UVM MC Breastfeeding Guideline for Infants Exposed to Substances

Overview: This sample guideline was developed in 2024 for use in the UVM Medical Center Labor and Delivery, Newborn Nursery and NICU settings. Please feel free to edit or adapt for your institution.

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. These are general recommendations, for further guidance, please contact the newborn's medical Provider.

Recommendations:

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.

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).

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.

   b. 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.

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.

5. **Universal lactation consults are recommended** and 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.

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.

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

Clearance of Non-prescribed Substances from Breastmilk:

General guidance for using this table:

- These recommendations apply to ***NON-PRESCRIBED*** medications and substances.
  - Birth parents treated with MAT/MOUD and **prescribed** medications for pain, anxiety, or ADHD may **breastfeed without interruption.**
- 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.
- This table provides examples of commonly used substances and is not an exhaustive list. For substances not listed or for more details please consult with the infant's medical provider or lactation consultant.

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* 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**	Recommended time for clearance after last use: **individualized** as substances have variable half-life; see reference below
Opioids	Buprenorphine, Methadone, buprenorphine-naloxone (suboxone)	8-59h	
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	

These tables will be updated as new information about substance use in breastfeeding emerges.

Reference:

Harris M, Schiff DM, Saia K, Muftu S, Standish KR, Wachman EM. Academy of Breastfeeding Medicine Clinical Protocol #21: Breastfeeding in the Setting of Substance Use and Substance Use Disorder (Revised 2023). *Breastfeeding Medicine*. 2023;18(10):715-733.

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