Substance Use and Breastfeeding: CHoSEN Guidance

Quick Reference

It is essential for healthcare providers to have personalized conversations with <u>all families</u> affected by substance use about harm reduction, anticipatory guidance, and risks during lactation to support informed decision-making and promote the health of both parents and infants.

NON-PRESCRIBED AND ONGOING SUBSTANCE USE
(*Non-prescribed opioids, sedative-hypnotics, and stimulants)*
Breastfeeding is contraindicated.

CANNABIS
Breastfeeding is not contraindicated.
Encourage cannabis cessation/reduction during lactation.

ALCOHOL
Breastfeeding should be avoided after moderate-to-high alcohol consumption.

TOBACCO/NICOTINE
Breastfeeding is recommended.
Encourage tobacco/nicotine cessation/reduction during lactation.

PRESCRIBED MEDICATIONS FOR SUBSTANCE USE DISORDERS
<u>Opioid Use Disorder</u>:

- Methadone: Breastfeeding is recommended.
- Buprenorphine: Breastfeeding is recommended.
- Naltrexone: Breastfeeding is recommended.

<u>Alcohol Use Disorder</u>:

- Acamprosate: Insufficient data. Likely safer than Disulfiram.
- Naltrexone: Breastfeeding is recommended.
- Disulfiram: Insufficient data.

<u>Tobacco Cessation Treatment</u>:

- Nicotine replacement products: Breastfeeding is recommended.
- Varenicline: Insufficient data.
- Bupropion: Breastfeeding is recommended.

PRESCRIBED MEDICATIONS
(Opioids, sedative-hypnotics, and stimulants)
Breastfeeding safety should be evaluated by provider.

All families should be educated about the importance of keeping substances and medications stored safely, locked away, and out of reach of children. Infants should be cared for by sober caregivers who are not under the influence of alcohol, cannabis, or other substances. Safe sleep practices are vital for all infants - alone in a separate space, such as a bassinet or crib, free of all objects and bedding except for a thin swaddle, placed on their back. Co-sleeping with an infant while using substances increases the risk for harm and infant death.

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PURPOSE

To provide evidence-based guidance for healthcare teams to develop guidelines that support birthing parents with perinatal substance exposure and lactation. The intent is to develop a consistent, thorough approach to safe lactation for every family, and to encourage an open, evidence-informed discussion between healthcare teams and all families with perinatal substance use regarding safe breastfeeding and infant care practices.

SCOPE

- Healthcare providers - obstetric, family medicine, pediatric, and neonatal
- Nurses - obstetric, pediatric, and neonatal
- Lactation consultants and support services
- Pharmacists
- Social Workers (SW)
- Case Workers

DEFINITIONS

For the purposes of this guideline:

• ‘Screening’ refers to the process of gathering more information from patients about their substance use, through the use of a validated self-administered or clinician-administered verbal or written screening tool.

• ‘Testing’ refers to the collection of biological samples to look for the presence of a substance or its metabolite.

• ‘Breastfeeding’ refers to the provision of milk to the newborn via direct latching and suckling or expression of milk for the intent of infant feeding. This includes chestfeeding, for those individuals for whom the term ‘breastfeeding’ is gender specific.

ASSESSING HUMAN MILK SAFETY

The American Academy of Pediatrics recommends human breast milk as the ideal nutrition for newborns. However, there are certain clinical circumstances where human milk may not be immediately safe for infants. For birthing parents who wish to breastfeed, it is essential for the healthcare team to review the birthing person’s medical history for risks that may affect infant medical care and lactation counseling. This includes specific infections, maternal medications, and perinatal substance use, which will be covered in more detail in this guidance.

Infections

Ascertainment of maternal prenatal serology test results is an important step in assessing infectious risk factors which may affect newborn care, including lactation considerations. Both bacterial and viral infections may be transmitted to the infant during breastfeeding. Thorough review of the birthing parent’s medical history should be completed, and consultation with an infectious disease specialist may be warranted.

