably compatible (lowdose).	L2	7	0.8
J05AB	Acyclovir	Compatible.	L2	1	0.1
L04AB	Adalimumab	LD. Probably compatible.	L3	4	0.5
L04AA	Alemtuzumab	ND. Use with caution or avoid, especially while nursing a newborn or preterm infant.	L4	1	0.1
G04CA	Alfuzosin	Not classified.	L4	1	0.1
N05BA	Alprazolam	LD. Probably Compatible in low dose and short-term use. Use alternative drugs.	L3	2	0.2
A02AD	Aluminium Hydroxide & Magnesium Hydroxide	AH: Not classified. MH: Compatible.	AH: Not classified. MH: L1	2	0.2
R05CB	Ambroxol	Not classified.	Not classified.	2	0.2
J01MB	Amikacin	Probably compatible.	L2	6	0.7
C08CA	Amlodipine	LD. Probably compatible.	L3	1	0.1
J01CA	Amoxicillin	LD. Compatible.	L1	14	1.7
J01CAR	Amoxicillin & Clavulanic Acid	LD. Compatible.	L1	10	1.2
J01CA	Ampicillin	Compatible.	L1	7	0.8
N05AX	Aripiprazole	LD. Probably Compatible in low doses. Use alternative drugs if possible. May suppress lactation.	L3. May suppress lactation.	2	0.2
C10AA	Atorvastatin	ND. Use alternative drugs.	L3	1	0.1
L04AX	Azathioprine	Probably Compatible. Use with caution during BF. Avoiding BF for 4 hours markedly decreases drug levels in breast milk.	L3. Use with caution. Monitor infants for signs of immunosuppression.	3	0.4
J01FA	Azithromycin	Probably Compatible. Risk for infantile hypertrophic pyloric stenosis (?).	L2	4	0.5
D07CC	Betamethasone & Gentamycine (Topical)	Compatible for short-term topical use. Avoid nipple area.	L3	2	0.2
N05BA	Bromazepam	Not classified.	Not classified.	2	0.2
R05CB	Bromhexine	Not classified.	Not classified.	2	0.2
R01AD	Budesonide	Compatible.	L1	2	0.2
N07BC V03AB	Buprenorphine & Naloxone	LD. Probably Compatible.	L2	1	0.1
A03D	Butylscopolamine&P aracetamole	Not classified.	Not classified.	10	1.2
G02CB	Cabergolin	ND. Probably Compatible. Suppresses Lactation – Avoid during lactation (Women treated with cabergoline for pituitary adenomas who become pregnant can breastfeed their infants with no apparent risk of recurrence).	L3. Careful administration in patient with hyperprolactinemia.	111	13.1
A12A	Calcium Salt	Not classified.	L3	558	65.9
N03AF	Carbamazepine	LD. Probably compatible.	L2	1	0.1

J01DC	Cefaclor	LD. Compatible.	L1	66	7.8
J01DC	Cefoxitin	Compatible.	L1	239	28.2
J01DD	Ceftriaxone	LD. Compatible.	L1	20	2.4
J01DC	Cefuroxime	LD. Probably compatible.	L2	326	38.5
R06AE	Cetirizine	Compatible. High doses may decrease milk supply.	L2	1	0.1
A02BA	Cimetidine	LD. Probably Compatible for infants >2 months—Use alternative drugs (potential for causing hepatic enzyme inhibition).	L1. Compatible for short-term Use alternative drugs if possible.	4	0.5
J01MA	Ciprofloxacin	Probably Compatible. Avoiding BF for 3-4 hours decreases the exposure.	L3. Use alternative drugs if possible.	11	1.3
N06AB	Citalopram	LD. Probably Compatible. Use alternative drugs if possible.	L2. Use alternative drugs if possible.	2	0.2
J01FA	Clarithromycin	Probably Compatible. Risk for infantile hypertrophic pyloric stenosis (?).	L1	7	0.8
J01FF	Clindamycin	Probably Compatible. Use alternative drugs if possible.	L2	4	0.5
N03AE	Clonazepam	Compatible to use cautiously. Use alternative drugs if possible (long half-life).	L3	1	0.1
M01AB	Diclofenac	LD. Probably Compatible.	L2	679	80.2
R01AD	Dexamethasone (Topical)	ND. Probably Compatible.	L3	3	0.4
R06AB	Dimethindene	Not classified.	Not classified.	3	0.4
L04AX	Dimethyl fumarate	LD. Probably Compatible.	L2	2	0.2
J01AA	Doxycycline	Compatible in short-term use. Avoid prolonged use.	L3. Avoid prolonged use >21 days (dental staining or decrease bone growth).	1	0.1
G03AA	Drospirenone&Ethinyl lestradiol	Not classified.	L3. May suppress lactation.	3	0.4
G02AB	Ergometrine or Ergonovin Maleate	Avoid during lactation. Lowers PRL, decreases BF rates.	L3. Avoid prolonged use, may suppress lactation.	559	66
J01FA	Erythromycin	Probably Compatible. Risk for infantile hypertrophic pyloric stenosis (?).	L3. Risk for infantile hypertrophic pyloric stenosis (?).	2	0.2
N06AB	Escitalopram	LD. Probably Compatible.	L2	5	0.6
M01AH	Etoricoxib	Not classified.	Not classified.	1	0.1
N01AH	Fentanyl	LD. Probably Compatible (low dose).	L2	631	74.5
G01AF	Fenticonazole	Not classified.	Not classified.	2	0.2
B03A	Ferrous Sulfate	Compatible.	L1	642	75.8
L04AA	Fingolimod	Avoid during lactation. Potential toxicity to the infant.	L5	2	0.2
H02AA	Fludrocortisone	Not classified.	L3	4	0.5
N06AB	Fluoxetine	LD. Probably Compatible. Use alternative drugs if possible.	L2. Use alternative drugs if possible.	1	0.1
B03BB	Folic Acid	Not classified.	L1	47	5.5
V08CA	Gadobutrol	LD. Probably Compatible. Use alternative agents with published experience.	L3	1	0.1
J01MB	Gentamicin	LD. Probably Compatible.	L2	15	1.8
S01CA	Gentamicin & Dexamethasone	LD. Probably Compatible.	Not classified.	2	0.2

