

Glaucoma treatment during pregnancy and breastfeeding

General guidelines

- It is best to discuss treatment options such as stopping or changing medications before your pregnancy, so let your doctor know if you are planning to get pregnant. Early discussions may allow your doctor to attempt to lower your eye pressure with procedures such as lasers so you can use as little medicine as possible during your pregnancy.
- Make sure that your eye doctor shares information about their treatment plan with your other doctors (obstetrician, child's pediatrician/family physician during breastfeeding). They should be comfortable with the proposed treatment plan.
- Pregnancy might alter the course of glaucoma. A plan involving close, careful follow-up is recommended
- Sleeping position and delivery method choice (vaginal birth or C-section) do not cause meaningful pressure increases which threaten your vision.
- Drops should be administered with nasolacrimal occlusion (manually closing the tear duct). Alternatively, drop instillation should be followed by closing the eyes for 60 seconds (which also closes the tear duct). Ask your doctor to show you how this is done. When breastfeeding, whenever possible, apply drops right after, not before, a feeding session.
- There are many ways to lower your eye pressure during pregnancy. Drops can be safely administered, and laser therapy can be safely performed. Glaucoma surgery is rarely required during pregnancy, but in the rare cases it is needed, good outcomes are the norm.

Data regarding glaucoma medications during pregnancy and breastfeeding is very limited in humans, high-level safety evidence is generally unavailable, and reports are often anecdotal. Therefore, clinical judgment

with a careful risk-benefit consideration using best available current evidence is recommended on a case to case basis.