Breastfeeding in the Setting of Substance Use

Objectives

- Explore the updated Academy of Breastfeeding Medicine Clinical Protocol
- Discuss new UVMMC guideline to support implementation of updated Academy of Breastfeeding Medicine Clinical Protocol
- Share universal patient handout related to breastfeeding and substance use

A recent case….

- A 19 yo G2P1 woman presents in labor and delivers a **healthy term infant**
- Hx heavy **alcohol** use first trimester
- Hx **tobacco, marijuana** daily use
- Hx **cocaine, "street bup"** until started MOUD in 3rd trimester- currently on **stable dose buprenorphine**
- One instance of **cocaine** use during mid 3rd trimester- told her provider
- Maternal urine drug screen at delivery positive for **buprenorphine and cannabinoids**
- Infant is well-appearing with a **normal physical exam**

Case 1

- She wants to breastfeed, what will you tell her??

…and will you recommend toxicology screening for the infant?

Evolving recommendations (2009-2015)*

Support:

- engaged in treatment,
- abstinent for 90 days prior to delivery

Discourage:

- did not receive prenatal care,
- relapse in 30 days prior to delivery
- positive toxicology at delivery

Carefully evaluate:

- engaged in treatment during or after the second trimester,
- attained sobriety only in inpatient setting
- Relapse in 90-30 days prior to delivery

Infants of drug-dependent women, **at risk for multiple health and developmental difficulties**…

While maternal prescription opioid use and buprenorphine maintenance may be safe for infants of some lactating women, the **research literature is too sparse for recommendations to be made**

A recent case….

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Evolving Recommendations (2015-2023)*

- ***Circumstances favorable***:
  - engaged in treatment,
  - abstinence for 90 days prior to delivery,
  - toxicology negative at delivery
- ***Caution***:
  - not engaged in treatment/prenatal care,
  - positive maternal toxicology (other than marijuana),
  - relapse within 30 days of delivery,
  - chronic alcohol use
- ***Carefully evaluate***:
  - relapse in the 90-30 day period prior to delivery,
  - engaged after 2nd trimester in treatment/prenatal care

Stable methadone- or buprenorphine- maintained women encouraged to breastfeed

A recent case….

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- Hx heavy alcohol use first trimester
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Breaking News….

Academy of Breastfeeding Medicine Clinical Protocol #21: Breastfeeding in the Setting of Substance Use and Substance Use Disorder (Revised 2023)

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Miriam Harris,[1,2] Davida M. Schiff,[3,4] Kelley Saia,[2,5] Serra Muftu,[3,4] Katherine R. Standish,[6] and Elisha M. Wachman[2,7]

ABM Protocol

*To provide general recommendations that **facilitate breastfeeding** and **minimize inconsistencies and biases** in decision-making*

VERMONT DEPARTMENT OF HEALTH

PERINATAL QUALITY COLLABORATIVE VERMONT

VCHIP VERMONT CHILD HEALTH IMPROVEMENT PROGRAM The University of Vermont | LARNER COLLEGE OF MEDICINE

Evolving recommendations (2023-)*

- **Recognize complexity**:
  - *Breastfeeding decisions among substance-exposed parent–infant dyads are complex*
- **Support autonomy**:
  - *General recommendations that facilitate breastfeeding and minimize inconsistencies and biases in decision-making*
- **Based on overarching principles**:
  - *Breastfeeding is recommended among birth parents who stop nonprescribed substance use by the time of delivery*
  - *They should continue to receive ongoing postpartum care (lactation support and SUD treatment)*

Specific recommendations:

- **Multidisciplinary approach**

Multidisciplinary prenatal and postpartum substance use care essential

- **Breastfeeding initiation timing**:

Individuals who have discontinued nonprescribed substance use by the delivery hospitalization can be supported in breastfeeding initiation.

