Breastfeeding and Substance Use: Best Practices and Recommendations

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"Individual programs and institutions should establish consistent breastfeeding approaches that mitigate bias, facilitate consistency, and empower mothers with SUD." ABM Policy Statement #21, updated 2023







1) Clinicians caring for pregnant patients and their newborns will commonly be tasked with making recommendations regarding breastfeeding in the context of non prescribed substance use and SUD.

-AND-

2)Recommendations should be guided by principles of patientcenter care, defined as care that is consistent with the needs, values, and desires or patients.

Objectives

- Overview of foundational concepts reviewed in 2023 conference
- Identify "what's new" in the last year!
- Discuss categories of substance use as they pertain to safe chest/breast feeding
- Demonstrate motivational interviewing as a tool to empower birthing persons with SUD to safely feed newborns





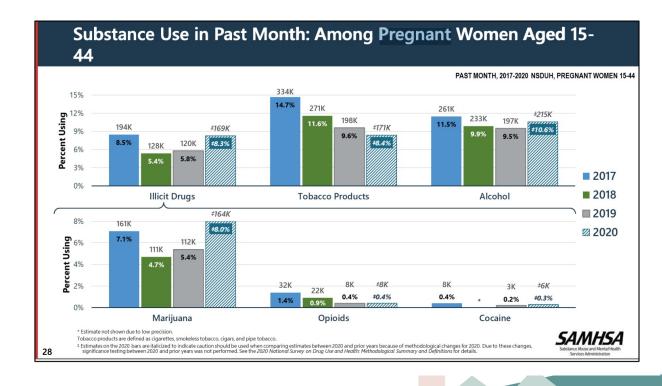
Overview

- Exclusive breast/chest feeding for the first 6 months of life
- Concurrently, substance use exists in a portion of pregnant people who need to determine safe feeding plans for their newborns
- How do we manage both the recommendation to breast/chest feed, and the existence of substance use in pregnant and lactating patients?

Putting the Key Recommendations Into Action

Feed Infants Human Milk for the First 6 Months, If Possible

Exclusive human milk feeding is one of the best ways to start an infant off on the path of lifelong healthy nutrition.











Overview- Medical Contraindications

- HTLV type I or II
- Active, untreated tuberculosis*
- Active herpes simplex virus lesion on nipple*
- Active varicella lesion on nipple (chicken pox)*
- Infant galactosemia







Risks of breast/chest feeding with active nonprescribed substance use

- Reduced parental ability to respond to infant feeding cues
- Infant substance exposure through breast milk
 - Acute toxicity
 - Reduced breast/chest feeding ability
- Potential alterations in neonatal brain development
- Concurrent infectious disease risk* with certain substance use practices





What's new?

- Academy of Breastfeeding Medicine- Updated Statement
- CHoSEN QIc Cannabis and Lactation Guidelines
- CDPHE Cannabis and Lactation Guidelines
- HIV and BF recommendations
 2023

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Academy of Breastfeeding Medicine Clinical Protocol #21: Breastfeeding in the Setting of Substance Use and Substance Use Disorder (Revised 2023)

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ABM Clinical Protocol #21- Updates

- Addition of substance-specific and SUD treatment-specific recommendations
- Guidance regarding perinatal toxicology testing

- Individualized testing approach, positive tests for new/ongoing NPSU—> avoid BF until clearance
- Changes to guidance on breast/chest feeding initiation timing in the setting of perinatal non prescribed substance use
 - Cessation of use by or during delivery hospitalization—> support BF initiation



CHoSEN QIc Cannabis and Lactation-**Updates**

- Universal screening
- Recommend against cannabis use during pregnancy/lactation and provide targeted education/alternatives
- If birthing parent chooses to breastfeed, provide full spectrum of lactation care regardless of current or anticipated cannabis use
- Provide anticipatory guidance and discuss harm reduction strategies







Shared Decision Making

- You and the birthing parent must weigh:
- Neurodevelopmental risks to the infant
- Known benefits of breastfeeding (for birthing parent and baby)
- Birthing parent's goals/desires with respect to cannabis use and infant feeding
- There is no known safe amount of cannabis use during pregnancy/lactation
- Abstinence/cessation would be ideal but is not always feasible/achievable/desired. For these families, decreasing cannabis use may still be feasible.







Anticipatory Guidance and Harm Reduction

- Store cannabis up, away, and out of sight
- Plan for safe and sober caregiving and driving
- Wash hands
- Safe sleep
- Attend well child checks













Categories of Substance Use and Safe Feeding

Not safe in ONGOING use

Nonprescribed opioids

Nonprescribed sedative hypnotics

Nonprescribed stimulants

Disulfiram







Categories of Substance Use and Safe Feeding

Caution in ONGOING use

Alcohol

Cannabis

Nicotine

Buprenorphine injectable

Acamprosate

Varenicline

Some prescribed opioids and sedative hypnotics









Categories of Substance Use and Safe Feeding

Safe!

Methadone

Buprenorphine sublingual

Naltrexone

Buprenorphine

Nicotine replacement therapy (NRT)

Most prescribed opioids and benzodiazepines









Motivational Interviewing 101

- Emerged in the context of substance use treatment
- A collaborative conversation style for strengthening a person's own motivation and commitment to change.
- <u>Purpose</u>: instill a desire to change that is self-motivated/ self-recognized
- Style: Guiding.
 - Empathetic counseling style
 - Use of open-ended questions
 - Develop rapport and trust
 - Nonjudgmental







Motivational Interviewing- Example











Summary

- Approaches to safe chest/breast feeding should be individualized for all patients, including those with substance use
- Major medical organizations have now begun to emphasize education and support, rather than punitive practices for feeding
- Motivational interviewing techniques can be applied to patient discussions regarding safe chest/breast feeding





Questions?

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