B01AB	Heparin (low molecular weight)	ND. Probably Compatible.	L2	474	56
J06BA	Human Immunoglobulin G	Compatible.	Not classified.	1	0.1
H02AB	Hydrocortisone	ND. Use alternative drugs.	L3. Low dosages, short-term use.	12	1.4
P01BA	Hydroxychloroquine	LD. Probably Compatible.	L2	4	0.5
N05BB	Hydroxyzine	LD. Compatible in small doses. Larger doses or prolonged use may cause drowsiness to the infant or decrease milk supply. Use alternative drugs.	L2	1	0.1
L04AB	Infliximab	LD. Probably Compatible.	L3	4	0.5
J07BB	Influenza virus vaccines	Compatible.	L1	2	0.2
A10AE	Insulin	Compatible.	L2	3	0.4
C07AG	Labetalol	LD. Probably Compatible. Use alternative drugs for preterm infants.	L2	2	0.2
A06AD	Lactulose	Not classified.	L3	11	1.3
N03AX	Lamotrigine	Compatible.	L2	2	0.2
N03AX	Levetiracetam	Probably Compatible. Might reduce milk supply.	L2	1	0.1
R06AE	Levocetirizine	LD. Probably Compatible. High doses may decrease milk supply.	L2	4	0.5
H03AA	Levothyroxine	LD. Compatible.	L1	192	22.7
N01BB	Lidocaine	Compatible.	L2	44	5.2
M01AC	Lornoxicam	Not classified.	Not classified.	59	7.0
A12CC	Magnesium Aspartate	ND. Probably Compatible.	Not classified.	21	2.5
A12CC	Magnesium Oxide	ND. Probably Compatible.	Not classified.	1	0.1
N02AB	Meperidine	LD. Infant's sedation. Use alternative drugs.	L4	7	0.8
J01DH	Meropenem	ND. Probably Compatible.	L3	1	0.1
A07EC	Mesalamine	Not classified.	L3	1	0.1
A10BA	Metformin	Compatible. Use with caution in newborn, preterm infants and those with renal impairment.	L1	5	0.6
N07BC	Methadone	Compatible.	L2	1	0.1
C02AB	Methyldopa	Compatible.	L2	15	1.8
H02AB	Methylprednisolone	Compatible.	L2	3	0.4
A03FA	Metochlopramide	Compatible. Avoid prolonged use because of side effects to mothers. Questionable if increases milk supply.	L2. Prolonged use (>4 weeks) may be accompanied by side effects to mothers. Increases milk supply when PRL levels are low.	39	4.6
C07AB	Metoprolol	Compatible.	L2	1	0.1
J01XD	Metronidazole	Opinions vary. Avoid long term therapy. Avoid BF for 12-24h after last maternal dose. Use alternative drugs if possible.	L2	224	26.4
A02BB	Misoprostol	Compatible.	L2	6	0.7
C07AB	Nebivolol	ND. Use alternative drugs.	L3. Use alternative drugs.	1	0.1
C08CA	Nifedipine	Compatible.	L2	8	0.9

J01XE	Nitrofurantoin	Avoid BF when infant <8 days or G6PD deficiency. Use alternative drugs.	L2. Avoid BF when infant <1 month or G6PD deficiency.	2	0.2
N05AH	Olanzapine	LD. Probably Compatible.	L2	1	0.1
A02BC	Omeprazole	LD. Compatible.	L2	64	7.6
A04AA	Ondasetron	LD. Compatible.	L2	2	0.2
M03BC	Orphenadrine Citrate & Paracetamol	ND. Use alternative drugs.	L3. Use with caution.	1	0.1
J05AH	Oseltamivir	LD. Compatible.	L2	3	0.4
N03AF	Oxcarbazepine	LD. Probably Compatible. Use with caution.	L3	1	0.1
N02BE	Paracetamol	Compatible.	L1	737	87
N06AB	Paroxetine	LD. Probably Compatible.	L2	1	0.1
J01CAR	Piperacillin & Tazobactam	ND. Probably Compatible.	L2	4	0.5
H02AB	Prednisolone	Probably Compatible. In high doses, avoid BF for 4 hours. High doses may suppress lactation.	L2	1	0.1
C07AA	Propranolol	Compatible.	L2	1	0.1
H03AB	Propylthiouracil	LD. Probably Compatible (low dosage limited to 450 mg/dl). If liver toxicity is suspected, the drug should be discontinued.	L2	2	0.2
C09AA	Ramipril	ND. Use alternative drugs.	L3	2	0.2
A02BA	Ranitidine	Use alternative drugs. Ranitidine spontaneously breaks down to a cancer-causing chemical.	L2	7	0.8
L01FA	Rituximab	LD. Probably Compatible. Use with caution during BF.	L3	1	0.1
C05	Ruscus aculeatus whole, Hesperidine, Ascorbic acid	Not classified.	Not classified.	1	0.1
R03AK	Salbutamol-Albuterol Sulfate & Ipratropium Bromide	ND. Compatible.	L2	7	0.8
A12CE	Selenium	Not classified.	L3	1	0.1
N02CC	Sumatriptan	LD. Probably Compatible. Withholding BF in preterm infants might be helpful.	L3	2	0.2
N02AX	Tramadol	Probably Compatible. Caution is recommended.	L3. Caution is recommended.	114	13.5
A05AA	Ursodeoxycholic Acid	Not classified.	L3	1	0.1
J05AB	Valacyclovir	LD. Compatible.	L2	2	0.2
N03AG	Valproic Acid	Probably Compatible. Monitor infant for side effects.	L4. Neurobehavioral complications.	2	0.2
B03BA	Vitamin B12	Compatible.	L1	1	0.1
R01AA	Xylometazoline	Not classified.	Not classified.	3	0.4
BF: Breastfeeding, LD: Limited Data, ND: No Data, PRL: Prolactin					

**Table S3.** Risk classification of medicines used during lactation according to Lactmed and Hale.  
(Attica/Greece 2020; N=796/847).

