



Breastfeeding Recommendations for Women Who Receive Medication-Assisted Treatment for Opioid Use Disorders: AWHONN Practice Brief Number 4

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Recommendation

AWHONN recommends the promotion of breastfeeding for women who receive medication-assisted treatment (MAT) for opioid use disorders.

Magnitude of the Problem

- Between the years 2000 and 2009, national rates of opioid use (prescription opioids and heroin) during pregnancy increased by nearly fivefold (Patrick et al., 2012).
- Opioid use during pregnancy contributes to adverse neonatal outcomes such as prematurity, low birth weight, and neonatal abstinence syndrome (NAS).
- Neonatal abstinence syndrome is a constellation of withdrawal symptoms observed in infants prenatally exposed to chemical substances, particularly opioids. Symptoms include nausea; vomiting; diarrhea; irritability; high-pitched, inconsolable crying; tremors; sweating; and seizures (Cleveland, in press; Hudak, Tan, Committee on Drugs, Committee on Fetus and Newborn, American Academy of Pediatrics, 2012; Jansson & Velez, 2011; National Institute on Drug Abuse, 2011).
- Neonatal abstinence syndrome is a treatable condition that is managed through the use of non-pharmacologic and pharmacologic interventions to control withdrawal symptoms (Bio, Siu, & Poon, 2011; Jansson & Velez, 2011; Sublett, 2013; Velez & Jansson, 2008).
- A rising trend in the incidence of NAS parallels the nationwide increase in the use of opioids during pregnancy. For example, in 2012, an estimated 21,732 infants were born in the United States with NAS; this equates

to one infant being born every 25 minutes with this syndrome (National Institute on Drug Abuse, 2015). The highest incidence rates were found in Kentucky, Tennessee, Mississippi, and Alabama, and aggregate hospital charges for NAS increased from \$732 million to \$1.5 billion from 2009 to 2012 (Patrick, Davis, Lehman, & Cooper, 2015).

Management of Opioid Use Disorders During Pregnancy

- Opioid detoxification during pregnancy is not recommended because it can result in preterm labor, fetal distress, or fetal demise (American College of Obstetricians and Gynecologists [ACOG], 2012).
- Comprehensive prenatal treatment for pregnant women with opioid dependence includes prenatal care, chemical dependency counseling, family therapy, nutritional education, and other medical and psychosocial services. It is recommended that these women begin MAT with opioids such as methadone or buprenorphine (ACOG, 2012).
- Methadone and buprenorphine are long-acting medications that provide a consistent opioid blood level, which reduces the risk of repeated fluctuations commonly experienced with short-acting opioids such as heroin or misused prescription opioids.

Methadone and buprenorphine are generally administered daily and when dosed appropriately should prevent withdrawal symptoms without causing intoxication, euphoric effects, or sedation.

- Years of research show that pregnant women dependent on opioids who receive MAT have better pregnancy outcomes due to more consistent prenatal care, better nutrition, and less participation in risky behaviors commonly associated with substance use (Niccolls et al., 2012).
- Although MAT is recommended for pregnant women who are dependent on opioids, because of the pharmacokinetics of the medications that are used, MAT may still cause NAS (ACOG, 2012).

