



Beth Israel Deaconess Medical Center

Breastfeeding and Contrast Agents (such as IV dye or swallowed contrast)

If you need to have a radiology procedure while you are breastfeeding - such as a CT (CAT) scan, MRI, or x-ray - you may need to get a “contrast agent.” In some cases, this is a dye that is injected into a vein. In other cases, it’s something you swallow. If you are breastfeeding, you may be concerned about whether your milk is safe for your baby after you’ve had a contrast agent.

Here is some information about the most common contrast agents used at BIDMC. We believe that all of these are safe for breastfeeding women, and do **not** require that you temporarily stop breastfeeding.

The staff in radiology will be able to tell you which of these agents you are getting. If you are getting a different agent, we will provide additional information.

Injected contrast agent

- If you get an injected agent, it will likely be either an Iodinated or Gadolinium-based dye.
- Although there have not been a lot of studies done on what happens to these contrast agents in breastfeeding women, the studies we do have are very reassuring. They show when breastfeeding women receive these agents, less than 1% of the dose gets into the breast milk.
- Of the very small amount that is in the milk, less than 1% of *that* gets into the baby’s bloodstream.
- This means that a very, very tiny amount (1% of 1%) gets into the baby’s system. This is less than the amount that your baby would get if he or she needed an x-ray study with a contrast agent.

Contrast agent that is swallowed

- If you are swallowing a contrast agent, it will likely be either barium dye or a Gadolinium-based dye.
- Barium dye stays in your intestines. It does not pass into the breastmilk. None of the swallowed barium dye will pass to the baby.

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- Gadolinium-based dye that is swallowed also stays largely in the intestine and is not likely to reach the mother's bloodstream or pass into the breastmilk in significant quantities.

Should I “pump and dump”?

Some women still feel anxious about injected contrast agent, and ask if they should pump their milk and throw it away until they are sure all the dye is out of their system (24-48 hours). We do not recommend this approach. We believe the “theoretical” risk to your baby does not outweigh the benefits of continuing to breastfeed without interruption. Consider:

- Your baby is just learning to breastfeed. Unless you have pumped breastmilk available, you would have to give your baby formula. We know that even one meal of formula can change the stomach of the newborn and make it harder for him/her to get the immunity from your milk when you start nursing again.
- Pumping takes a lot of time. Feeding a hungry baby **and** taking an extra half hour to pump and wash pump parts is a lot. (If baby is feeding 10 times a day, that's an extra 5 hours of work!)
- Sometimes a breastfed baby may not want the bottle, meaning he/she will miss one or more important feedings. Or, if your baby takes the bottle, he/she may not want to go back to the breast.

For these reasons, we recommend that you continue to breastfeed without interruption.

We understand that you want to do what is best for your baby. We hope this information has been helpful. Your nurse or doctor will be pleased to talk this over with you if you have questions or concerns. You may also contact our lactation consultants at 617-667-5765.

For general information about medications and breast feeding, here are two online resources. If you'd like to look up the exact contrast agent you are being given, ask the person doing your procedure for the name.

- www.toxnet.nlm.nih.gov/newtoxnet/lactmed.htm
- www.Infant Risk.org