ATC	Medication	Lactmed	Hale	N	%
B01AC	Acetylosalicylic Acid	Probably compatible (lowdose).	L2	5	0.6
J05AB	Acyclovir	Compatible.	L2	1	0.1
L04AB	Adalimumab	LD. Probably compatible.	L3	4	0.5
N05BA	Alprazolam	LD. Probably Compatible in low dose and short-term use. Use alternative drugs.	L3	1	0.1
A02AD	Aluminium Hydroxide & Magnesium Hydroxide	AH: Not classified. MH: Compatible.	AH: Not classified. MH: L1	2	0.2
R05CB	Ambroxol	Not classified.	Not classified.	1	0.1
J01MB	Amikacin	Probably compatible.	L2	4	0.5
C08CA	Amlodipine	LD. Probably compatible.	L3	1	0.1
J01CA	Amoxicillin	LD. Compatible.	L1	11	1.3
J01CAR	Amoxicillin & Clavulanic Acid	LD. Compatible.	L1	7	0.8
J01CA	Ampicillin	Compatible.	L1	7	0.8
L04AX	Azathioprine	Probably Compatible. Use with caution during BF. Avoiding BF for 4 hours markedly decreases drug levels in breast milk.	L3. Use with caution. Monitor infant for signs of immunosuppression.	2	0.2
J01FA	Azithromycin	Probably Compatible. Risk for infantile hypertrophic pyloric stenosis (?).	L2	2	0.2
D07CC	Betamethasone & Gentamycine (Topical)	Compatible for short-term topical use. Avoid nipple area.	L3	2	0.2
N05BA	Bromazepam	Not classified.	Not classified.	1	0.1
R05CB	Bromhexine	Not classified.	Not classified.	2	0.2
R01AD	Budesonide	Compatible.	L1	1	0.1
A03D	Butylscopolamine&Paracetamol	Not classified.	Not classified.	10	1.2
G02CB	Cabergolin	ND. Probably Compatible. Suppresses Lactation – Avoid during lactation (Women treated with cabergoline for pituitary adenomas who become pregnant can breastfed their infants with no apparent risk of hyperprolactinemia. recurrence).	L3. Careful administration in patient with	2	0.2
A12A	Calcium Salt	Not classified.	L3	532	62.8
J01DC	Cefaclor	LD. Compatible.	L1	59	7
J01DC	Cefoxitin	Compatible.	L1	209	24.7
J01DD	Ceftriaxone	LD. Compatible.	L1	19	2.2
J01DC	Cefuroxime	LD. Probably compatible.	L2	317	37.4
R06AE	Cetirizine	Compatible. High doses may decrease milk supply.	L2	1	0.1
A02BA	Cimetidine	LD. Probably Compatible for infants >2 months— Use alternative drugs (potential for causing hepatic enzyme inhibition).	L1. Compatible for short-term use. Use alternative drugs if possible.	3	0.4
J01MA	Ciprofloxacin	Probably Compatible. Avoiding BF for 3-4 hours decreases the exposure.	L3. Use alternative drugs if possible.	4	0.5

J01FA	Clarithromycin	Probably Compatible. Risk for infantile hypertrophic pyloric stenosis (?).	L1	6	0.7
J01FF	Clindamycin	Probably Compatible. Use alternative drugs if possible.	L2	2	0.2
M01AB	Diclofenac	LD. Probably Compatible.	L2	634	74.9
R01AD	Dexamethasone (Topical)	ND. Probably Compatible.	L3	3	0.4
R06AB	Dimethindene	Not classified.	Not classified.	3	0.4
J01AA	Doxycycline	Compatible in short-term use. Avoid prolonged use.	L3. Avoid prolonged use >21 days (dental staining or decrease bone growth).	1	0.1
G03AA	Drospirenone&Ethinyles triadiol	Not classified.	L3. May suppress lactation.	3	0.4
G02AB	Ergometrine or Ergonovin Maleate	Avoid in breastfeeding mothers. Lowers PRL, decreases BF rates.	L3. Avoid prolonged use, may suppress lactation.	511	60.3
J01FA	Erythromycin	Probably Compatible. Risk for infantile hypertrophic pyloric stenosis (?).	L3. Risk for infantile hypertrophic pyloric stenosis (?).	2	0.2
M01AH	Etoricoxib	Not classified.	Not classified.	1	0.1
N01AH	Fentanyl	LD. Probably Compatible (low dose).	L2	593	70
G01AF	Fenticonazole	Not classified.	Not classified.	2	0.2
B03A	Ferrous Sulfate	Compatible.	L1	609	71.9
H02AA	Fludrocortisone	Not classified.	L3	3	0.4
B03BB	Folic Acid	Not classified.	L1	45	5.3
V08CA	Gadobutrol	LD. Probably Compatible. Use alternative agents with published experience.	L3	1	0.1
J01MB	Gentamicin	LD. Probably Compatible.	L2	15	1.8
S01CA	Gentamicin & Dexamethasone	LD. Probably Compatible.	Not classified.	1	0.1
B01AB	Heparin (low molecular weight)	ND. Probably Compatible.	L2	442	52.2
H02AB	Hydrocortisone	ND. Use alternative drugs.	L3. Low dosages, short-term use.	10	1.2
P01BA	Hydroxychloroquine	LD. Probably Compatible.	L2	2	0.2
N05BB	Hydroxyzine	LD. Compatible in small doses. Larger doses or prolonged use may cause drowsiness to the infant or decrease milk supply. Use alternative drugs.	L2	1	0.1
L04AB	Infliximab	LD. Probably Compatible.	L3	3	0.4
J07BB	Influenza virus vaccines	Compatible.	L1	2	0.2
A10AE	Insulin	Compatible.	L2	3	0.4
C07AG	Labetalol	LD. Probably Compatible. Use alternative drugs for preterm infant.	L2	2	0.2
A06AD	Lactulose	Not classified.	L3	11	1.3
R06AE	Levocetirizine	LD. Probably Compatible. High doses may decrease milk supply.	L2	4	0.5
H03AA	Levothyroxine	LD. Compatible.	L1	184	21.7
N01BB	Lidocaine	Compatible.	L2	44	5.2