Breastfeeding Guidelines

- Breastfeeding should be encouraged for all mothers who receive MAT as long as they abstain from the use of other illicit substances (ACOG, 2012; Reece-Stremtan & Marinelli, 2015; Sachs & Committee on Drugs, 2013).
- A large body of evidence now supports the safety of methadone for use in breastfeeding mothers (ACOG, 2012; Hendrickson & McKeown, 2012; Reece-Stremtan & Marinelli, 2015; Sachs & Committee on Drugs, 2013).
- The safety of buprenorphine during breastfeeding is not as well established (ACOG, 2012); however, only small, clinically insignificant amounts of methadone and buprenorphine pass into breastmilk (Hendrickson & McKeown, 2012; McQueen, Murphy-Oikonen, Gerlach, & Montelpare, 2011). Therefore, both medications are considered to be safe during breastfeeding regardless of the dose given to the mother (ACOG, 2012; Reece-Stremtan & Marinelli, 2015; Sachs & Committee on Drugs, 2013).
- In addition to the many known benefits of breastmilk, breastfeeding may delay the onset of (Lui, Juarez, Nair, & Nanan, 2015) and reduce the severity and duration of NAS symptoms in neonates (McQueen et al., 2011; Pritham, 2013; Welle-Strand et al., 2013).
- Education about the dangers of continued illicit substance use while breastfeeding must be provided for breastfeeding mothers who have known substance use disorders.

- An open line of communication between the woman, her health care provider, and her addiction treatment counselor must be established so that if a relapse occurs, the woman will feel comfortable sharing this information with health care providers.
- As for all breastfeeding mothers, the provision of early lactation support and current, accurate, and consistent information is essential.

Special Considerations

- Due to the nature of illicit substance use, hepatitis is not uncommon in this population of women; however, neither Hepatitis B nor C is a contraindication to breastfeeding as long as the woman's nipples are not cracked or bleeding (Centers for Disease Control and Prevention, 2015a).
- If her nipples are cracked or bleeding, the mother can pump and discard her milk until her nipples have healed and are no longer bleeding (Centers for Disease Control and Prevention, 2015a).
- HIV is considered by most experts to be a contraindication to breastfeeding for all mothers in developed countries (Centers for Disease Control and Prevention, 2015b).
- Women who continue to use illicit substances should not be encouraged to breastfeed or provide their breastmilk for their infants. An alternative feeding method should be implemented.
- It is nearly impossible to determine the safety of a street drug. Therefore, if a mother relapses to illicit drug use, she should be advised to pump and discard her milk until the substance is believed to have been eliminated from her breastmilk.

REFERENCES

- American College of Obstetricians and Gynecologists. (2012). *Opioid abuse, dependence, and addiction in pregnancy* (ACOG committee opinion number 524). Retrieved from <http://www.acog.org/Resources-And-Publications/Committee-Opinions/Committee-on-Health-Care-for-Underserved-Women/Opioid-Abuse-Dependence-and-Addiction-in-Pregnancy>
- Bio, L. L., Siu, A., & Poon, C. Y. (2011). Update on the pharmacologic management of neonatal abstinence syndrome. *Journal of Perinatology*, 31(11), 692–701. <http://dx.doi.org/10.1038/jp.2011.116>
- Centers for Disease Control and Prevention. (2015a). *Is it safe for a mother infected with hepatitis B virus (HBV) to breastfeed her infant immediately after birth?* Retrieved from <http://www.cdc.gov/breastfeeding/disease/hepatitis.htm>
- Centers for Disease Control and Prevention. (2015b). *When should a mother avoid breastfeeding?* Retrieved from <http://www.cdc.gov/breastfeeding/disease/>