Medications
Medications prescribed to the birthing parent may be excreted in breast milk and have physiologic effects on infants. Adult pharmacokinetics and pharmacodynamics do not represent newborn or infant pharmacokinetics.

- Review all prescribed and over the counter medications (including vitamins, supplements, and herbals) the birthing parent is taking, and document the name, dose and frequency of medications in the medical record.
- Birthing parents intending to breastfeed should avoid codeine, hydrocodone, oxycodone, and meperidine due to their relatively high amounts of excreted drug and/or active metabolites, and the possibility of individuals with genetic variants of ultra-rapid metabolism of these medications causing significant effects to their infant.
- Assess for lactation safety by referencing LactMed (resource from the NIH and National Library of Medicine) or consulting with a pediatric/neonatal pharmacist for polypharmacy or concerns for drug interactions.

Substance Exposure
Exposure to substances including but not limited to fentanyl, methamphetamine, cocaine, kratom, and/or PCP can impair a parent's judgment and interfere with infant care. These substances may also pose a risk of toxicity to the infant if breastfed or if the infant consumes pumped milk. Potential effects on the infant include, but are not limited to, apnea, sedation, intoxication, seizures, withdrawal, and, in rare cases, death. Universal substance use screening is discussed under 'Screening.'

INDIVIDUALIZED COUNSELING

Balancing the birthing parent's breastfeeding intentions and newborn safety requires a consistent approach coupled with individualized counseling based on factors affecting the wellbeing of the parent and infant. For every parent of a newborn, acknowledging the challenges of breastfeeding and newborn care is important. It is helpful to encourage parents to discuss childcare roles and to identify support individuals and strategies for routine newborn care at home.

Trauma informed care principles are essential for effective and collaborative communication between the family and healthcare team. Staff education that cultivates a culture free of bias and judgment for all families, including those affected by substance use, is critical. Available resources include Words Matter, from the National Institute on Drug Abuse, demonstrating compassionate language supporting women and families impacted by substance use. The goal is to partner with families to build a mutually therapeutic and trusting relationship.

If there are concerns about the immediate safety of using breast milk, it is crucial for the healthcare team to communicate with the birthing parent to provide education and engage in shared decision-making in a timely manner. Together, a feeding plan can be developed that ensures the infant's safety while also supporting the parent in maintaining their milk supply. In some cases, this may involve temporarily discontinuing the use of the birthing parent's milk, making lactation support and education essential. For infants who are hospitalized or critically ill,

additional considerations are necessary. In cases of ongoing alcohol or cannabis use, or during relapse episodes, the use of donor human milk or formula may be recommended.

SCREENING

The American College of Obstetricians and Gynecologists (ACOG) recommends that all individuals should receive *universal* preconception, pregnancy, and perinatal screening for all substance use, including alcohol and cannabis, ideally with a validated tool - e.g., 5Ps, AUDIT or CUDIT-R, to identify, counsel, and support families through the perinatal period. SBIRT (Screening, Brief Intervention, Referral to Treatment) techniques can be used as well. Positive screenings are opportunities to:

a. Assess the birthing parents' patterns of use (route, potency, frequency), reasons for use, and evaluate for the possibility of a substance use disorder (SUD).

b. Screen for commonly associated mood and anxiety disorders.

c. Provide counseling regarding other medical effects of use, e.g. pain thresholds, pulmonary complications, anesthesia concerns and risks.

d. Assess the birthing parents' intent to breastfeed and initiate counseling for safe breastfeeding. Addressing abstention early in pregnancy to promote safe breastfeeding is encouraged.

e. Identify needs for additional support, including social work and referrals to addiction medicine, therapy, and community support organizations if warranted.

Verbal screening allows for the development of collaborative relationships between the healthcare team and birthing parent, facilitating a better understanding of reasons for use and the provision of evidence-based education and guidance on perinatal substance use. It is ideal to speak with patients about any substance use as early as possible (prenatally or early postpartum) and encourage abstention or reduction of use.