M01AC	Lornoxicam	Not classified.	Not classified.	59	7.0
A12CC	Magnesium Aspartate	ND. Probably Compatible.	Not classified.	20	2.4
N02AB	Meperidine	LD. Infant's sedation. Use alternative drugs.	L4	6	0.7
J01DH	Meropenem	ND. Probably Compatible.	L3	1	0.1
A07EC	Mesalamine	Not classified.	L3	1	0.1
A10BA	Metformin	Compatible. Use with caution in newborn, preterm infants and those with renal impairment.	L1	5	0.6
C02AB	Methyldopa	Compatible.	L2	13	1.5
H02AB	Methylprednisolone	Compatible.	L2	2	0.2
A03FA	Metochlopramide	Compatible. Avoid prolonged use because of side effects to mothers. Questionable if increases milk supply.	L2. Prolonged use (>4 weeks) may be accompanied by side effects to mothers. Increases milk supply when PRL levels are low.	37	4.4
C07AB	Metoprolol	Compatible.	L2	1	0.1
J01XD	Metronidazole	Opinions vary. Avoid long term therapy. Avoid BF for 12-24h after last maternal dose. Use alternative drugs if possible.	L2	204	24.1
A02BB	Misoprostol	Compatible.	L2	6	0.7
C08CA	Nifedipine	Compatible.	L2	7	0.8
J01XE	Nitrofurantoin	Avoid in BF when infant <8 days or G6PD deficiency. Use alternative drugs.	L2. Avoid in BF when infant <1 month or G6PD deficiency.	1	0.1
A02BC	Omeprazole	LD. Compatible.	L2	59	7
A04AA	Ondasetron	LD. Compatible.	L2	2	0.2
M03BC	Orphenadrine Citrate & Paracetamol	ND. Use alternative drugs.	L3. Use with caution.	1	0.1
J05AH	Oseltamivir	LD. Compatible.	L2	1	0.1
N02BE	Paracetamol	Compatible.	L1	695	82
J01CAR	Piperacillin & Tazobactam	ND. Probably Compatible.	L2	3	0.4
C07AA	Propranolol	Compatible.	L2	1	0.1
H03AB	Propylthiouracil	LD. Probably Compatible (low dosage limited to 450 mg/dl). If liver toxicity is suspected, the drug should be discontinued.	L2	1	0.1
C09AA	Ramipril	ND. Use alternative drugs.	L3	2	0.2
A02BA	Ranitidine	Use alternative drugs. Ranitidine spontaneously breaks down to a cancer-causing chemical.	L2	7	0.8
C05	Ruscus aculeatus whole, Hesperidine, Ascorbic acid	Not classified.	Not classified.	1	0.1
R03AK	Salbutamol-Albuterol Sulfate & Ipratropium Bromide	ND. Compatible.	L2	5	0.6
A12CE	Selenium	Not classified.	L3	1	0.1



N02CC	Sumatriptan	LD. Probably Compatible. Withholding breastfeeding in preterm infants might be helpful.	L3	1	0.1
N02AX	Tramadole	Probably Compatible. Caution is recommended.	L3. Caution is recommended.	106	12.5
J05AB	Valacyclovir	LD. Compatible.	L2	1	0.1
B03BA	Vitamin B12	Compatible.	L1	1	0.1
R01AA	Xylometazoline	Not classified.	Not classified.	3	0.4
BF: Breastfeeding, LD: Limited Data, ND: No Data, PRL: Prolactin					

**Table S4.** Cases of breastfeeding cessation due to medication intake and professional counseling.  
(Attica/Greece 2020; N= 57/847).

Case	BF duration	Reason for Medication Intake	Medicines	Compatibility with breastfeeding	Recommendation and Decision for BF cessation	Counseling
1	4 days	Depression	Escitalopram	<b>Lactmed:</b> LD. Probably Compatible. <b>Hale:</b> L2	Pediatrician recommended continuation of BF. Maternal decision.*	Evidence-based counseling.
2	0 days	Depression	Escitalopram  Alprazolam	<b>Lactmed:</b> LD. Probably Compatible. <b>Hale:</b> L2  <b>Lactmed:</b> LD. Probably Compatible in low dose and short-term use. Use alternative drugs (e.g., midazolam, oxazepam). <b>Hale:</b> L3	Obstetrician's advice. Informed choice.**	Erroneous counseling. The HP could have advised the mother to take measures to minimize the infant's exposure.
3	15 days	Depression	Escitalopram	<b>Lactmed:</b> LD. Probably Compatible. <b>Hale:</b> L2	Pediatrician recommended continuation of BF. Maternal decision.	Evidence-based counseling.
4	0 days	Depression	Escitalopram	<b>Lactmed:</b> LD. Probably Compatible. <b>Hale:</b> L2	Neurologist recommended continuation of BF. Maternal decision.	Evidence-based counseling.
5	0 days	Tachycardia Depression	Nebivolol  Bromazepam	<b>Lactmed:</b> ND. Use alternative drugs. <b>Hale:</b> L3. Use alternative drugs (e.g., metoprolol, labetalol).  <b>Lactmed:</b> Not classified. <b>Hale:</b> Not classified. Note: Bromazepam's pharmacokinetic data makes it possible to pass into breast milk in significant amounts. Use alternative drugs (e.g., lormetazepam, temazepam) [37].	Obstetrician's advice. Informed choice.	Erroneous counseling. The HP could have advised the mother to take measures to minimize the infant's exposure. (e.g., milk bank).
6	20 days	Postpartum Depression	Fluoxetine	<b>Lactmed:</b> LD. Probably Compatible. Use alternative drugs if possible (e.g., sertraline, escitalopram). <b>Hale:</b> L2. Use alternative drugs if possible.	Neurologist's advice. Obstetrician and Pediatrician in accordance. Informed choice.	Erroneous counseling. The HP could have advised the mother to take measures to minimize the infant's exposure.