- **Perinatal breastfeeding support**:

Prenatal education, lactation support, and ongoing multidisciplinary SUD treatment can facilitate breastfeeding

A Culture Shift:

- **Recent nonprescribed substance use and/or positive toxicology at delivery**:
  - ***Support in expressing milk*** *to establish milk production if motivated to breastfeed*
  - ***Decision about whether and when*** *to give expressed milk/start breastfeeding made with multidisciplinary approach (involving the patient and clinicians of both the parent–infant dyad)*
  - ***Sufficient time should ideally pass*** *to allow for substance clearance from breast milk*

- **Postpartum (or later) nonprescribed substance use**:
  - ***Similar approach*** *of expressing milk and discarding milk*
  - ***Collaboration with a multidisciplinary team*** *to inform breastfeeding decisions.*

A recent case….

- A 19 yo G2P1 woman presents in labor and delivers a healthy term infant
- Hx heavy alcohol use first trimester
- Hx tobacco, marijuana daily use
- Hx cocaine, “street bup” until **started MOUD** in 3rd trimester- currently on stable dose buprenorphine
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UVMMC Guideline for Infants Exposed to Substances

Purpose: *To provide guidance for breastfeeding in birth parents who have recently used non-prescribed substances based on updated recommendations from the Academy of Breastfeeding Medicine.*

Rollout in April 2024!

UVMMC Guideline for Infants Exposed to Substances

1. **Breastfeeding should be supported for most infants.** This includes infants whose birth parent:
   a. Is treated with medications for opioid use disorder (MOUD/MAT).
   b. Is prescribed opioids for pain, benzodiazepines for anxiety, or stimulants for ADHD.
   c. Who used non-prescribed substances during pregnancy but have stopped use prior to or at the time of birth hospital admission.

   **Rare contraindications to breastfeeding for certain infections (ex. untreated HIV) or specific medications (ex. Radioactive iodine) should be documented by the obstetrical team prior to the delivery hospitalization.*

* Additional recommendations may be considered for medically complex infants or in the NICU setting.

UVMMC Guideline for Infants Exposed to Substances

2. Breastfeeding is encouraged for infants during the first hour following delivery (the "Golden Hour"), even if there was recent substance use reported or suspected.

a. In the absence of a contraindication (as above), breastfeeding is encouraged in the "Golden Hour" to promote bonding while awaiting individualized planning.
b. Because the transfer of substances via colostrum is low, the known benefits of establishing breastfeeding outweigh the risks of possible exposure(s).

UVMMC Guideline for Infants Exposed to Substances

3. Individualized planning for breastfeeding after the "Golden Hour" should be developed in partnership with the family and their care team to document expectations for breastmilk provision during hospitalization and after discharge.

a. Breastfeeding is encouraged for individuals who have discontinued or commit to not using non-prescribed substances while providing breastmilk.

When recent non-prescribed substance use is reported within a week of delivery or toxicology testing from the birth parent or infant at the time of delivery is positive for non-prescribed substance(s), the table below should be utilized to determine how long (if at all) breastmilk should be discarded to allow sufficient time for substance clearance

UVMMC Guideline for Infants Exposed to Substances

- **4. Birth parents should be supported in expressing milk to establish milk production.** This is especially important for those individuals with recent non-prescribed substance use who will need to pump and discard milk while awaiting substance clearance.

UVMMC Guideline for Infants Exposed to Substances

5. Universal lactation consults are recommended. Lactation supports should be provided to all families as substance use during pregnancy and lactation is common. A trauma informed approach will be used, recognizing birth parents may have a history of trauma that impacts their lactation decisions.

a. Priority should be given to families with known substance use to provide lactation consultation starting on delivery day and continuing throughout hospitalization.

b. Referrals for community-based lactation support via home health or private consultants should be made during the discharge process.

UVMMC Guideline for Infants Exposed to Substances

6. Education about substance exposure through breastmilk should be provided to all families. This includes discussions with nurses, lactation consultants, and medical providers before and during hospitalization, plus additional standardized resources at discharge in print and video format.

7. Postpartum (or later) non-prescribed substance use: If a breastfeeding parent uses (or returns to using) non-prescribed substances in the postpartum period or later, a similar approach of expressing and discarding milk based on consultation with their care team should take place to inform breastfeeding decisions.

