

LACTATION & SUBSTANCE USE DISORDER

Overview:

Postpartum people should feel empowered to make an informed decision about newborn feeding. They should be given information about the benefits of breastfeeding, as well as information that addresses concerns specific to opioid use disorder (OUD) and breastfeeding.

Why We Recommend this Best Practice

The first few hours and days of a newborn's life constitute a critical window for establishing lactation. Breastfeeding/chest feeding confers many advantages on both mother and infant. The United States Surgeon General, World Health Organization (WHO), and American Academy of Pediatrics (AAP) recommend exclusive breastfeeding/chest feeding for the first six months unless contraindicated.

Although a stable mother being treated for OUD with pharmacotherapy is encouraged to breastfeed/chest feeding her infant, there are some situations where breastfeeding/chest feeding is not recommended, including if the mother is HIV-positive, has active tuberculosis, has active herpes simplex lesions, is Hepatitis B or C-positive and has cracked or bleeding nipple(s), or has returned to illicit or inappropriate drug use.

Strategies for Implementation

Step 1: Develop breastfeeding/chest feeding protocol for women with OUD

Create a multidisciplinary team ideally including obstetricians, midwives, family physicians, pediatricians, nurses, lactation specialists, pain/addiction specialists, pharmacists, and social workers to create a facility-specific protocol addressing the following topic areas:

- Information for women with OUD and clinicians caring for them: Create user-friendly resources on the benefits of breastfeeding for women with OUD and their newborns and include important contraindications (see resources below)
- Develop a protocol for identification of women with OUD and mobilization of required resources to support breastfeeding, emphasizing best practices such as early skin-to-skin care.
- Develop a plan for outpatient breastfeeding and newborn nutritional support. Develop a workflow to ensure pregnant patients with OUD are discharged with a plan to support breastfeeding and the overall nutrition for their newborns; this plan should include appropriate short interval pediatric follow-up, access to advice on lactation continuation, and access to local or online breastfeeding support resources.

Step 2: Train the workforce on breastfeeding/chest feeding for people with OUD.

Educate physicians, nurses, and other care team members on the benefits of breastfeeding for women with OUD and institute multimodal strategies for implementation of developed protocols.

- Educate clinical staff on the strength of evidence and criteria for safety of breastfeeding for women with OUD. Determine appropriate avenues through which to educate hospital staff (e.g., emails, physical bulletin boards, staff meetings) and mitigate discrimination and bias toward patients with OUD.

- Train providers on OUD treatment protocols. Create standards for providers caring for pregnant patients to provide information relevant to breastfeeding decisions and ask questions about the mother's concerns and barriers surrounding breastfeeding.

Step 3: Implement quality improvement strategies to improve breastfeeding in women with

OAD: Create process metrics that allow for regular evaluation of facility-based breastfeeding support protocols.

- Define target metrics for breastfeeding in OUD. Develop facility-specific metrics for tracking implementation and effectiveness of the breastfeeding program for women with OUD, including measurement of initiation and continuation of breastfeeding.
- Delineate role(s) for OUD treatment assessment and improvement. Designate either an individual or a team to take accountability for ongoing facility-level assessment and improvement of metrics for breastfeeding in women with OUD.

Resources:

- *Coming Summer/Fall 2022* WA DOH Guidelines on Lactation and Substance Use Disorder
- [Pregnancy and Substance Use Harm Reduction toolkit](#) (pg. 18-27)
- [Opioid Use and Opioid Use Disorder in Pregnancy - ACOG](#)
- [LactMed database](#)
- [Mother to Baby](#)
- [AWHONN Breastfeeding Recommendations for Women Who Receive Medication-Assisted Treatment for Opioid Use Disorders](#)