

## Breastfeeding in Substance Exposed Newborns

Breastfeeding can promote bonding between a mother and a child, and typically has health benefits for the baby because antibodies are transmitted through breastmilk. Breastfeeding is also associated with lower risk of obesity later in life and lower rates of asthma. However, breastfeeding is not always feasible and may not be safe when a mother is using certain medications or substances. In such situations, bottle feeding may be a healthy choice for moms to make for their babies.

The guidelines below are based on physician recommendations and medical research. Remember, mothers should always consult with a doctor (OB/GYN or Pediatrician) when making decisions about whether breastfeeding is safe for their child.

### Illicit Substances

Dr. Martha Velez and Dr. Lauren Jansson at Johns Hopkins Center for Addiction and Pregnancy state that they typically **will recommend against** breastfeeding if a mother has used **any illicit substances** in the **3 months** before giving birth, or if there is any current use of substances (postpartum).

**Marijuana:** Less research has been performed on the use of marijuana during breastfeeding and doctors often have conflicting opinions about the use of marijuana during breastfeeding. The American College of Obstetricians and Gynecologists (ACOG) states that there is “insufficient” information on the effects of marijuana during breastfeeding -- use should be discouraged. THC, which is the psychoactive agent in marijuana, does get passed through breastmilk. The **Academy of Breastfeeding Medication** recommends the following: Strongly advise mothers found with a positive urine screen to discontinue marijuana use while breastfeeding and inform about its possible long-term effects on brain development from THC exposure during critical developmental periods. Exposure to THC through secondhand smoke and/or through breastmilk has been associated with increased risk of SIDS and delays in motor development.

### Medications for Opiate Use

Breastfeeding is recommended for mothers who are taking **methadone or buprenorphine**. Research shows that babies who are breastfed are less likely to suffer from neonatal abstinence syndrome. This is likely because of the nutrients in breastmilk and the low levels of the substance in the breastmilk may prevent withdrawal symptoms. The current prescribing information for buprenorphine discourages breastfeeding, but physicians are advocating for this to be changed. Swaddling while breastfeeding may also reduce the risk of neonatal abstinence syndrome.

### Alcohol

Drinking small amounts of alcohol is acceptable during breastfeeding. ACOG recommends **waiting at least 2 hours after a single drink** to breastfeed so that the alcohol has time to leave the mother’s system. There is no need to discard milk or “pump and dump.” ACOG also warns that drinking more than 2 alcoholic drinks per day while breastfeeding can be harmful to the baby.

### Tobacco

Smoking cigarettes is generally advised against around children because of the effects of second-hand and third-hand smoke. Tobacco use has been found to slow the production of breastmilk. Nicotine has been found to pass through breastmilk, and can lead to colic, early weaning and changes in sleeping patterns for infants. Mothers should be encouraged not to smoke while breastfeeding. However, breastfeeding has still been found to have some important benefits compared to bottle feeding, even when mothers are using tobacco products. Babies that were breastfed who have mothers that smoke cigarettes had fewer respiratory infections compared to those that were bottle-fed. For this reason, breastfeeding is preferred,

even when mothers are smoking. Mothers should be encouraged to attempt to delay breastfeeding for several hours after smoking to reduce the infant's nicotine exposure.

### **Other guidelines for breastfeeding**

Rates of HIV and hepatitis B/C are high in substance using populations. Mothers with these infections should not breastfeed.

The **Academy of Breastfeeding Medication** has published the following guidelines on when women should not be encouraged to breastfeed:

- Not engaged in substance abuse treatment, or engaged in treatment and failure to provide consent for contact with counselor
- Not engaged in prenatal care
- Positive maternal urine toxicology screen for substances other than marijuana at delivery
  - Strongly advise mothers found with a positive urine screen for THC to discontinue marijuana use while breastfeeding
- No plans for postpartum substance abuse treatment or pediatric care
- Women relapsing to illicit drug use or legal substance misuse in the 30-day period prior to delivery
- Any behavioral or other indicators that the woman is actively abusing substances
- Chronic alcohol use

They also recommend *carefully evaluating and discussing* breastfeeding with mothers and their care team if any of the following conditions apply

- Relapse to illicit substance use or legal substance misuse in the 90–30-day period prior to delivery
- Use of other prescription medications deemed to be incompatible with lactation
- Engaged later (after the second trimester) in prenatal care and/or substance abuse treatment
- Attained drug and/or alcohol sobriety only in an inpatient setting
- Lack of appropriate maternal family and community support systems
- Report that they desire to breastfeed their infant in order to either retain custody or maintain their sobriety in the postpartum period.