UVMMC Guideline: Table

- Substances are grouped into short, medium, and long acting based their half-life and expected clearance from breastmilk.
  - ***Short-acting*** *substances generally clear from an individual's breastmilk by* ***24 hours****.*
  - ***Medium-acting*** *substances generally clear within* ***48 hours****.*
  - ***Long-acting*** *substances have variable clearance, therefore* ***individualized discussion*** *is needed, with recommendations based on substance.*

UVMMC Guideline for Infants Exposed to Substances: Reference Table

Table of ***NON-PRESCRIBED*** Substances and Breastfeeding

Short-acting	**Examples**	**Half-Life Range**	
Opioids	Morphine, Codeine, Oxycodone, Fentanyl, Heroin	2-4h	Recommended time for clearance after last use: **24 hours**
Stimulants	Cocaine, Cathinone (bath salts) Dexamphetamine IR* (dexadrine) Dextroamphetamine IR* (ex. Adderall)	1.5-4h	

*IR= immediate release

Medium-acting	**Examples**	**Half-Life Range**	
Opioids	Tramadol	6-7.5 hours	Recommended time for clearance after last use: **48 hours**
Stimulants	Methamphetamine (Meth, crystal meth) MDMA (ecstasy) Amphetamine (Speed) Dexamphetamine ER** Dextroamphetamine ER** (ex. Vyvanse, Adderall XR)	4-12 hours	

**ER/XR= extended release

Longer-acting	**Examples**	**Half-Life Range**	
Opioids	Buprenorphine, Methadone, buprenorphine-naloxone (suboxone)	8-59h	Recommended time for clearance after last use: **individualized** as substances have variable half-life; see reference below
Benzodiazepines	Diazepam, Alprazolam, Lorazepam, Clonazepam, Chlordiazepoxide	10-60h	

Other Substances	**Recommended time for clearance after last use:**	**Notes:**
Alcohol	Average of 2 hours per standard drink	Passes easily into breastmilk and changes milk taste and composition
Cannabis	Variable- depends on frequency of use	Decreasing or avoiding use is recommended due to passage into breastmilk and increased risk of SIDS from smoke exposure. If not possible, the benefits of breastmilk likely outweigh risk of exposure.
Nicotine	Not established	

This is not meant to be an all-inclusive list, please see the reference below for more details.
These tables will be updated as new information about substance use in breastfeeding emerges.

Patient Handout

For all parents

-Acknowledges that use may happen in the future

-Provides full information to families for informed decision-making

-Encourages collaborative decision-making with care team

UVM Medical Center: Substance Use & Breastmilk Feeding

The following information applies to the use of **non-prescribed substances**. Providing breastmilk is generally supported when prescription medications are used as directed by a healthcare provider including medications for opioid use disorder, benzodiazepines for anxiety, stimulants for ADHD, and opioids for chronic pain.
Many medications and substances pass easily into breastmilk, including those listed below. If you have specific questions, please speak with a healthcare provider.
If you need support decreasing or stopping use of any of these substances, talk to a healthcare provider. There are options for treatment that are safe when breastfeeding.

