

# Haemorrhoid (piles) and anal fissure treatment in Breastfeeding Mothers

*The information provided is taken from various reference sources. It is provided as a guideline. No responsibility can be taken by the author or the Breastfeeding Network for the way in which the information is used. Clinical decisions remain the responsibility of medical and breastfeeding practitioners. The data presented here is intended to provide some immediate information but cannot replace input from professionals.*

Haemorrhoids (piles) occur frequently as a result of increased abdominal pressure during pregnancy or a prolonged second stage of labour. Anyone experiencing haemorrhoids should eat additional fruit and fibre and drink plenty of fluid in order to avoid constipation. If necessary a bulk laxative such as Fybogel®, lactulose or a stool softener such as docusate (which are all safe to be used whilst breastfeeding - see information sheet on constipation) can be useful on a temporary basis.

For further information see <http://www.patient.co.uk/showdoc/23068749/>

Creams, ointments and suppositories do not cure haemorrhoids but do help with the symptoms of pain and irritation. They often contain a local anaesthetic which limits use to seven days after which time increased sensitisation from the ingredient may occur.

Ice packs, or the application of bags of frozen peas suitably wrapped, can also help to relieve swelling. Care should be taken not to burn the skin by using frozen agents directly to the skin.

Prescribed creams and suppositories may include a corticosteroid to reduce inflammation – this will not produce clinically significant levels in breastmilk.

Painkillers (analgesics) may be needed in cases of severe pain – products containing codeine should be avoided as they cause constipation which results in additional straining and further irritation of haemorrhoids. Paracetamol is an ideal choice taken regularly at normal doses.

Products to treat haemorrhoids can be used by breastfeeding mothers without affecting breastfeeding. The absorption of the ingredient drugs from the rectum will not produce significant levels in breastmilk and can be used as necessary for the mother's comfort (morning and night and after bowel motions).

There are a variety of commercially available creams, ointments and suppositories all compatible with breastfeeding : Anusol®, Anusol HC®, Proctosedyl®, Germoloids®, Hemocane®, Preparation H®, Xyloproct®, Ultraproct® Scheriproct®

## Anal fissures

In severe cases mothers may develop anal fissures which do not heal and produce severe pain. This may be treated with glyceryl trinitrate ointment 0.2% or 0.4%. The mother may experience a headache but there are no reports of adverse effects in babies whose mothers have applied it (Taylor

**To talk to a mum who knows about breastfeeding call the National Breastfeeding Helpline 0300 100 0212**

*Calls to 0300 numbers cost no more than calls to UK numbers starting 01 and 02 and will be part of any inclusive minutes that apply to your provider and call package.*

2008, UKMI). Use during breastfeeding is unlicensed. It is assumed that diltiazem cream would similarly not affect the baby but no research has been identified.

## Bibliography

- British National Formulary
- Hale TW Medication and Mothers Milk
- Jones W Breastfeeding and Medication Routledge 2018
- LactMed database <http://toxnet.nlm.nih.gov/cgi-bin/sis/htmlgen?LACTMED>
- Specialist Pharmacist Service. Safety in Lactation Drugs for rectal and anal disorders. 2016 [www.sps.nhs.uk/articles/safety-in-lactation-drugs-for-rectal-anal-disorders](http://www.sps.nhs.uk/articles/safety-in-lactation-drugs-for-rectal-anal-disorders)
- Taylor T, Kennedy D. Safety of topical glyceryl trinitrate in the treatment of anal fissure in breastfeeding women. Birth Defects Research Part a-Clinical and Molecular Teratology. 2008;82:411. Abstract.

