

# PA PQC

Pennsylvania Perinatal Quality Collaborative

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## Substance Abuse and Lactation

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# Disclosures

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Board Member, Academy of Breastfeeding Medicine

ACOG: Member: Breastfeeding Expert Work Group

NIH-RO1, Co-PI, Incentivize Breastfeeding

NIDA, PI, Evaluate App to help postop C/S Patients with pain management

Keystone 10 speaker/consultant

I have no relevant financial relationships with the manufacturer(s) of any commercial product(s) and/or provider(s) of commercial services discussed in this CME activity.

I do not intend to discuss an unapproved/investigative use of a commercial product/device in my presentation.

# Breastfeeding in Setting of Drug Use

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Respect Individual/Autonomy

Patient in methadone, suboxone or subutex program with negative drug screen throughout pregnancy

Illicit Drug use breastfeeding is not recommended

Patient using PCP, methamphetamine, opioids, alcohol

Patient using MJ, daily or occasionally

Respect Decisions they make to or NOT to breastfeed

Very little substance transferred in first 48 hours

# Methadone

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Fairly well studied compared to other substances

Conc of methadone in BM low

Mothers on stable dose of methadone should be encouraged to BF irrespective of dose

Exposed infant typically have high environmental risk profiles

70% infants with have NAS- which can affect ability to BF- BF may reduce duration and severity of these symptoms

Babies need to be observed in nursery for at least 5 days postpartum

# Buprenorphine (Subutex)

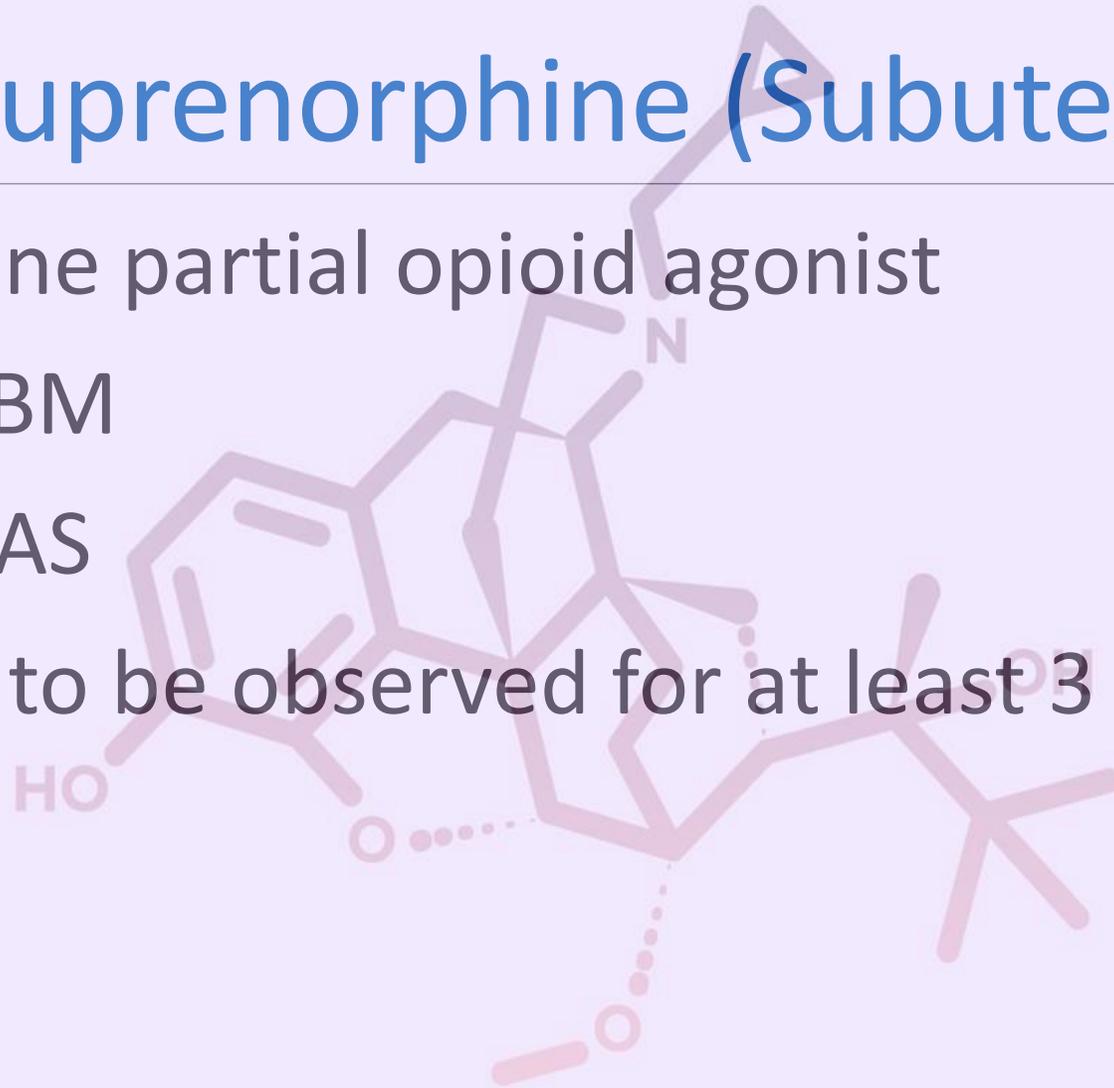
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Buprenorphine partial opioid agonist

Conc low in BM

Decreases NAS

Babies need to be observed for at least 3 days in hospital



# Marijuana

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THC is present in human milk up to 8 times that of maternal plasma level

Long half-life (25-57 hours), + urine drug screen for up to 2-3 weeks, chronic v occasional user

Lipophilic is rapidly distributed to brain and fat tissue

Exposure to during critical periods of brain development can induce subtle and long-lasting neurofunctional alterations

Exposure to second-hand MJ smoke by infants has been assoc with 2 times risk of SIDS, BF decreases risk of SIDs- conundrum

# Marijuana

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Regular/Daily user- medical indication v. recreational

Occasional user

Newborn Nursery, recommend against use if they desire to breastfeed

Our institution ICN

- Babies born < 32 weeks breast milk will be given breastmilk
- Babies born > 32 weeks mothers advised to pump and dump until UDS negative

# References

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Marijuana Use During Pregnancy and Breastfeeding: Implications for Neonatal and Childhood Outcomes, Ryan, S et al, Committee on Substance Use and Prevention and Section on Breastfeeding, Pediatrics Sept 2018, 142 (3) e20181899

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