

LDN, Pregnancy and Breastfeeding

I wish it was a clear decision regarding LDN and Pregnancy and that we had more information. I have seen one area of possible concern so I feel obliged to pass on the two sides although the weight of actual experience seems to lean towards LDN being a good thing. In my civilian opinion I think that one might do worse than use “Healthy Mommy for a Healthy Baby” as a guideline.

On the one hand there is clinical and anecdotal experience that supports the use of LDN during pregnancy. However there are some concerns that are difficult to resolve without long term studies. Info on both sides of the question follow:

LDN therapy seems to be a promising treatment for infertility...

Dr. Phil Boyle has utilized Low Dose Naltrexone (LDN) for 19 years with great success. Many women are unable to become pregnant due to poor health and a compromised autoimmune system, and shortage of endorphins. LDN does much to improve there conditions, and conception becomes possible. He recommends that women take LDN before, during, and after birth. He observes that LDN babies are healthier, happier, and sleep better. He is an authority on LDN and pregnancy with over 4,000 successful births. He hopes to create a study report based on his experiences.

Review by Ken Bruce...

<https://ldnresearchtrust.org/pregnancy-and-low-dose-naltrexone-dr-phil-boyle-ldn-low-dose-naltrexone>

LDN therapy seems to be a promising treatment for infertility...

<https://www.medexpress.pl/blogosfera/ldn-therapy-seems-to-be-a-promising-treatment-for-infertility-86359>

Presentation from the 2016 conference by Dr Boyle:

<https://ldnresearchtrust.org/dr-phil-boyle%E2%80%99s-presentation-ldn-pregnancy-ldn-2016-conference>

Dr. Phil Boyle Fertility Clinic that uses LDN....

<https://www.youtube.com/watch?v=DfosqmtFExU>

Dr Phil Boyle - LDN Prescribing Doctor -Low Dose Naltrexone. Excellent talk where he mentions LDN in regards to pregnancy, AI conditions and candida...

<https://vimeo.com/110805840>

Another interview with Linda Elsegood – Dr Phil Boyle - 26th Feb 2020....

<https://vimeo.com/386996935>

“Question: Given the large number of patients you have treated with LDN during pregnancy, what are your observations about the safety of LDN during pregnancy? Answer: Initially I did not continue LDN during pregnancy as I was unsure of its safety. When I stopped LDN for women who really needed it, we had more miscarriages and less healthy pregnancies - lower birth weight and premature delivery. In an attempt to improve pregnancy outcomes, I continued LDN initially until 16 weeks; in my current practice, I recommend LDN until 37 weeks. A recent survey

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of patient experience using LDN in pregnancy shows better outcomes for those who continue it throughout pregnancy.”

A Facebook group - Using LDN to Conceive/Prevent Miscarriages

[as of 11/16/24 the group is paused however it may resume operation in the future]...

<https://www.facebook.com/groups/717694798612237/>

A new group: LDN for Fertility & Womens' Reproductive Health...

<https://www.facebook.com/groups/1324831698633167/>

Naltrexone use in pregnancy: a time for change (this is about the 50mg dose, but perhaps adds evidence about the safety of lower doses)...

[https://www.ajog.org/article/S0002-9378\(19\)31055-5/fulltext](https://www.ajog.org/article/S0002-9378(19)31055-5/fulltext)

However here are some concerns on the other side posted on the LDN Now Blog. Inevitably since the thoughts are about long term effects the risks are theoretical:

Brian Haviland asked Jayne Crocker of LDN Now – regarding the post about OGFs and pregnancy that certainly sounds concerning for fetal development. And yet Boyle's clinical results and anecdotal reports on the LDN boards seem to indicate healthier than normal babies. What do you make of the apparent contradiction? And given all the various factors what do you end up suggesting to Mothers?