						[e.g., use the medicine when breastfeeding older infants (4-6 months of age)].
7	60 days	Postpartum depression	Paroxetine	<b>Lactmed:</b> LD. Probably Compatible. <b>Hale:</b> L2	Pediatrician's advice (IBCLC)/ [Infant neutropenia]. Informed choice.	Evidence-based counseling due to the onset of adverse side effects in the infant.
8	40 days	Postpartum depression	Aripiprazole	<b>Lactmed:</b> LD. Probably Compatible in low doses. Use alternative drugs if possible (e.g., olanzapine, risperidone). May suppress lactation. <b>Hale:</b> L3. May suppress lactation.	Psychiatrist's advice. Informed choice.	Erroneous counseling. The HP could have advised the mother to take measures to minimize the infant's exposure.
9	60 days	Postpartum depression	Olanzapine Citalopram	<b>Lactmed:</b> LD. Probably Compatible <b>Hale:</b> L2 <b>Lactmed:</b> LD. Probably Compatible. Use alternative drugs if possible (e.g., sertraline, escitalopram). <b>Hale:</b> L2. Use alternative drugs if possible.	Neurologist's advice. Informed choice.	Erroneous counseling. The HP could have advised the mother to take measures to minimize the infant's exposure.
10	0 days	Generalized anxiety disorder	Escitalopram	<b>Lactmed:</b> LD. Probably Compatible. <b>Hale:</b> L2	Neurologist's advice. Informed choice.	Erroneous counseling due to compatibility of the medicine with BF.
11	7 days	Panic disorder	Escitalopram	<b>Lactmed:</b> LD. Probably Compatible. <b>Hale:</b> L2	Neurologist's advice. Informed choice.	Erroneous counseling due to compatibility of the medicine with BF.
12	0 days	Bipolar disorder	Aripiprazole	<b>Lactmed:</b> LD. Probably Compatible in low doses. Use alternative drugs if possible (e.g., olanzapine, risperidone). May suppress lactation. <b>Hale:</b> L3. May suppress lactation.	Neurologist's advice. Obstetrician in accordance. Informed choice.	Erroneous counseling. The HP could have advised the mother to take measures to minimize the infant's exposure.
13	0 days	Epilepsy	Carbamazepine	<b>Lactmed:</b> LD. Probably compatible. <b>Hale:</b> L2	Neurologist's advice. Obstetrician in accordance. Informed choice.	Erroneous counseling due to compatibility of the medicine with BF.

14	0 days	Epilepsy	Valproic Acid	<b>Lactmed:</b> Probably Compatible. Monitor infant for side effects. <b>Hale:</b> L4. Neurobehavioral complications.	Neurologist's/ Obstetrician's advice. Informed choice.	Evidence-based counseling.
15	0 days	Epilepsy	Lamotrigine Clonazepam	<b>Lactmed:</b> Compatible. <b>Hale:</b> L2 <b>Lactmed:</b> Compatible to use cautiously. Use alternative drugs if possible (long half-life) (e.g., carbamazepine). <b>Hale:</b> L3	Neurologist's advice. Obstetrician and Pediatrician in accordance. Informed choice.	Erroneous counseling. The HP could have advised the mother to take measures to minimize the infant's exposure.
16	0 days	Epilepsy	Lamotrigine Levetiracetam	<b>Lactmed:</b> Compatible <b>Hale:</b> L2 <b>Lactmed:</b> Probably Compatible. Might reduce milk supply. <b>Hale:</b> L2	Obstetrician's advice. Informed choice.	Erroneous counseling due to compatibility of the medicines with BF.
17	0 days	Epilepsy	Oxcarbazepine	<b>Lactmed:</b> LD. Probably Compatible. Use with caution (Alternatives: e.g., carbamazepine). <b>Hale:</b> L3	Neurologist's advice. Obstetrician in accordance. Informed choice.	Erroneous counseling. The HP could have advised the mother to take measures to minimize the infant's exposure.
18	0 days	Multiple Sclerosis	Dimethyl fumarate	<b>Lactmed:</b> LD. Probably Compatible. <b>Hale:</b> L2	Neurologist's advice. Informed choice.	Erroneous counseling due to compatibility of the medicine with BF.
19	0 days	Multiple Sclerosis	Fingolimod	<b>Lactmed:</b> Avoid during breastfeeding. Potential toxicity to the infant. <b>Hale:</b> L5	Neurologist's advice. Informed choice.	Evidence-based counseling.
20	0 days	Multiple Sclerosis	Fingolimod	<b>Lactmed:</b> Avoid during breastfeeding. Potential toxicity to the infant. <b>Hale:</b> L5	Neurologist's/ Obstetrician's advice. Informed choice.	Evidence-based counseling.
21	180 days	Multiple sclerosis	Alemtuzumab	<b>Lactmed:</b> ND. Use with caution or avoid, especially while nursing a newborn or preterm infant. <b>Hale:</b> L4	Neurologist's advice. Obstetrician in accordance. Informed choice. [Delayed the therapy in order to breastfeed]	Evidence-based counseling.
22	150 days	Multiple sclerosis	Dimethyl fumarate	<b>Lactmed:</b> LD. Probably Compatible <b>Hale:</b> L2	Neurologist's advice. Informed choice.	Erroneous counseling due to compatibility of the medicine with BF.

