



Supporting Breastfeeding for Mothers with Opioid Use Disorders

Breastfeeding should be encouraged for women on Medication Assisted Treatment with either buprenorphine or methadone, in the absence of maternal or infant medical contraindications (World Health Organization, 2014; Kocherlakota, 2014).

Key Points

- Breastfeeding is associated with decreased length and severity of neonatal abstinence syndrome (Abdel-Latif, 2006)
- Women who have experienced sexual trauma may be reluctant to breastfeed and their wishes must be respected. The option to feed pumped breastmilk may be more acceptable
- Breastfeeding may be complicated by NAS symptoms; therefore, support of a certified lactation consultant or other experienced provider is highly recommended
- Continued alcohol and non-prescribed drug use carries with it potential risk to both mother and the breastfeeding infant. However, substance use is not necessarily a contraindication to breastfeeding (WHO 2014). Therefore, a recommendation to abstain from breastfeeding should be made only if a woman expresses intent to continue substance use and declines appropriate treatment (see NNEPQIN Breastfeeding Guidelines for Women with a Substance Use Disorder for discussion of risks associated with specific substances)
- Rapid urine drug screening is associated with a significant rate of false positives and confirmatory testing should be performed if results are inconsistent with what woman reports

SUBSTANCES FOR WHICH ADVERSE EFFECTS ON THE BREASTFEEDING INFANT HAVE BEEN REPORTED

Adapted from: AAP COMMITTEE ON DRUGS. The Transfer of Drugs and Therapeutics Into Human Milk: An Update on Selected Topics. *Pediatrics*. 2013. **Consult source for substance specific references.**

Drug	Reported Effect or Reason for Concern*
Alcohol	Impaired motor development or postnatal growth, decreased milk consumption, sleep disturbances. Occasional, limited ingestion (0.5 g alcohol/kg/d; equivalent to 8 oz wine or 2 cans of beer per day) may be acceptable
Amphetamines	Hypertension, tachycardia, seizures. In animal studies of postnatal exposure, long term behavioral effects, including learning and memory deficits and altered locomotor activity, were observed
Benzodiazepines	Accumulation of metabolite, prolonged half-life; chronic use not recommended
Cocaine	Intoxication, seizures, irritability, vomiting, diarrhea, tremulousness
Heroin	Withdrawal symptoms, tremors, restlessness, vomiting, poor feeding
LSD	Potent hallucinogen, passes through blood/brain barrier easily; research limited
Methamphetamine	Potentially fatal, persists in breast milk for 48 h
Methylene dioxy-methamphetamine (ecstasy)	Closely related products (amphetamines) concentrated in human milk
Marijuana (cannabis)	Neurodevelopmental effects, delayed motor development, lethargy, less frequent and shorter feedings, high milk-plasma ratio in heavy users
Phencyclidine (PCP)	Potent hallucinogen, intoxication
Tobacco	Nicotine exposure, reduction in milk supply, second and third hand smoke exposure

*In addition to effect of substance, alteration in maternal judgment or mood may impact ability to care for infant.

Additional resources for providers

- AAP Committee on Drugs. The Transfer of Drugs and Therapeutics Into Human Milk: An Update on Selected Topics. *Pediatrics*. 2013;132:3:e796-e809. Retrieved on October 27, 2016 from <http://pediatrics.aappublications.org/content/132/3/e796>.
- LactMed. Drug and Lactation Database. Retrieved on October 27, 2016 from <http://toxnet.nlm.nih.gov/cgi-bin/sis/htmlgen?LACT>

Additional resources for patients

- http://pcssmat.org/wp-content/uploads/2013/10/ASAM-WAGBrochure-Opioid-Labor_Final.pdf