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- Cleveland, L. (in press). Neonatal abstinence syndrome. In H. Herdman & S. Kamitsuru (Eds.), *Nursing diagnoses: Definitions and classification* (11th ed.). Hoboken, NJ: Wiley Blackwell.
- Hendrickson, R. G., & McKeown, N. J. (2012). Is maternal opioid use hazardous to breast-fed infants? *Clinical Toxicology*, *50*(1), 1–14. <http://dx.doi.org/10.3109/15563650.2011.635147>
- Hudak, M. L., & Tan, R. C. Committee on Drugs Committee on Fetus and Newborn American Academy of Pediatrics. (2012). Neonatal drug withdrawal. *Pediatrics*, *129*(2), e540–e560. <http://dx.doi.org/10.1542/peds.2011-3212>
- Jansson, L. M., & Velez, M. L. (2011). Infants of drug dependent mothers. *Pediatrics in Review*, *32*(1), 5–13. <http://dx.doi.org/10.1542/pir.32-1-5>
- Lui, A., Juarez, J., Nair, A., & Nanan, R. (2015). Feeding modalities and the onset of the neonatal abstinence syndrome. *Frontiers in Pediatrics*, *3*, 14. <http://dx.doi.org/10.3389/fped.2015.00014>
- McQueen, K. A., Murphy-Oikonen, J., Gerlach, K., & Montelpare, W. (2011). The impact of infant feeding method on neonatal abstinence scores of methadone-exposed infants. *Advances in Neonatal Care*, *11*(4), 282–290. <http://dx.doi.org/10.1097/ANC.0b013e318225a30c>
- National Institute on Drug Abuse. (2011). *Prenatal exposure to drugs of abuse*. Retrieved from <https://www.drugabuse.gov/sites/default/files/prenatal.pdf>
- National Institute on Drug Abuse. (2015). *Dramatic increases in maternal opioid use and neonatal abstinence syndrome*. Retrieved from <https://www.drugabuse.gov/related-topics/trends-statistics/infographics/dramatic-increases-in-maternal-opioid-use-neonatal-abstinence-syndrome>
- Niccols, A., Milligan, K., Sword, W., Thabane, L., Henderson, J., & Smith, A. (2012). Integrated programs for mothers with substance abuse issues: A systematic review of studies reporting on parenting outcomes. *Harm Reduction Journal*, *9*, 14. <http://dx.doi.org/10.1186/1477-7517-9-14>
- Patrick, S. W., Davis, M. M., Lehman, C. U., & Cooper, W. O. (2015). Increasing incidence and geographic distribution of neonatal abstinence syndrome: United States 2009–2012. *Journal of Perinatology*, *35*(8), 650–655. <http://dx.doi.org/10.1038/jp.2015.36>
- Patrick, S. W., Schumacher, R. E., Benneyworth, B. D., Krans, E. E., McAllister, J. M., & Davis, M. M. (2012). Neonatal abstinence syndrome and associated health care expenditures: United States, 2000–2009. *Journal of the American Medical Association*, *307*(18), 1934–1940. <http://dx.doi.org/10.1001/jama.2012.3951>
- Pritham, U. (2013). Breastfeeding promotion for management of neonatal abstinence syndrome. *Journal of Obstetric, Gynecologic, & Neonatal Nursing*, *42*(5), 517–526. <http://dx.doi.org/10.1111/1552-6909.12242>
- Reece-Stremtan, S., & Marinelli, K. A. (2015). ABM clinical protocol #21: Guidelines for breastfeeding and substance use or substance use disorder. *Breastfeeding Medicine*, *10*(3), 135–141. <http://dx.doi.org/10.1089/bfm.2015.9992>
- Sachs, H. C., & Committee on Drugs. (2013). The transfer of drugs and therapeutics into human breast milk: An update on selected topics. *Pediatrics*, *132*(3), e796–e809. <http://dx.doi.org/10.1542/peds.2013-1985>
- Sublett, J. (2013). Neonatal abstinence syndrome: Therapeutic interventions. *American Journal of Maternal Child Nursing*, *38*(2), 102–107. <http://dx.doi.org/10.1097/NMC.0b013e31826e978e>
- Velez, M., & Jansson, L. M. (2008). The opioid dependent mother and newborn dyad: Non-pharmacologic care. *Journal of Addiction Medicine*, *2*(3), 113–120. <http://dx.doi.org/10.1097/ADM.0b013e31817e6105>
- Welle-Strand, G. K., Skurtveit, S., Jansson, L. M., Bakstad, B., Bjarkø, L., & Ravndal, E. (2013). Breastfeeding reduces the need for withdrawal treatment in opioid-exposed infants. *Acta Paediatrica*, *102*(11), 1060–1066. <http://dx.doi.org/10.1111/apa.12378>