



BREASTFEEDING AND SUBSTANCE USE DISORDER

The Benefits of Breastfeeding

The health-related benefits of breastfeeding are well known, and there are additional benefits for mothers and infants exposed to opioids. **The benefits of breastfeeding include:**

Health-related Benefits to the Infant	Benefits to the Mom-Baby Dyad and More
+ Reduced respiratory and ear infections	+ Reduced risk of breast and ovarian cancer in moms
+ Reduced GI (stomach) infections	+ Improved mom-baby bonding
+ Reduced Sudden Infant Death Syndrome (SIDS)	+ Reduced risk of child abuse
+ Reduced Celiac and Inflammatory Bowel Disease	+ Breastfed infants are less likely to need treatment with medication for NAS/NOWS*
+ Protection against allergic disease	+ Reduced symptoms of NAS
+ Protection against obesity and diabetes	+ Shorter length of stay for NAS
+ Improved neurodevelopmental outcomes	+ Shorter time of treatment with medication for NAS when needed
*NAS=Neonatal Abstinence Syndrome; NOWS=Neonatal Opioids Withdrawal Syndrome	

Even with all of these benefits, women who have Opioid Use Disorder/Substance Use Disorder (OUD/SUD) often have difficulty choosing to breastfeed, and we hope this information helps with that choice. When compared to the general population, women with OUD are less likely to breastfeed.

Breastfeeding and MAT

Many national and international professional maternal and child health organizations have written in support of breastfeeding for women receiving Medication Assisted Treatment (MAT) if there are no other medical reasons not to breastfeed. **Here is what we know:**

- + Only very small amounts of methadone and buprenorphine, and even smaller amounts of naltrexone¹ are passed through breastmilk
- + Breastfeeding *may* help reduce the symptoms of NAS/NOWS, but should not be considered a substitute for treatment (with or without medication) if the infant needs it
- + Changes in any prescribed dose of MAT should be made *only* under the direction of a medical provider
- + The benefits of breastfeeding while stable in recovery on MAT outweigh the small risks



When Breastfeeding Should be Avoided, Delayed or Changed

Sometimes there are medical conditions in the mother or infant that make breastfeeding harmful:

- + Women who are HIV+, have active, untreated COVID-19, TB² or other specific infections
- + Women with Hepatitis B or C, chickenpox or herpes lesions and cracked nipples³
- + Women who are not stable in treatment – that is, they are still using (even marijuana)
- + Women who are on psychiatric medications should consult their physician before breastfeeding⁴
- + Infants who have certain rare diseases found on the newborn screening tests (heel stick-blood dot), such as PKU or galactosemia⁵

Deciding to Breastfeed – Who Should I Listen To?

There is a lot of social stigma around breastfeeding while on MAT. That stigma is mostly because of ignorance or fear. Unfortunately, sometimes that leads people to think and even say things that discourage women on MAT from breastfeeding. Other women in recovery can have a lot of influence on whether you choose to breastfeed, but they may not have correct information. Sometimes nurses, and even doctors do not have correct information, and may say things and give advice that is not right. It is important to consult with health providers who are knowledgeable about MAT when you have questions about breastfeeding.

Support for Breastfeeding

Talk with your healthcare provider about breastfeeding before you deliver, so you can get all of your questions answered, and find out what help is available to breastfeeding mothers. Hopefully you are delivering at a hospital with other providers who have correct information and support breastfeeding moms. Educate yourself about breastfeeding. If you're worried that you may get push back from hospital staff, take this flyer with you or get a prenatal care plan or note from your provider that says you will be breastfeeding. Many hospitals and insurance plans, including Medicaid offer lactation consultants to help you get started with breastfeeding. Don't hesitate to ask for that help.

Other free resources you can access:

- + **March of Dimes**- a national non-profit organization leading the fight for the health and wellness of mothers and babies, through education, advocacy and research.
 - o **[Keeping Breast Milk Safe and Healthy:](https://www.marchofdimes.org/baby/keeping-breast-milk-safe-and-healthy.aspx)**
<https://www.marchofdimes.org/baby/keeping-breast-milk-safe-and-healthy.aspx>
 - o **[Prescription Opioids During Pregnancy:](https://www.marchofdimes.org/pregnancy/prescription-opioids-during-pregnancy.aspx)**
<https://www.marchofdimes.org/pregnancy/prescription-opioids-during-pregnancy.aspx>
- + **The Substance Abuse and Mental Health Services Administration (SAMHSA)**- is the agency within the U.S. Department of Health and Human Services that leads public health efforts to advance the behavioral health of the nation. SAMHSA's mission is to reduce the impact of substance abuse and mental illness on America's communities.
 - o **[Clinical Guidance for Treating Pregnant and Parenting Women with Opioid Use Disorder: Fact Sheet #11, Breastfeeding Considerations for Pregnant Women with Opioid Use Disorder \(search for Fact Sheet #11\):](https://store.samhsa.gov/product/Clinical-Guidance-for-Treating-Pregnant-and-Parenting-Women-With-Opioid-Use-Disorder-and-Their-Infants/SMA18-5054)**
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- + **International La Leche League-** is an international non-profit organization aimed at encouraging breastfeeding through education and advocacy.
 - **[Drug Use During Pregnancy Website:](https://www.llli.org/page/3/?s=drug+use+during+pregnancy)**
<https://www.llli.org/page/3/?s=drug+use+during+pregnancy>

Additional information for you and your provider:

¹ There is far more experience and medical information about breastfeeding and methadone and buprenorphine than there is about breastfeeding and naltrexone.

² In limited studies, COVID-19 has not been detected in breastmilk, however, it is not known for sure whether COVID-19 can be transmitted that way. The primary concern about women with active TB or COVID-19 is that the virus can be spread to the infant through close contact and respiratory droplets. Women with TB who have not been cleared by their providers can safely pump and have someone else feed breastmilk to the infant. Some hospitals and women with COVID-19 do the same thing.

³ Women with these infections who have lesions on the breast should “pump and dump” their breastmilk to keep up the supply until their lesions are completely healed.

⁴ There are too many psychiatric medications to review here, but it appears that breastfeeding is safe with some antidepressants, such as SSRIs (e.g., fluoxetine, sertraline, paroxetine are safe, but mood stabilizers, such as lithium have significant side effects for infants and are concentrated in breastmilk). Women on these medications should probably formula feed their infants instead.

⁵ In some instances, breastfeeding can be resumed in careful amounts after the infant is diagnosed and treated, but this should not be done without discussing it with the child’s healthcare provider.