Jayne Crocker “It is a concern. Although there is anecdotal evidence provided by a couple of fertility Drs – I do not know, nor do they – what long term effects there may be and if these effects might be negative at some future time. We have been told that babies being born to mothers who take LDN are ‘happy and healthy’. They may look to be, but we cannot know if their cellular processes have been altered by the mother’s use of LDN or not. That would not be immediately obvious. Many people understand that LDN stimulates the production of endorphins and enkephalins and therefore believe it is harmless. Very few have researched the possible implications of that production especially to a foetus. One of LDNs well-documented effects is the down-regulation of cell proliferation rate. When human life is formed inside a mother’s womb, cells divide rapidly to allow for growth. During pregnancy it is essential and desirable to have normal cell growth rates as the foetus obviously needs growing cells in order to develop normally. So the question we need to be asking is, if a developing foetus is exposed to a slowed down cell growth rate environment by the mother taking LDN (which is what LDN does), what must its body do to overcome that impediment in its environment in order to achieve its potential growth? And how would this slowed down cell growth rate effect this child later on in life? By later on in life I mean in their 40s? We don't know. T and B cells are crucial to a foetus development yet OGF suppresses their proliferation on the foetus. For that reason I personally would not advocate taking LDN especially during the first 3 months of pregnancy.”

Post regarding breastfeeding on the LDN Hashi board: “My daughter is a Nutritionist and she is currently due with her second child this July... she did extensive research on this because she also has Hashimoto's as do I. The research she found was in Europe, and it was that women

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taking LDN do not pass any on thru their milk, and even those on Drug treatment on high (50mg) doses have minute traces in their milk, less than 1 microgram.”

On the LDN Chronic board member Natalie Caldwell Gates posted: “I’m a board certified lactation consultant. Naltrexone (even at the full 50mg dose) is an L1. That is the safest category of medication. Zero concern. The average relative infant dose is 1.4%. In general, we consider medications with a relative infant dose of less than 10% to likely be compatible with breastfeeding. In addition, LDN is given directly to children in some cases, which is another marker we use to determine safety. Unfortunately most doctors do not understand medication safety for breastfeeding, and instead of admitting that, they just tell people to stop nursing. The reality is the benefits of nursing far outweigh potential risks of a great number of medications. If you have any further questions, call the hotline in the second screenshot. They can help reassure you, and they are the foremost experts in the field.” She said it was fine if anyone wants to tag her. Drugs and Lactation Database....

<https://www.ncbi.nlm.nih.gov/books/NBK501239/?#!po=5.55556>

Pregnancy Survey in the Chronic group...

<https://www.facebook.com/groups/108424385861883/posts/8073827892654786/>

BTW off topic from LDN but if researching such things one may also want to look into Iodine: Some interesting comments about “iodine kids” in this lecture: Dr Jorge D. Flechas, MD - Whole Body Iodine Sufficiency.....

<https://www.youtube.com/watch?v=kZ-iDbgCupU&feature=youtu.be>

Related: <https://www.bellybelly.com.au/pregnancy/iodine-deficiency-and-pregnancy/>

Pregnancy, Children & Iodine by Stephanie Buist....

<https://steppingstonesliving.com/pregnancy-children-iodine/>

Iodine supplementation during pregnancy...

<https://www.who.int/tools/elena/commentary/iodine-pregnancy#:~:text=Because%20of%20increased%20thyroid%20hormone,to%20maternal%20and%20fetal%20hypothyroidism>

FFP 176 | The Role of Iodine in Women’s Health | Ovarian Cysts, Fibrocystic Breasts & Thyroid.... <https://www.youtube.com/watch?v=0oKvbxmJwGE&feature=youtu.be>

More info:

Iodine Protocols Group... <https://www.facebook.com/groups/IodineProtocols/>

From member Sally Raine Ewens: “This is a great article published by La Leche League International, I am a leader for La Leche League South Africa, but we all use the LLLI resources. <https://www.lli.org/breastfeeding-info/medications-quick-guide-parents/>

Similar to the above just from another very reliable breastfeeding site.

<https://kellymom.com/hot-topics/med-risks/>

Info from the CDC (just important to note that the lactmed app has been stopped) but E-lactancia which I've shared further down is actually easier to use and just as reliable, it's used by health professionals globally. The infant risk app or Medication and mothers milk book by

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Prof Thomas Hale are also excellent resources, but the book is pricey and the app is a once off payment because it's often used by health care professionals, but I have the app so I can send you a screen shot of the safety info from Infant risk on Naltrexone They obviously don't list LDN only Naltrexone, but it's the same thing just the dosage is different.

<https://www.ncbi.nlm.nih.gov/books/NBK501239/>

This is the link to the general E lactancia site where moms can check any medications.

<https://www.e-lactancia.org/> “

Information collected by Brian Haviland, Admin at the groups:
Low Dose Naltrexone (LDN) for Chronic Illness & Infections....

<https://www.facebook.com/groups/108424385861883>

Iodine Protocols Group...

<https://www.facebook.com/groups/IodineProtocols/>