For birthing individuals who have recently engaged in substance use disorder (SUD) treatment or who are newly in recovery during the birth hospitalization, it is crucial to balance ongoing treatment needs with safe breastfeeding. Recognizing the challenges of newborn care during this transition is vital, as is identifying support systems for families. Assessing access to outpatient peer support and addiction resources is essential for effective care. For some, prioritizing SUD treatment over lactation may be necessary, and this option should be included in collaborative decision-making discussions. For others, breastfeeding can be a powerful motivator for maintaining sobriety. It is important to remember that each birthing individual is unique, and their approach to balancing recovery and breastfeeding should be guided by their personal preferences, circumstances, and the support they have in place.

NON-PRESCRIBED AND ONGOING SUBSTANCE USE

(*Non-prescribed opioids, sedative-hypnotics, and stimulants)*
Breastfeeding is contraindicated.

Recommendations for Providers:
Support birthing persons who are motivated to breastfeed in expressing milk to establish milk production.

- Timing of nonprescribed use: Patients who have discontinued non-prescribed substance use prior to delivery are encouraged to breastfeed, if desired.
- Toxicology testing: Birthing parent urine toxicology testing can be used as a tool to guide discussions and decisions about breastfeeding safety when there has been recent substance use, but providers must recognize its limitations. Testing can detect substances used recently but may not reflect current use accurately due to the persistence of certain drugs in urine. A positive toxicology test should not automatically preclude a parent from breastfeeding, if desired. Test results should always be interpreted in the context of the history and other clinical information and should never precede a discussion with the birthing person.

Provide alternative infant feeding options (donor breast milk or formula) when unable to safely use birthing parent's milk.
Encourage collaboration and open communication among the family, birthing parent treatment team, and infant care team, especially for parents newly in recovery, to assess ongoing safety of breastfeeding.

Recommendations for Families:
Individuals using non-prescribed substances are encouraged to seek treatment to reduce use and/or achieve cessation. For parents with ongoing illicit substance use who wish to provide human milk to their infant, consider pumping to establish a milk supply while working on reducing and stopping substance use.

Education: Using substances while breastfeeding poses significant risks to infants, as many stimulants and illicit opioids can accumulate in breast milk, sometimes at higher concentrations than in the parent's bloodstream. Infants exposed to these substances may experience severe symptoms, including diarrhea, vomiting, rapid breathing or reduced respiratory effort, irritability or sedation, and in rare cases, death.

CANNABIS

Breastfeeding is not contraindicated.

CHoSEN Cannabis and Breastfeeding Guidelines

Recommendations for Providers:
Encourage cannabis cessation/reduction and educate about the risks of cannabis use during lactation. Provide alternative infant feeding options (donor breast milk or formula) when parents

are not interested in reducing or stopping their cannabis use and decide not to breastfeed as a harm reduction strategy.

Recommendations for Families:
Individuals using cannabis are encouraged to cease or decrease use when choosing to breastfeed. For parents with ongoing frequent cannabis use who wish to breastfeed, decreasing frequency of use as much as possible is recommended. There is no known safe amount of cannabis use during pregnancy/lactation.

Education: Perinatal cannabis use has been associated with preterm birth, small infants, and negative effects on cognition, behavior, and attention in later childhood. THC, the primary psychoactive component of cannabis, is 6-8 times more concentrated in breast milk than the bloodstream. There is wide variation in THC concentration in milk, and lasts up to 6 weeks or longer in milk after abstention from cannabis use.

ALCOHOL

Breastfeeding should be avoided after moderate-to-high alcohol consumption.

Recommendations for Providers:
Educate all families about the risks of moderate-to-high alcohol consumption during lactation. Support parents with alcohol use disorder in seeking treatment, as needed.

