Breastfeeding in Opioid Use Disorder

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Disclosures

I have no financial disclosures.

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Breastmilk – the super medicine

"Imagine, if you will, a super medicine. It's stable and palatable. It reduces and prevents multiple diseases. It reduces and prevents deaths. One dose treats two patients simultaneously. It can even be manufactured safely and legally at home. It requires no insurance coverage. It's free to anyone who needs it."

- Todd Wolynn

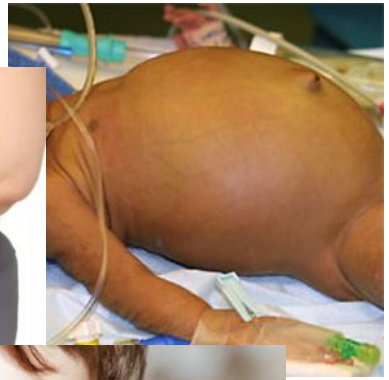
Exclusive breast milk feeding

Exclusive breast milk feeding through 6 months of life is the recommendation of:

- WHO
- AAP
- ACOG
- AAFP

Continued breast milk feeding with complimentary foods through 1 year (or 2 years) or longer as mutually desired

Benefits of breastfeeding for baby…and mom!



Is breast milk safe if mom has substance use disorder?

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POLICY STATEMENT

Breastfeeding and the Use of Human Milk

"Maternal substance use is not a categorical contraindication to breastfeeding. Adequately nourished narcotic dependent mothers can be encouraged to breastfeed if they are enrolled in a supervised methadone maintenance program and have negative screening for HIV and illicit drugs."

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"Street drugs such a PCP, cocaine and cannabis can be detected in human milk, and their use by breastfeeding mothers is of concern, particularly in regard to the infant's long-term neurobehavioral develop and thus are contraindicated."

ABM Clinical Protocol #21: Guidelines for Breastfeeding and Substance Use or Substance Use Disorder, Revised 2015

Sarah Reece-Stremtan,[1,2] Kathleen A. Marinelli,[3,4] and The Academy of Breastfeeding Medicine

General (Circumstances contraindicated or requiring more caution)

Counsel women under any of the following circumstances not to breastfeed (III):

- Not engaged in substance abuse treatment, or engaged in treatment and failure to provide consent for contact with counselor
- Not engaged in prenatal care
- Positive maternal urine toxicology screen for substances other than marijuana at delivery [see (b) above]
- No plans for postpartum substance abuse treatment or pediatric care
- Women relapsing to illicit drug use or legal substance misuse in the 30-day period prior to delivery
- Any behavioral or other indicators that the woman is actively abusing substances
- Chronic alcohol use.

ABM Clinical Protocol #21: Guidelines for Breastfeeding and Substance Use or Substance Use Disorder, Revised 2015

Sarah Reece-Stremtan,[1,2] Kathleen A. Marinelli,[3,4] and The Academy of Breastfeeding Medicine

Evaluate carefully women under the following circumstances, and determine appropriate advice for breastfeeding by discussion and coordination among the mother, maternal care providers, and substance abuse treatment providers (III):

- Relapse to illicit substance use or legal substance misuse in the 90–30-day period prior to delivery
- Concomitant use of other prescription medications deemed to be incompatible with lactation
- Engaged later (after the second trimester) in prenatal care and/or substance abuse treatment
- Attained drug and/or alcohol sobriety only in an inpatient setting
- Lack of appropriate maternal family and community support systems
- Report that they desire to breastfeed their infant in order to either retain custody or maintain their sobriety in the postpartum period.

What do we know?

- Breast milk is the optimal source of infant nutrition
- Equitable access to mother's milk is important for infant and maternal outcomes
- It is safe for women on medication assisted therapy for OUD to breastfeed

Breast milk and NOWS outcomes

- Shorter hospital stay
- Reduction in withdrawal symptom score
- Reduced need for pharmacologic intervention

Breast milk in the Eat Sleep Console (ESC) era

Breastfeeding = non-pharmacologic management!

- Skin to skin care
- Families learning infant cues
- Bonding with baby
- Small volume, frequent feeds

Breastfeeding initiation rates

56% initiation in women with OUD

VS.

82% initiation in general population

Barriers for breastfeeding

All mothers	Mothers with OUD
Lack of family support	Lack of family support*
Inadequate breastfeeding education	Institutional policies/practices
Limited access to breastfeeding support services	Mixed messaging
Concern about milk insufficiency	Concerns about safety of breast milk while taking buprenorphine / methadone

Strategies for addressing barriers

1. Prenatal education and EMPOWERMENT
   - Safety of breastfeeding
   - Importance of breastfeeding
   - Realistic expectations
2. Hospital policies that support use of breast milk in women receiving MAT
3. Multidisciplinary team approach with consistent messaging!

Management of the breastfeeding dyad

Symptoms of NAS that may impact breastfeeding

- Hypertonicity
- Irritability
- Tachypnea
- Excessive weight loss
- Breastfeeding stools vs. diarrhea

Management of the breastfeeding dyad

Skin to skin after delivery and rooming in are key to breastfeeding success!

- Promotes first breastfeed in the first hour of life
- Allows family to learn infant's feeding cues
- Allows baby to be put to breast frequently
- Quiet, low stimulation environment with few visitors allow for recovery, family bonding

Management of the breastfeeding dyad

- Early lactation management
- Feeding baby upon awakening, when JUST showing hunger cues
  - Withdrawing baby vs. “hangry” baby
- If baby frantic/disorganized
  - Swaddle arms at midline
  - Get milk flowing (hand expression/pumping)
  - Breast massage to maintain flow

Management of the breastfeeding dyad

Mothers with OUD should begin breast pumping after initial breastfeeding feeding session,

& ~ every 3 hrs.

Goal: increase stimulation and milk supply

Management of the breastfeeding dyad

It is normal for a breastfed baby to eat more often than every 3 hours – even if being monitoring for NOWS

Focus on feeding on demand

If breastfed baby requires bottle feeding of EBM or formula

- Use slow flow nipple
- Paced bottle feeding techniques to mimic breastfeeding
    - Allow baby to have sucking bursts followed by periods of rest
- Feed in elevated side-lying position

What if mom has Hepatitis C?

- Theoretical risk of transmission from mother → baby with cracked or bleeding nipples
- Early lactation support
- Counseling
- Pump / dump if there is nipple bleeding

If baby is not able to receive breast milk

Orchestrated Testing of Formula Type to Reduce Length of Stay in Neonatal Abstinence Syndrome

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Use of high calorie formula (22 kcal)

- Decreased weight loss
- Decreased treatment failure
- Decreased LOS

Who can help moms?

1. Hospital-based lactation services
2. Local WIC office
    - Peer to peer breastfeeding support
3. Indiana Breastfeeding Coalition
4. The Milk Bank

Summary

1. It is safe for most mothers in MAT to provide breast milk to their babies.
2. Opioid exposed babies who receive mother's breast milk tend to have better immediate outcomes from withdrawal symptoms.
3. Despite this, mothers with OUD do not provide breast milk to their infants at the same rate as the general population.
4. HCPs must continue to work to empower women to provide breastmilk to their babies, while navigating special feeding challenges in infants with prenatal opioid exposure.