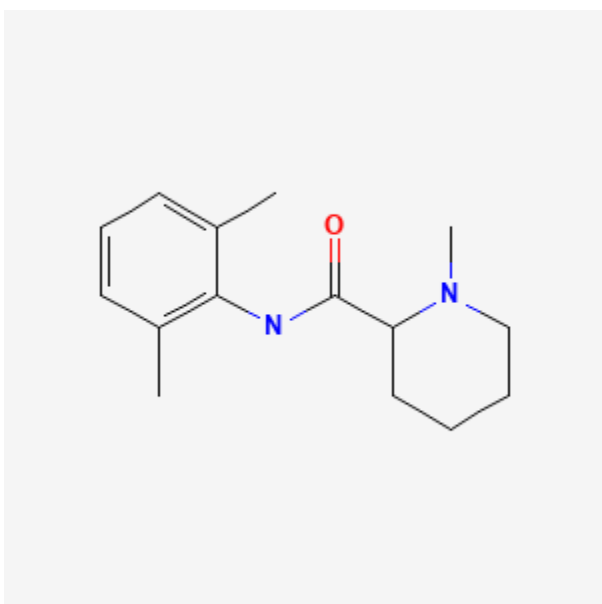




Mepivacaine

Revised: November 16, 2020.

CASRN: 96-88-8



Drug Levels and Effects

Summary of Use during Lactation

No information is available on the use of mepivacaine during breastfeeding. Based on the low excretion of other local anesthetics into breastmilk, a single dose of mepivacaine during breastfeeding is unlikely to adversely affect the breastfed infant. However, an alternate drug may be preferred, especially while nursing a newborn or preterm infant.

Mepivacaine given during labor as a local anesthetic to the mother has been reported to interfere with initial nursing behavior of some infants, but not weight gain during the first 5 days postpartum. Although not well studied specifically with mepivacaine, it appears that with good breastfeeding support, epidural local anesthetics with or without fentanyl or one of its derivatives has little or no adverse effect on breastfeeding success.[1] Labor

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pain medication may delay the onset of lactation. More study is required to clarify the effect of mepivacaine during labor on breastfeeding outcome.

Drug Levels

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

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

Effects in Breastfed Infants

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

Effects on Lactation and Breastmilk

In a study that compared extradural administration of mepivacaine, bupivacaine and lidocaine for analgesia during normal childbirth, no differences were found in weight changes over the first 5 days after delivery among the breastfed infants of the 3 groups. Overall weight gain was within normal limits for all groups.[2]

Of 6 infants whose mothers received a pudendal block with mepivacaine within the hour before delivery, 4 took longer to begin nursing behavior and nursed less initially than 10 infants whose mothers received no anesthesia during labor. The long-term consequences of these differences were not reported.[3]

A national survey of women and their infants from late pregnancy through 12 months postpartum compared the time of lactogenesis II in mothers who did and did not receive pain medication during labor. Categories of medication were spinal or epidural only, spinal or epidural plus another medication, and other pain medication only. Women who received medications from any of the categories had about twice the risk of having delayed lactogenesis II (>72 hours) compared to women who received no labor pain medication.[4]

References

1. Heesen P, Halpern SH, Beilin Y, et al. Labor neuraxial analgesia and breastfeeding: An updated systematic review. *J Clin Anesth.* 2020;68:110105. PubMed PMID: 33069970.
2. Abouleish E, Donck AV, Meeuwis H, et al. Effect of anaesthesia for delivery on the weight of infants during the first 5 days of life. *Br J Anaesth.* 1978;50:569–74. PubMed PMID: 666931.
3. Ransjö-Arvidson AB, Matthiesen AS, Lilja G, et al. Maternal analgesia during labor disturbs newborn behavior: Effects on breastfeeding, temperature, and crying. *Birth.* 2001;28:5–12. PubMed PMID: 11264622.
4. Lind JN, Perrine CG, Li R. Relationship between use of labor pain medications and delayed onset of lactation. *J Hum Lact.* 2014;30:167–73. PubMed PMID: 24451212.

Substance Identification

Substance Name

Mepivacaine

CAS Registry Number

96-88-8

Drug Class

Breast Feeding

Lactation

Anesthetics, Local