23	0 days	Crohn's disease	Azathioprine	<p><b>Lactmed:</b> Probably Compatible. Use with caution during BF (Alternatives: e.g., infliximab, budesonide). Avoiding BF for 4 hours markedly decreases drug levels in breast milk.</p> <p><b>Hale:</b> L3</p>	Gastroenterologist's/Obstetrician's/Pediatrician's advice. Informed choice.	<p>Erroneous counseling. The HP could have advised the mother to take measures to minimize the infant's exposure. [e.g., administer the maternal dose after BF and before the infant's longest sleep; avoid BF or discard breast milk for a certain period of time (e.g., 4 hours) after the maternal dose].</p>
24	3 days	Sjorgen syndrome	Hydroxychloroquine	<p><b>Lactmed:</b> LD. Probably Compatible.</p> <p><b>Hale:</b> L2</p>	Rheumatologist's advice. Obstetrician/Pediatrician in accordance. Informed choice.	Erroneous counseling due to compatibility of the medicine with BF.
25	0 days	Systemic lupus erythematosus	Hydroxychloroquine Methylprednisolone (8 mg/day)	<p><b>Lactmed:</b> LD. Probably Compatible</p> <p><b>Hale:</b> L2</p> <p><b>Lactmed:</b> Compatible</p> <p><b>Hale:</b> L2</p>	Obstetrician/pediatrician informed her that high doses of cortisone are incompatible with BF. Maternal decision.	Erroneous counseling due to drug dose compatibility with BF.
26	30 days	Cushing disease	Fludrocortisone Hydrocortisone (6.7mg/day) Magnesium Oxide	<p><b>Lactmed:</b> Not classified.</p> <p><b>Hale:</b> L3</p> <p><b>Lactmed:</b> ND. Use alternative drugs.</p> <p><b>Hale:</b> L3. Low dosages, short-term use.</p> <p><b>Lactmed:</b> ND. Probably Compatible.</p> <p><b>Hale:</b> Not classified.</p>	Obstetrician's advice. Informed choice.	<p>Erroneous counseling. The HP could have advised the mother to take measures to minimize the infant's exposure. [e.g., administer the maternal dose after BF and before the infant's longest sleep; avoid BF or discard breast milk for a certain period of time (e.g., 4 hours) after the maternal dose].</p>
27	135 days	Diabetes	Metformin	<p><b>Lactmed:</b> Compatible. Use with caution in newborn, preterm infants and those with renal impairment.</p>	Endocrinologist's advice. Informed choice.	Erroneous counseling due to compatibility of the medicine with BF.

				<b>Hale: L1</b>		
28	0 days	Hyperthyroidism	Propylthiouracil	<b>Lactmed:</b> LD. Probably Compatible (low dosage limited to 450 mg/dl). If liver toxicity is suspected, the drug should be discontinued.	Endocrinologist's advice. Obstetrician in accordance. Informed choice.	Erroneous counseling due to compatibility of the medicine with BF.
				<b>Hale: L2</b>		
29	20 days	Mastitis	Amoxicillin & Clavulanic Acid	<b>Lactmed:</b> LD. Compatible. <b>Hale:</b> L1	Obstetrician's advice to discard breast milk. Maternal decision to cease due to milk reduction.	Erroneous counseling due to compatibility of the medicines with BF.
			Diclofenac	<b>Lactmed:</b> LD. Probably Compatible. <b>Hale:</b> L2		
				<b>Hale: L1</b>		
30	7 days	Mastitis	Amoxicillin & Clavulanic Acid	<b>Lactmed:</b> LD. Compatible. <b>Hale:</b> L1	Obstetrician's advice. Informed decision.	Erroneous counseling. The HP could have advised the mother to take measures to minimize the infant's exposure.
			Metronidazole	<b>Lactmed:</b> Opinions vary. Avoid long term therapy. Avoid BF for 12-24h after last maternal dose. Use alternative drugs if possible. <b>Hale:</b> L2		
				<b>Hale: L1</b>		
31	40 days	Mastitis	Cefaclor	<b>Lactmed:</b> LD. Compatible. <b>Hale:</b> L1	Mammologist's advice. Informed choice.	Erroneous counseling. The HP could have advised the mother to take measures to minimize the infant's exposure. [e.g., administer the maternal dose after BF and before the infant's longest sleep; avoid BF or discard breast milk for a certain period of time (e.g., 4 hours) after the maternal dose].
			Ciprofloxacin	<b>Lactmed:</b> Probably Compatible. Avoiding BF for 3-4 hours decreases the exposure. <b>Hale:</b> L3. Use alternative drugs if possible (e.g., amoxicilline, cephalixin, ofloxacin).		
				<b>Hale: L1</b>		
32	30 days	Postpartum infection	Cefoxitin	<b>Lactmed:</b> Compatible. <b>Hale:</b> L1	Obstetrician's advice. Informed choice.	Erroneous counseling. The HP could have advised the mother to take measures to minimize the infant's exposure.
			Metronidazole	<b>Lactmed:</b> Opinions vary. Avoid long term therapy. Avoid BF for 12-24h after last maternal dose. Use		

