



Antacids

Revised: July 18, 2022.

Drug Levels and Effects

Summary of Use during Lactation

Although no published information on the aluminum, calcium or magnesium content of milk during maternal antacid therapy could be found, additional intake of these minerals by a nursing mother is unlikely to surpass that found in other infant foods. In addition, oral absorption of aluminum and magnesium is poor. Because of these factors, reviewers generally consider antacid use during breastfeeding to be acceptable.[1-3] No special precautions are required.

Drug Levels

Maternal Levels. The aluminum content of human milk is normally lower than cow's milk and much lower than infant formula.[4,5] Magnesium is a normal component of human milk.[6] When magnesium is administered intravenously in large doses, milk magnesium levels are increased only slightly.[7] Calcium is a normal component of human milk.[6] Alginic acid and simethicone, which are components of some antacids are not absorbed orally.[1,8]

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

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

Alternate Drugs to Consider

Cimetidine, Famotidine, Nizatidine, Omeprazole, Pantoprazole, Sucralfate

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References

1. Lewis JH, Weingold AB; Committee of FDA-Related Matters American College of Gastroenterology. The use of gastrointestinal drugs during pregnancy and lactation. *Am J Gastroenterol*. 1985;80:912–23. PubMed PMID: 2864852.
2. Broussard CN, Richter JE. Treating gastro-oesophageal reflux disease during pregnancy and lactation: What are the safest therapy options? *Drug Saf*. 1998;19:325–37. PubMed PMID: 9804446.
3. Richter JE. Review article: The management of heartburn in pregnancy. *Aliment Pharmacol Ther*. 2005;22:749–57. PubMed PMID: 16225482.
4. Fernández-Lorenzo JR, Cocho JA, Rey-Goldar ML, et al. Aluminum contents of human milk, cow's milk, and infant formulas. *J Pediatr Gastroenterol Nutr*. 1999;28:270–5. PubMed PMID: 10067727.
5. Mandić ML, Grgić J, Grgić Z, et al. Aluminum levels in human milk. *Sci Total Environ*. 1995;170:165–70. PubMed PMID: 7481740.
6. Neville MC. Calcium secretion into milk. *J Mammary Gland Biol Neoplasia*. 2005;10:119–28. PubMed PMID: 16025219.
7. Cruikshank DP, Varner MW, Pitkin RM. Breast milk magnesium and calcium concentrations following magnesium sulfate treatment. *Am J Obstet Gynecol*. 1982;143:685–8. PubMed PMID: 7091241.
8. Hagemann TM. Gastrointestinal medications and breastfeeding. *J Hum Lact*. 1998;14:259–62. PubMed PMID: 10205441.

Substance Identification

Substance Name

Antacids

Drug Class

Breast Feeding

Lactation

Milk, Human

Antacids, Oral

Anti-Ulcer Agents

Gastrointestinal Agents