

# Quetiapine intake and milk ejection reflex in a breastfeeding woman: a case report

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## Background

- Quetiapine is an atypical antipsychotic medication blocking dopamine receptors, in addition to its antagonism of histamine, adrenergic, serotonin, and muscarinic receptors.
- By enhancing prolactin excretion, **quetiapine could lead to galactorrhoea**.
- To date, the SmPC **does not contain information on the association of quetiapine use and oxytocin secretion**, and hence, stimulation of the milk ejection reflex in (breastfeeding) women.

## Objective

We describe a **case report** of a breastfeeding woman **using quetiapine and experiencing a milk ejection reflex**.

## Methods

The Netherlands Pharmacovigilance Centre Lareb received a **spontaneous report** from a psychiatrist in 2022. Informed consent of the patient was obtained to report the case.

## Results

### Patient characteristics

- A 28-year-old woman who had given birth to a male infant at 42 weeks of gestational age.
- **At four weeks postpartum**, the **exclusively breastfeeding mother** started using **50mg quetiapine per day** (at 11 PM, after the last nursing event of the day), to treat psychotic intrusive thoughts.
- No other concomitant medication use; no previous use of quetiapine.

### Case description

- **30-40' after quetiapine use**, she each time felt a milk ejection reflex, starting from the day after quetiapine initiation.
- She described this as a **tingling sensation in her breasts** (like breastfeeding), after which the **milk ejection** started.
- She did not report having experienced leaking breasts in between feeds.
- At the time of quetiapine intake, her breasts were almost empty, and her baby had stopped suckling.
- The mother reported having experienced the adverse effect after quetiapine intake **during a period of six months**. The one time she did not use quetiapine, the milk ejection reflex did not occur. When restarting the medicine the next day, the effect occurred again (i.e., a **positive dechallenge and rechallenge**).
- No hormone or drug levels of quetiapine and/or its metabolites were analyzed in breast milk or blood.

## Discussion and conclusions

Although a causal relationship cannot be established based on this single case, the observation of quetiapine intake followed by a milk ejection reflex in a breastfeeding woman is interesting given:

- 1) its **continuous and long-term appearance** over a 6-months period;
- 2) the **positive dechallenge and rechallenge**;
- 3) the **plausible timing of appearance of the side effect** since quetiapine intake (Tmax quetiapine = 1.5hours);
- 4) the **lack of spontaneous milk leakage** in this case.

This observation clearly requires further investigation, including the identification of a plausible biologic mechanism.

## Contact Information

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