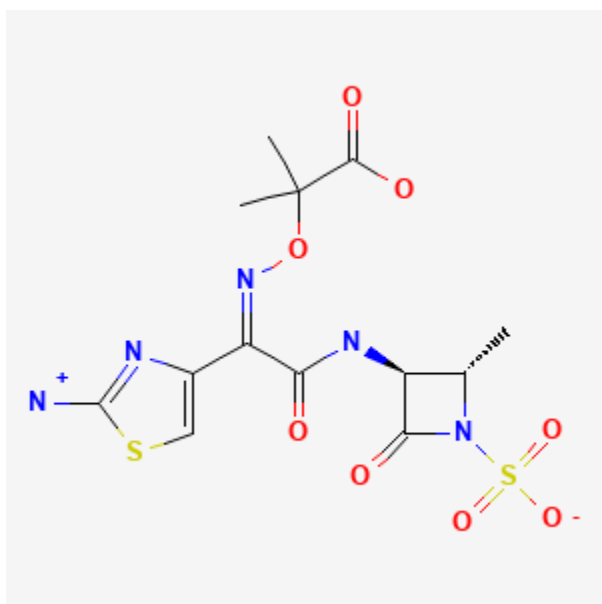




Aztreonam

Revised: April 5, 2020.

CASRN: 78110-38-0



Drug Levels and Effects

Summary of Use during Lactation

Limited information indicates that aztreonam produces low levels in milk that are not expected to cause adverse effects in breastfed infants. Occasionally disruption of the infant's gastrointestinal flora, resulting in diarrhea or thrush have been reported with beta-lactams, but these effects have not been adequately evaluated. A task force respiratory experts from Europe, Australia and New Zealand found that inhaled tobramycin is compatible with breastfeeding.[1] Aztreonam is acceptable in nursing mothers.

Disclaimer: Information presented in this database is not meant as a substitute for professional judgment. You should consult your healthcare provider for breastfeeding advice related to your particular situation. The U.S. government does not warrant or assume any liability or responsibility for the accuracy or completeness of the information on this Site.

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Drug Levels

Maternal Levels. After a single intramuscular dose of aztreonam 1 gram in 6 women, peak milk levels averaging 0.3 mg/L occurred 6 hours after the dose. In 6 other women given a single 1 gram dose of aztreonam intravenously, peak milk levels averaged 0.2 mg/L at 2.4 hours after the dose. Aztreonam was detectable (detection limit 0.09 mg/L) in milk between 2 and 8 hours after the intramuscular dose and 1.5 and 8 hours after the intravenous dose.[2,3]

After a single intravenous dose of aztreonam 1 gram, milk levels ranging from 0.4 to 1 mg/L occurred 1 to 5 hours after the dose in 10 women with little variation in milk levels during this time in each woman. On average, levels were slightly higher 2 hours after the dose, but in individuals the peak level occurred at various times between 1 and 4 hours.[4]

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.

References

1. Middleton PG, Gade EJ, Aguilera C, et al. ERS/TSANZ Task Force Statement on the management of reproduction and pregnancy in women with airways diseases. *Eur Respir J.* 2020;55:1901208. PubMed PMID: 31699837.
2. Fleiss PM, Devlin R, Richwald G, et al. Aztreonam excretion in human milk. *Clin Pharmacol Ther* 1984;35:240. Abstract. doi:10.1038/clpt.1984.32
3. Fleiss PM, Richwald GA, Gordon J, et al. Aztreonam in human serum and breast milk. *Br J Clin Pharmacol.* 1985;19:509–11. PubMed PMID: 4039600.
4. Ito K, Hirose R, Tamaya T, et al. Pharmacokinetic and clinical studies of aztreonam in the perinatal period. *Jpn J Antibiot.* 1990;43:719–26. PubMed PMID: 2381040.

Substance Identification

Substance Name

Aztreonam

CAS Registry Number

78110-38-0

Drug Class

Breast Feeding

Lactation

Anti-Infective Agents

Antibacterial Agents

Monobactams