Counseling by midwives on medication intake during a woman's reproductive life

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Dear Editor,

Counseling by midwives on medication intake during pregnancy, labour, lactation, the postpartum period, and in gynaecological patients is of particular importance for women. Medication intake may be required to manage acute conditions or chronic diseases in women, and concerns or questions often arise about the safety of various medications for the developing fetus, the nursing newborn or infant, or even for themselves. Midwives, trained healthcare professionals who specialize in providing evidence-based care to women, have the ability to guide them in making informed decisions about their healthcare that align with their individual values and preferences (Nordeng et al., 2010, Wolgast et al., 2019). Midwives, in collaboration with physicians of other specialisations, can also assist women in developing a management plan for any pre-existing medical condition (e.g. asthma, diabetes, epilepsy, mental illness, heart disease, thyroid disease) or emerging health problems that may arise during pregnancy (e.g. respiratory infection, pre-eclampsia), breastfeeding, or at any stage of a woman's life.

Occasionally, women receive conflicting advice from healthcare professionals that is not based on evidence-based knowledge, leading them to wean unnecessarily (Hanley et al., 2020, Saha et al., 2015). In a recent study regarding the effect of medication use on breastfeeding initiation and discontinuation conducted in Greece, of all women who discontinued breastfeeding due to medication intake (14.4%, n=57/397), 68.4% of them were led to weaning due to incorrect advice from healthcare professionals (obstetricians, paediatricians, physicians of other specializations) (Tigka et al., 2023). Although various sources of information are reliable on the compatibility of medications with breastfeeding (Hale, 2021, Lactmed, 2006), it was reported that the physicians who counseled mothers had not relied on evidence-based knowledge. On the other hand, it was also noted that mothers did not refer to midwives for counselling on medication use during lactation. The role of midwives in supporting lactation includes providing counselling on the compatibility of medications with breastfeeding and encouraging the shared decision-making process (Tigka et al., 2022, Al-Sawalha et al., 2016).

In conclusion, the decision that the mother makes about whether to continue breastfeeding when the issue of medication compatibility arises, depends on the information she receives from the qualified healthcare professional providing counselling (Shamir, 2016). Counseling should always be based on evidence-based knowledge. It seems therefore advisable to create a database on the compatibility of medicines with pregnancy and breastfeeding in the Greek national healthcare system and finally to strengthen the role of midwives in counselling regarding medication use during a woman's reproductive life.

REFERENCES

- Nordeng H, Koren G, Einarson A. Pregnant Women's Beliefs About Medications—A Study Among 866 Norwegian Women. Ann Pharmacother. 2010;44(9):1478-1484. doi:10.1345/ aph.1P231
- Wolgast E, Lindh-Åstrand L, Lilliecreutz C. Women's perceptions of medication use during pregnancy and breastfeeding—A Swedish cross-sectional questionnaire study. Acta Obstet Gynecol Scand. 2019;98(7):856-864. doi:10.1111/aogs.13570
- Hanley L. Medication Use During Lactation: Either a Potential Contributor to Premature Weaning or Evidencebased Support of the Mother/Child Couplet. Clin Ther. 2020;42(3):393-400. doi:10.1016/j.clinthera.2020.01.019
- Saha MR, Ryan K, Amir LH. Postpartum women's use of medicines and breastfeeding practices: a systematic review. Int Breastfeed J. 2015;10:28. doi:<u>10.1186/s13006-015-0053-6</u>
- Hale TW. Hale's Medications & Mothers' Milk 2021: A Manual of Lactational Pharmacology. 19th ed. Springer Publishing Company; 2021.
- 6. Drugs and Lactation Database (LactMed®). National Institute

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- Tigka M, Metallinou D, Nanou C, Iliodromiti Z, Gryparis A, Lykeridou K. Medication Intake as a Factor for Non-Initiation and Cessation of Breastfeeding: A Prospective Cohort Study in Greece during the COVID-19 Pandemic. Children (Basel). 2023;10(3):586. doi:10.3390/children10030586
- Tigka M, Metallinou D, Pardali L, Lykeridou K. Shared decision-making about medication intake during lactation: A prospective longitudinal study in Greece. Eur J Midwifery. 2022;6(August):1-12. doi:10.18332/ejm/149830
- Al-Sawalha NA, Tahaineh L, Sawalha A, Almomani BA. Medication Use in Breastfeeding Women: A National Study. Breastfeed Med. 2016;11(7):386-391. doi:<u>10.1089/</u> <u>bfm.2016.0044</u>
- Shamir R. The Benefits of Breast Feeding. In: Bhatia J, Shamir R, Vandenplas Y, eds. Protein in Neonatal and Infant Nutrition: Recent Updates. S.Karger AG; 2016. Nestlé Nutrition Institute Workshop Series; vol. 86. doi:10.1159/000442724

CONFLICTS OF INTEREST

The author has completed and submitted an ICMJE Form for Disclosure of Potential Conflicts of Interest and none was reported.

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