				alternative drugs if possible. <b>Hale:</b> L2		
			Doxycycline (10 days)	<b>Lactmed:</b> Compatible in short-term use. Avoid prolonged use. <b>Hale:</b> L3. Avoid prolonged use >21 days (dental staining or decrease bone growth).		
			Cefuroxime	<b>Lactmed:</b> LD. Probably compatible. <b>Hale:</b> L2		
33	4 days	Postpartum infection	Metronidazole	<b>Lactmed:</b> Opinions vary. Avoid long term therapy. Avoid BF for 12-24h after last maternal dose. Use alternative drugs if possible. <b>Hale:</b> L2	Obstetrician's advice. Informed decision.	Erroneous counseling. The HP could have advised the mother to take measures to minimize the infant's exposure.
			Doxycycline (10 days)	<b>Lactmed:</b> Compatible in short-term use. Avoid prolonged use. <b>Hale:</b> L3. Avoid prolonged use >21 days (dental staining or decrease bone growth).	The pediatrician recommended her relactation, but the mother refused.	
			Cefuroxime	<b>Lactmed:</b> LD. Probably compatible. <b>Hale:</b> L2		
34	40 days	Endometritis	Metronidazole	<b>Lactmed:</b> Opinions vary. Avoid long term therapy. Avoid BF for 12-24h after last maternal dose. Use alternative drugs if possible. <b>Hale:</b> L2	Obstetrician's advice. Informed choice.	Erroneous counseling. The HP could have advised the mother to take measures to minimize the infant's exposure.
			Amikacin	<b>Lactmed:</b> Probably compatible. <b>Hale:</b> L2		
35	0 days	Respiratory tract infection	Ceftriaxone	<b>Lactmed:</b> LD. Compatible. <b>Hale:</b> L1	Obstetrician's advice. Informed choice.	Erroneous counseling due to compatibility of the medicines with BF.
			Azithromycin	<b>Lactmed:</b> Probably Compatible. Risk for		

			Salbutamol-Albuterol Sulfate & Ipratropium Bromide	infantile hypertrophic pyloric stenosis (?). <b>Hale:</b> L2 <b>Lactmed:</b> ND. Compatible. <b>Hale:</b> L2		Note: Ambroxol is a mucolytic of choice, widely used and well tolerated during BF [37].
			Budesonide			
			Ambroxol	<b>Lactmed:</b> Compatible. <b>Hale:</b> L1		
				<b>Lactmed:</b> Not classified. <b>Hale:</b> Not classified.		
36	15 days	Pyelonephritis	Ciprofloxacin	<b>Lactmed:</b> Probably Compatible. Avoiding BF for 3-4 hours decreases the exposure. <b>Hale:</b> L3. Use alternative drugs if possible (e.g., amoxicilline, cephalixin, ofloxacin).	Obstetrician's/ Pediatrician's advice. Informed choice.	Erroneous counseling. The HP could have advised the mother to take measures to minimize the infant's exposure. [e.g., administer the maternal dose after BF and before the infant's longest sleep; avoid BF or discard breast milk for a certain period of time (e.g., 4 hours) after the maternal dose].
37	60 days	Pyelonephritis	Ciprofloxacin	<b>Lactmed:</b> Probably Compatible. Avoiding BF for 3-4 hours decreases the exposure. <b>Hale:</b> L3. Use alternative drugs if possible (e.g., amoxicilline, cephalixin, ofloxacin).	Obstetrician's advice. Informed choice.	Erroneous counseling. The HP could have advised the mother to take measures to minimize the infant's exposure. [e.g., administer the maternal dose after BF and before the infant's longest sleep; avoid BF or discard breast milk for a certain period of time (e.g., 4 hours) after the maternal dose].
			Amoxicillin & Clavulanic Acid	<b>Lactmed:</b> LD. Compatible <b>Hale:</b> L1		
			Cefoxitin	<b>Lactmed:</b> Compatible <b>Hale:</b> L1		
38	4 days	Urinary tract infection	Ciprofloxacin	<b>Lactmed:</b> Probably Compatible. Avoiding BF	Obstetrician recommended	Evidence-based counseling.



				for 3-4 hours decreases the exposure. <b>Hale:</b> L3. Use alternative drugs if possible.	discarding the breast milk. Maternal decision to cease due to milk reduction.	
39	150 days	Conjunctivitis	Gentamicin & Dexamethasone (Topical)	<b>Lactmed:</b> LD. Probably Compatible. <b>Hale:</b> Not classified.	Pediatrician recommended discarding the breast milk. Maternal decision to cease BF due to milk reduction.	Erroneous counseling due to compatibility of the medicine with BF.
40	60 days	Ulcerative colitis	Azathioprine	<b>Lactmed:</b> Probably Compatible. Use with caution during BF (Alternatives: e.g., infliximab, budesonide). Avoiding BF for 4 hours markedly decreases drug levels in breast milk. <b>Hale:</b> L3	Gastroenterologist's advice.	Erroneous counseling. The HP could have advised the mother to take measures to minimize the infant's exposure.
			Infliximab	<b>Lactmed:</b> LD. Probably Compatible. <b>Hale:</b> L3	Pediatrician in accordance. Informed choice.	[e.g., administer the maternal dose after BF and before the infant's longest sleep; avoid BF or discard breast milk for a certain period of time (e.g., 4 hours) after the maternal dose].
			Prednisolone (40mg/day)	<b>Lactmed:</b> Probably Compatible. In high doses (>40 mg/day), avoid BF for 4 hours. High doses may suppress lactation. <b>Hale:</b> L2		
41	20 days	Purulent drainage from wounds	Ciprofloxacin	<b>Lactmed:</b> Probably Compatible. Avoiding BF for 3-4 hours decreases the exposure. <b>Hale:</b> L3. Use alternative drugs if possible.	Obstetrician's advice to discard breast milk.	Evidence-based counseling.
			Metronidazole	<b>Lactmed:</b> Opinions vary. Avoid long term therapy. Avoid BF for 12-24h after last maternal dose. Use alternative drugs if possible. <b>Hale:</b> L2	Maternal decision.	
			Amoxicillin	<b>Lactmed:</b> LD. Compatible. <b>Hale:</b> L1		

