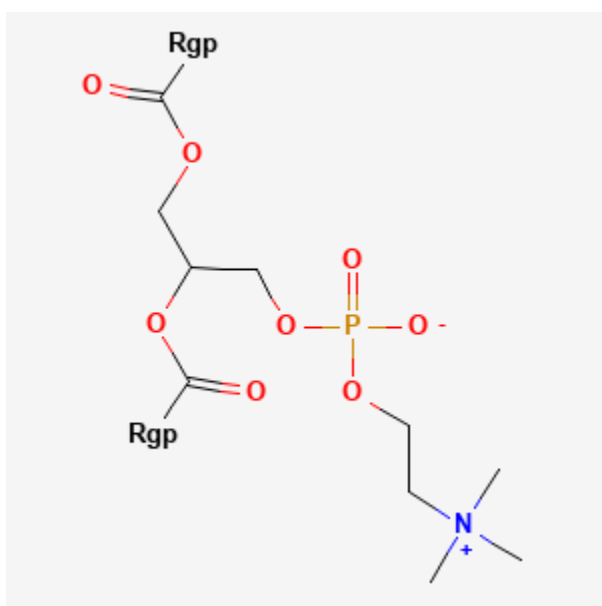




Lecithin

Revised: March 15, 2026.

CASRN: 8002-43-5



Drug Levels and Effects

Summary of Use during Lactation

Lecithin is a mixture of choline, choline esters, fatty acids, glycerol, glycolipids, triglycerides, phosphoric acid, and phospholipids, such as phosphatidylcholine that are normal components of human milk. Supplemental lecithin has been recommended as a treatment for plugged milk ducts,[1-3] and as an additive to human milk that is given to preterm infants via pumping through plastic tubing in order to prevent fat loss.[4] No scientifically valid clinical studies exist on the safety and efficacy of high-dose lecithin supplementation in nursing mothers or infants. Most nursing mothers do not have adequate choline intake and mothers of very preterm infants may have reduced levels of choline in milk.[5,6] A meta-analysis found that higher maternal choline intake was likely to be associated with better child neurocognition and neurodevelopment.[7] The choline concentration in milk showed positive association with fine motor and adaptability developmental

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quotient in breastfed infants at 6 months of age.[8] Supplementation with one component of lecithin, phosphatidylcholine, increases choline, but not phosphatidylcholine concentrations in breastmilk and supplementation with choline increases choline metabolites, but not choline in breastmilk. Lecithin is usually well tolerated and is considered to be "generally recognized as safe" (GRAS) by the U.S. Food and Drug Administration.

Dietary supplements do not require extensive pre-marketing approval from the U.S. Food and Drug Administration. Manufacturers are responsible to ensure the safety, but do not need to *prove* the safety and effectiveness of dietary supplements before they are marketed. Dietary supplements may contain multiple ingredients, and differences are often found between labeled and actual ingredients or their amounts. A manufacturer may contract with an independent organization to verify the quality of a product or its ingredients, but that does *not* certify the safety or effectiveness of a product. Because of the above issues, clinical testing results on one product may not be applicable to other products. More detailed information [about dietary supplements](#) is available elsewhere on the LactMed Web site.

Drug Levels

No published information was found as of the revision date on milk levels of lecithin following maternal supplementation. However, lecithin components such as choline and its esters are normally found in breastmilk.

Maternal Levels. A meta-analysis found that the average total water- and lipid-soluble choline (including choline esters) content of milk increased from 71.5 mg/L in colostrum to 152.2 mg/L in transitional milk, then stabilized at 145.0 mg/L in mature milk. The total choline concentration was higher in developing countries than in developed countries.[9]

A study of 94 women in China measured choline concentration in breastmilk over time. Choline concentration were 151.48 $\mu\text{mol/L}$ (15.8 mg/L) at 15 days, 134.69 $\mu\text{mol/L}$ (14.0 mg/L) at 30 days, and 119.00 $\mu\text{mol/L}$ (12.4 mg/L) at 90 days postpartum, respectively.[10]

Lactating women were given either 480 or 930 mg of choline daily. Both doses increased the breastmilk content of the choline metabolites, phosphocholine, glycerophosphocholine, glycine and trimethylamine oxide.[11]

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.

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Substance Identification

Substance Name

Lecithin

CAS Registry Number

8002-43-5

Drug Class

Breast Feeding

Lactation

Milk, Human

Complementary Therapies

Food

Phospholipids