Glaucoma Treatment During Pregnancy and Breastfeeding

Having a family is an exciting time but also a worrying time for glaucoma patients. It is important that you should discuss your good news with your healthcare specialist as soon as you become aware of your pregnancy, or if you are planning to start a family.

Many medicines are known to have adverse effects during pregnancy; others are known to be safe, but in a large number of cases there is no firm evidence to decide on risk or safety.

The most important thing, if you are pregnant or trying to conceive, is to consult your GP and eye specialist about the pressure lowering eye drops or tablets which you are taking. They will discuss with you the potential benefits of medical treatment against any possible risks, so that you can decide on your treatment together. Your ophthalmologist may advise an alternative medication, as it is important that glaucoma treatment is not discontinued.

Drug molecules which are comparatively small pass easily through the placenta from the mother into the baby’s blood stream. However, the quantity of drug delivered in an eye drop is relatively small.

Drug molecules also pass into breast milk, especially those which dissolve easily in fat. Drugs in breast milk may theoretically cause hypersensitivity in the infant even when concentrations are too low to cause other types of adverse effects. Punctal occlusion* after drop instillation will help to reduce the level of systemic (into the rest of your body) absorption.

The eye drops and tablets listed below may have effects on the developing baby during pregnancy and breastfeeding and the use of any of these should be discussed with your doctor.

**Betablockers** pass into the breast milk but adverse effects on the baby are unlikely from normal eye drop doses. The usual ones prescribed are: Timoptol (timolol), Teoptic (carteolol), Betagan (levobunolol) and Betoptic (betaxolol). These are also available without preservative in single dose containers, as well as Metripiranolol Minims and Tiopex (timolol).
Carbonic anhydrase inhibitors pass into the breast milk and may reduce the milk supply. They may be in the form of acetazolamide (Diamox) tablets or slow release capsules, they should be avoided during pregnancy. When breastfeeding, it is considered that the amount found in breast milk is too small to cause harm to the baby. Eye drops of dorzolamide (Trusopt) are also available. Their side effects, due to a general absorption, appear to be very much less than when the tablet form is taken by mouth. Brinzolamide (Azopt) and Brinzolamide and Timolol (Azarga) should not be used during pregnancy unless clearly necessary. If you are breastfeeding ask your healthcare professional for advice.

Sympathomimetics – Adrenaline is now not administered to new patients. Theoretically these eye drops could cause increased heart rate in the infant during breastfeeding.

Miotics (Pilocarpine) – There is no evidence of risk to the baby in pregnancy at the doses used for chronic glaucoma. This drug passes into breast milk but adverse effects on the baby are unlikely.

Prostaglandins – Xalatan (latanoprost), Xalacom (combination of latanoprost and timolol), Lumigan (bimatoprost), Ganfort (combination of bimatoprost and timolol), Safultan (tafluprost) and Travatan (travaprost), Duotrat (combination of travaprost and timolol), Monopost (latanoprost.) None of these are to be used unless clearly necessary.

Alpha 2 Agonist – Brimonidine (Alphagan), brimonidine and timolol (Combigan). The safety of use during pregnancy or breastfeeding has not been established in humans and should only be used if the potential benefit justifies the potential risk to the unborn baby or infant. It is not known if Alphagan or Combigan are excreted in human milk and therefore caution should be exercised since it has been found to be excreted in animal milk. As a general rule, drug research cannot be carried out in women who are, or might be, pregnant or breast feeding and as a result the drug manufacturers for legal reasons cannot recommend the use of drugs in this group of people. Over the years there have been a number of combination drops produced and caution should also be exercised with these.

Glossary – *Punctal occlusion – when you close the eye and place a finger on the tear duct in the corner of the eye, closest to your nose for one minute immediately after drop administration.
For more information
For a free information pack, or to discuss your glaucoma, please call Sightline on 01233 64 81 70

International Glaucoma Association
Woodcote House
15 Highpoint Business Village
Henwood, Ashford
Kent TN24 8DH

Administration: 01233 64 81 64
Email: info@iga.org.uk
Website: www.glaucoma-association.com

A full list of references and information sources used in the compilation of this leaflet is available on request by phone: 01233 64 81 70 (Sightline) or by email: info@iga.org.uk

Formed in 1974, the IGA has the mission to raise awareness of glaucoma, promote research related to early diagnosis and treatment and to provide support to patients and all those who care for them. Funded entirely by its members and donors (no government or statutory funding) the Association provides its services free of charge to anyone in need of assistance.

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Author: David Wright FIAM
Medical Editor: Mary Shaw MSc BA Cert Ed RN RNT RCNT RM OND