42	9 days	Purulent drainage from wounds	Clindamycin	<b>Lactmed:</b> Probably Compatible. Use alternative drugs if possible. <b>Hale:</b> L2. LD. Probably Compatible.	Maternal decision.	Absence of counseling.
			Doxycycline	<b>Lactmed:</b> Compatible in short-term use. Avoid prolonged use. <b>Hale:</b> L3. Avoid prolonged use >21 days (dental staining or decrease bone growth).		
			Piperacillin & Tazobactam	<b>Lactmed:</b> ND. Probably Compatible. <b>Hale:</b> L2		
43	10 days	Purulent drainage from wounds	Clindamycin	<b>Lactmed:</b> Probably Compatible. Use alternative drugs if possible. <b>Hale:</b> L2. LD. Probably Compatible.	Pediatrician recommended discarding the breast milk. Maternal decision to cease BF due to milk reduction.	Evidence-based counseling.
			Ciprofloxacin	<b>Lactmed:</b> Probably Compatible. Avoiding BF for 3-4 hours decreases the exposure. <b>Hale:</b> L3. Use alternative drugs if possible.		
44	60 days	Purulent tonsillitis, allergy to antibiotic	Methylprednisolone (12 mg/day)	<b>Lactmed:</b> Compatible. <b>Hale:</b> L2	Maternal decision (internet information).	Absence of counseling.
45	165 days	Influenza	Oseltamivir	<b>Lactmed:</b> LD. Compatible. <b>Hale:</b> L2	Pathologist's and obstetrician's advice. Informed choice.	Erroneous counseling due to compatibility of the medicines with BF.
			Clarithromycin	<b>Lactmed:</b> Probably Compatible. Risk for infantile hypertrophic pyloric stenosis (?). <b>Hale:</b> L1		
46	5 days	Prophylactic administration for influenza (older's child illness)	Oseltamivir	<b>Lactmed:</b> LD. Compatible. <b>Hale:</b> L2	Pediatrician's advice. Informed choice.	Erroneous counseling due to compatibility of the medicine with BF.
47	45 days	Herpes zoster	Valacyclovir	<b>Lactmed:</b> LD. Compatible. <b>Hale:</b> L2	Obstetrician's/ Pediatrician's advice. Informed choice.	Erroneous counseling due to

						compatibility of the medicine with BF.
48	4 days	Hypertension	Methyldopa	<b>Lactmed:</b> Compatible. <b>Hale:</b> L2	Pediatrician recommended continuation of BF. Maternal decision.	Evidence-based counseling.
			Nifedipine	<b>Lactmed:</b> Compatible. <b>Hale:</b> L2		
49	60 days	Hypertension	Methyldopa	<b>Lactmed:</b> Compatible <b>Hale:</b> L2	Obstetrician/Paediatrician recommended discarding the breast milk. Maternal decision to cease BF due to milk reduction.	Erroneous counseling due to compatibility of the medicine with BF.
50	135 days	Cholestasis	Ursodeoxycholic Acid	<b>Lactmed:</b> Not classified <b>Hale:</b> L3	Surgeon's/Pathologist's advice. Informed choice, (fear of harming her infant, although internet information indicated compatibility of the medicine).	Erroneous counseling. The HP could have advised the mother to take measures to minimize the infant's exposure. (e.g., administer the maternal dose after BF and before the infant's longest sleep).
51	40 days	Cholecystectomy		<b>Lactmed:</b> Probably Compatible. Avoiding BF for 3-4 hours decreases the exposure (e.g., amoxicilline, cephalixin, ofloxacin). <b>Hale:</b> L3. Use alternative drugs if possible.	Surgeon's advice. Informed choice.	Erroneous counseling. The HP could have advised the mother to take measures to minimize the infant's exposure. [e.g., administer the maternal dose after BF and before the infant's longest sleep; avoid BF or discard breast milk for a certain period of time (e.g., 4 hours) after the maternal dose].
			Ciprofloxacin			
			Metronidazole	<b>Lactmed:</b> Opinions vary. Avoid long term therapy. Avoid BF for 12-24h after last maternal dose. Use alternative drugs if possible.		
			Amoxicillin	<b>Hale:</b> L2  <b>Lactmed:</b> LD. Compatible. <b>Hale:</b> L1		
52	150 days	Car accident-Hospitalization	Medicines that the mother cannot remember (included antiepileptics)		Surgeon's/Pathologist's advice. Informed choice.	Ambiguous recommendations due to inadequate information given about which

						medicines were administered.
53	40 days	Kidney colic/ Nephrolithiasis	Alfuzosin	<b>Lactmed:</b> Not classified. <b>Hale:</b> L4	Pathologist's/ Obstetrician's advice. Pediatrician in accordance. Informed choice.	Evidence-based counseling.
54	90 days	Hypercholesterol emia	Atorvastatin	<b>Lactmed:</b> ND. Use alternative drugs (e.g., Cholestyramine, Colesevelam). <b>Hale:</b> L3	Pathologist's advice. Informed choice.	Erroneous counseling. The HP could have advised the mother to take measures to minimize the infant's exposure. (e.g., milk bank)
55	0 days	Thrombophilia	Acetylosalicylic Acid (160mg/day)	<b>Lactmed:</b> Probably compatible (low-dose) <b>Hale:</b> L2	Haematologist's advice. Informed choice.	Erroneous counseling due to drug dose compatibility with BF.
56	0 days	Illicit drug abuse/ former heroin user	Methadone	<b>Lactmed:</b> Compatible. <b>Hale:</b> L2	Maternal decision.	Absence of counseling.
57	0 days	Illicit drug abuse/ former heroin user	Buprenorphine & Naloxone	<b>Lactmed:</b> LD. Probably Compatible. <b>Hale:</b> L2	Maternal decision.	Absence of counseling.

BF: Breastfeeding, LD: Limited Data, ND: No Data, PRL: Prolactin.

\* Maternal decision: the mother decides to cease breastfeeding in the absence of or contradictory to counseling. Maternal decision to cease breastfeeding due to milk reduction.

\*\* Informed choice: the mother agrees and follows the HP's counseling for breastfeeding cessation.