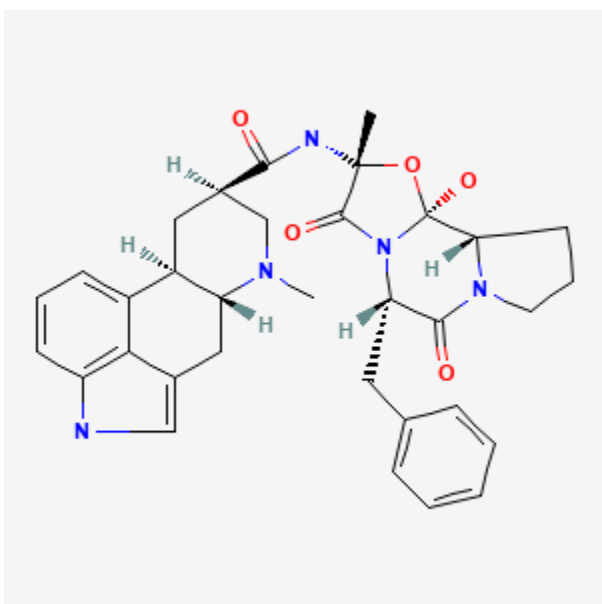




Dihydroergotamine

Revised: September 20, 2021.

CASRN: 511-12-6



Drug Levels and Effects

Summary of Use during Lactation

No information is available on the clinical use of dihydroergotamine during breastfeeding. Because it might cause adverse effects in the infant and decrease the milk supply, most authorities consider ergotamine to be contraindicated during nursing.[1-3] The manufacturer of the dihydroergotamine nasal spray recommends that nursing mother should not breastfeed during treatment and for 3 days after the last dose. Any milk that is pumped during this time should be discarded.

Drug Levels

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

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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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

Eletriptan, Rizatriptan, Sumatriptan, Zolmitriptan

References

1. Davanzo R, Bua J, Paloni G, et al. Breastfeeding and migraine drugs. *Eur J Clin Pharmacol.* 2014;70:1313–24. PubMed PMID: 25217187.
2. MacGregor EA. Migraine in pregnancy and lactation. *Neurol Sci.* 2014;35 Suppl 1:61–4. PubMed PMID: 24867839.
3. Anderson PO. Migraine drug therapy during breastfeeding. *Breastfeed Med.* 2019;14:445–7. PubMed PMID: 31347910.

Substance Identification

Substance Name

Dihydroergotamine

CAS Registry Number

511-12-6

Drug Class

Breast Feeding

Lactation

Analgesics, Non-Narcotic

Dopamine Agonists

Vasoconstrictor Agents