Substance	Infant Effects	Recommendations
Alcohol Examples: wine, beer, spirits/liquor	• Decreases amount of milk in a feed. • Changes taste of milk. • Infants may feed poorly, be fussier, and be sleepier.	• Alcohol passes into breastmilk quickly, plan to pump or breastfeed your infant before you drink alcohol. • Wait 2 hours for each alcohol serving before providing milk to the baby. ○ 1 serving is 5 ounces wine, 12 ounces beer, 1.5 ounces of 80 proof spirits.
Tobacco (Nicotine) Examples: cigarettes, vaping, e-cigs, packets, chewing tobacco	• Lowers milk supply. • Changes the nutrients in milk. • Exposes baby to chemicals and heavy metals. • Increases the risk of viral infections and breathing problems such as asthma in babies.	• Stopping or decreasing use is recommended. • If you cannot stop, continue to give your milk as the benefits of breastmilk likely outweigh the risk of nicotine exposure. • Avoid smoking or vaping around your baby, as breathing secondhand smoke increases the risk of sudden infant death syndrome (SIDS). • After smoking, change your shirt and wash your hands to prevent the baby from breathing in chemicals from your clothing.
Cannabis Examples: smoked/vaped cannabis (marijuana, weed, pot); THC containing oils, dabs, and edibles.	• THC concentrates in fat cells including in the breast and passes into milk. • Infants can have fatigue, feeding problems, poor weight gain, and low tone. • There may be effects on infant development.	• Stopping or decreasing use is recommended. • If you cannot stop, continue to give your milk as the benefits of breastmilk likely outweigh the risk of cannabis/THC exposure. • Avoid smoking around your baby, as breathing secondhand smoke increases the risk of sudden infant death syndrome (SIDS).
Opioids Example medications: oxycodone, codeine, methadone, buprenorphine. Example drugs: heroin, fentanyl.	• Infants can be very sleepy, have poor feeding, breathe more slowly, pause their breathing (apnea), be cold or become constipated. • Codeine is associated with infant overdose.	• With non-prescribed opioid medication or drug use, do not breastfeed or give expressed milk to your baby for at least 24-48 hours. • The amount of time you will need to pump and dump your milk depends on which medication or drug you used, talk to a healthcare provider to determine when it is safe to return to breastfeeding or giving expressed milk.
Stimulants Example medications: amphetamine, dextroamphetamine. Example drugs: speed, ectasy, bath salts, cocaine, methamphetamine	• Effects on infants are different for each substance but can include vomiting, diarrhea, feeding problems, weight loss, difficulty sleeping, irritability and seizures.	• With non-prescribed stimulant medication or drug use, do not breastfeed or give expressed milk to your baby for at least 24-48 hours. • The amount of time you will need to pump and dump your milk depends on which medication or drug you used, talk to a healthcare provider to determine when it is safe to return to breastfeeding or giving expressed milk.
Benzodiazepines Examples: diazepam, lorazepam, clonazepam	• Infants can be very sleepy and have poor feeding and impaired weight gain. • Long acting benzodiazepines such as diazepam and alprazolam are more likely to cause infant symptoms.	• With non-prescribed benzodiazepine use, do not breastfeed or give expressed milk to your baby for at least 48 hours. • The amount of time you will need to pump and dump your milk depends on which medication you used, talk to a healthcare provider to determine when it is safe to return to breastfeeding or giving expressed milk.

Case 2

- A **healthy term infant** with a **normal physical exam**
- Positive maternal toxicology for cocaine and THC
- Reports **cocaine use 1 week ago**, a slip up
- Denies opioids or other substances
- Didn’t breastfeed during golden hour, was planning to formula feed
- Infant is rooting and mother is considering initiating breastfeeding

Case 2

- She wants to breastfeed, what will you tell her??

…and will you recommend toxicology screening for the infant?

Case 2

What will you tell her?

Support breastfeeding after 24 hours following cocaine use and explore resources for continued support after discharge

Toxicology screening will not change medical management so not indicated

Summary

- New Academy of Breastfeeding Medicine Guidelines aim to *facilitate breastfeeding* and *minimize inconsistencies and bias*
- UVMMC Breastfeeding Guideline for Infants Exposed to Substances *aligns with the new ABM guideline*
- Key components:
  - **Golden hour is preserved** for bonding given minimal transfer of colostrum
  - **Breastfeeding is supported** after substance has cleared
  - **Individualized care planning** for lactation and recovery support
  - **Handout for all breastfeeding parents** about Best Practices for Human Milk and Substance Exposure

UVMMC Breastfeeding Guideline Workgroup

Adrienne Pahl
Amelie Thurston
Andrea Corley
Bronwyn Kenny
Emma Sullivan
Jennifer Covino
Kayla Panko
Kylah Stowell
Michelle Shepard
Molly Rideout
Sydney Bigwood
Whittney Barkhuff