Recommendations for Families:
For parents who are breastfeeding, the safest choice is to avoid alcohol altogether. If a parent decides to consume alcohol while breastfeeding their baby, the CDC advises limiting intake to less than one standard drink per day (which is equivalent to 12 oz of beer, 7 oz of malt liquor, 5 oz of wine, or 1.5 oz of distilled spirits).

Education: Generally, moderate alcohol consumption (up to one standard drink daily) is not believed to harm a breastfeeding infant. However, exceeding this amount can potentially affect a baby's development, growth, and sleep. Alcohol reaches its peak concentration in breast milk about 30-60 minutes after consumption and can remain detectable for at least 2-3 hours, although this varies based on the amount consumed. Additionally, high alcohol intake can reduce milk production. It's a common misconception that "pumping and dumping" accelerates the elimination of alcohol from breast milk; it does not. Babies exposed to alcohol in breast milk may show signs of drowsiness, altered sleep patterns, and changes in feeding behavior.

TOBACCO/NICOTINE

Breastfeeding is recommended.

Recommendations for Providers:
Encourage tobacco/nicotine cessation/reduction and educate about the risks of tobacco/nicotine use during lactation and around infants/children, including the harmful effects of second-hand smoke exposure.

Recommendations for Families:
Parents who use nicotine are encouraged to reduce their consumption and work towards quitting for the sake of their own health, as well as the health of their babies and families.

Education: For birthing parents who use nicotine and plan to breastfeed, it's important to note that nicotine can be found in breast milk and may remain there for at least 5-10 hours after the last use—potentially longer for vaping compared to smoking. Infants exposed to nicotine in breast milk may experience decreased appetite, increased heart rate, and disrupted sleep. Nevertheless, breastfeeding may help mitigate some effects of prenatal and environmental nicotine exposure, and is generally preferred over formula feeding.

Beyond breast milk, infants and children can also be exposed to tobacco and/or nicotine through second-hand smoke and other environmental sources. These exposures increase the risk of sudden unexplained infant death, as well as ear, nose, and throat infections, upper respiratory issues, and allergies.

PRESCRIBED MEDICATIONS FOR SUBSTANCE USE DISORDER

Breastfeeding is recommended.

Opioid Use Disorder:

- Methadone: Breastfeeding is recommended.
- Buprenorphine: Breastfeeding is recommended.
- Naltrexone: Breastfeeding is recommended.

Alcohol Use Disorder:

- Acamprosate: Insufficient data. Likely safer than Disulfiram.
- Naltrexone: Breastfeeding is recommended.
- Disulfiram: Insufficient data.

Tobacco Cessation Treatment:

- Nicotine replacement products: Breastfeeding is recommended.
- Varenicline: Insufficient data.
- Bupropion: Breastfeeding is recommended.

Recommendations for Providers:
Encourage continuation of medication assisted treatment and support the parent's commitment to recovery. Counsel about the possibility of relapse, and advise seeking medical help early if relapse occurs, including the temporary cessation of breastfeeding if alcohol, opioids, or other substances are involved. Breastfeeding can serve as a motivator for continuing recovery and maintaining sobriety. Exercise caution with parents who are newly in recovery, and consider the availability and coordination of addiction care with OB and pediatric care in Colorado. In the event of relapse, counsel the parent regarding the need to discontinue breastfeeding.

Recommendations for Families:
Parents taking prescribed medications for substance use are encouraged to continue their prescribed medications and discuss their plans to breastfeed with their medical providers. Most

prescribed medications for substance use disorder are safe with breastfeeding. Birthing parents taking medications for opioid use disorder are encouraged to breastfeed, as this may decrease the severity of neonatal opioid withdrawal symptoms. Identify strategies and individuals/peers for support in newborn infant care during recovery. Prioritize the birthing parent's recovery: if parenting stressors or challenges increase the risk of relapse, recommend discontinuing breastfeeding and seeking medical care.

