Breastfeeding in the Context of Maternal Substance Use

As an institution, Vanderbilt is committed to promoting breastfeeding because of its countless benefits for mothers and infants. In the correct setting, breastfeeding of substance-exposed infants is not only appropriate, can enhance maternal/infant bonding, and for infants with neonatal abstinence syndrome can reduce withdrawal severity and duration.\(^1\,^2\) However, approach to breastfeeding in this population can be variable; therefore, a collaborative group representing lactation, obstetrics, newborn nursery and neonatology convened to develop a policy to inform clinical decision making for breastfeeding among substance-exposed infants. The crafted policy is based upon published consensus guidelines from The Academy of Breastfeeding Medicine,\(^3\) and augmented by additional literature where available:

**Breastfeeding is encouraged for moms in following circumstances:**

- In treatment for substance abuse and allows providers to discuss progress in treatment and plans for postpartum treatment with substance abuse provider.
- Substance abuse treatment provider endorses that she has been able to achieve and maintain sobriety prenatally.
- Plans to continue in substance abuse treatment in the postpartum period.
- Abstinent from illicit drug use or illicit drug abuse for 90 days prior to delivery and demonstrates the ability to maintain sobriety in an outpatient setting.
  - Negative maternal urine toxicology testing at delivery except for prescribed medications.
  - Received consistent prenatal care.
  - No medical contraindication to breastfeeding (such as HIV). *Note according to the Red Book, Hepatitis C positive mothers can breastfeed as long as there is not blood transmission through cracked or bleeding nipples.\(^4\) Mothers should be informed of possible risk of transmission.
  - Not taking a psychiatric medication that is contraindicated during lactation.
  - Stable methadone or buprenorphine (regardless of dose)

**Discourage Breastfeeding for the following circumstances:**

- Illicit drug use or illicit substance misuse in the 30-day period prior to delivery. *(In some instances breastfeeding for mothers with illicit drug use in the previous 30 days may be permissible if the mother is not currently using, has engaged in treatment and the provider team inclusive of the infants provider and the mother’s substance abuse treatment provider deem it appropriate.)*
- Active substance use while not in substance abuse treatment or refusal to allow communication with substance abuse treatment provider
- Positive maternal urine toxicology testing for drugs of abuse or misuse of licit drugs at delivery.
- No confirmed plans for postpartum substance abuse treatment or pediatric care.
- Erratic behavioral qualities or other indicators of active drug use.
- No prenatal care.
Careful Evaluation for breastfeeding in following circumstances:

- Relapse to illicit substance use or illicit substance misuse in the 90–30-day period prior to delivery, but abstinent for the 30 days prior to delivery.
- Concomitant use of other prescription (i.e., psychotropic) medications.
- Sobriety obtained in an inpatient setting.
- Isolated marijuana use (or in conjunction with medication-assisted treatment): The literature to support breastfeeding in the context of marijuana use is limited; however, some data suggest long-term cognitive/developmental delays for infants exposed to marijuana. For this reason, prior to allowing breastfeeding in the context of marijuana use, the mother should be informed that the effects are marijuana use are not well understood and may cause cognitive/developmental delays. The consensus group felt that if the mother is aware of this risk and wishes to breastfeed she should be allowed given the paucity of data to support or discourage breastfeeding in this population. The mother should be encouraged to discontinue marijuana use.

Clinicians that have questions regarding these recommendations are advised to obtain consultation from a lactation specialist.

References:


Committee Members:

Lactation: Carol Huber, Michelle McPherson
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