Substance Use & Breastmilk Feeding- One Pager

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.

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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.

Adapted from: UVM Children's Hospital form #1038. This document was subsequently adapted into patient facing handouts in multiple languages with an improved health literacy level. Content was reviewed by the Perinatal Parent and Family Advisory Committee. These materials are available on the PQC-VT ICONS website https://www.uvm.edu/larnermed/vchip/resources