OTHER PRESCRIBED MEDICATIONS

(Opioids, sedative-hypnotics, and stimulants)
Breastfeeding safety should be evaluated by provider.

Recommendations for Providers:
Review all medications and dosages being taken by the lactating parent. Assess the safety of these medications using trusted resources such as *LactMed*, the *Infant Risk Center*, or *Hale's Medications and Mothers' Milk*. The safety of breastfeeding may depend on the medication dosage. While standard dosages of opioids, sedative-hypnotics, or stimulants may be considered safe during breastfeeding, high and/or frequent doses (e.g., oxycodone for chronic pain) may not be compatible with exclusive breastfeeding. Consider alternatives or adjust the feeding plan to minimize risks to the infant.

Recommendations for Families:
Lactating parents should inform both their healthcare provider and their infant's pediatrician about all medications they are taking, including any changes in dosage, frequency, or type of medication. Maintaining open communication with healthcare providers is essential to ensure the safety of both the parent and the infant.

ANTICIPATORY GUIDANCE

Anticipatory guidance for safe infant care should be discussed with all families. Harm reduction strategies should be provided for parents working toward cessation or decreasing their substance use.

- Screen for substance use and offer ongoing support to reduce use if the individual is actively using.
- Screen for perinatal mood and anxiety disorders.
- Always encourage parents to have a plan for safe and sober caregiving. Being high, altered, or impaired while caring for a child is not safe.
- Support parents to create a plan not to smoke or vape nicotine or cannabis around their child(ren), as any form of second-hand smoke can expose a child to dangerous chemicals.
- Encourage parents to wash hands after smoking/vaping or handling cannabis products and before handling their child.
- Encourage safe sleep habits between parent and child, including reinforcing that it is not safe for a baby to sleep in bed with anyone who is high or impaired. Research has

shown that babies are at significantly higher risk of dying from sleep-related causes when a parent is under the influence of alcohol or other substances while bed-sharing.
- Inform parents to always store all substances and medications in their original child-resistant packaging, in a locked area that children cannot see or reach.
- Encourage parents to adhere to pediatric well child appointments to evaluate the child's growth and development, allowing for early interventions or referrals as indicated.

HARM REDUCTION

Harm reduction strategies are intended to reduce problems associated with substance use while recognizing that for some users, abstinence may be neither realistic nor achievable. The primary goal encourages abstinence as a way to avoid harm, while including means for reducing harm among those who continue substance use. It is helpful to provide evidence-based recommendations to reduce harm, despite the perception of condoning use.

The following strategies have been utilized for public health education and policy development. The Academy of Perinatal Harm Reduction has published guidance for perinatal substance use (graphic at end of this document).

HARM REDUCTION
strategies for parents

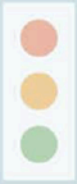
Record how much you use. This can help you reduce your use, even if that was not your original goal.

Set limits on when and where you use, like waiting until after 5:00 to drink or only using at home or with a trusted friend.

Make a list of the risks and benefits of stopping and continuing to use. Think about where you're at or who you're with when you use.

Avoid using opioids. alcohol, or other depressants (downers) when you are alone or feeling vulnerable.

Switch to a safer method - which might be different for each substance. For example, taking a pill is safer than injecting heroin, but it is easier to control your dose of cannabis with smoking rather than eating edibles.



Set personal limits on what you use, when you use, and how much you use. For example, don't combine substances, or plan to have no more than 3 drinks over 2 hours.

Make a safety plan before you use. For example, arrange transportation so you don't need to drive.

Make a parenting plan before any substance use - including alcohol use. Arrange for help with childcare. Know what you'd do in an emergency.

Attend support groups like Moderation Management, SMART Recovery, NA, or AA. Look for peer support.

Take good care of your body and mind. Eat healthy foods. Get enough sleep. Exercise. Drink water.

NATIONAL HARM REDUCTION COALITION

Academy of Perinatal Harm Reduction

harmreduction.org
perinatalharmreduction.org

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