OPIOID USE IN PREGNANT & BREASTFEEDING WOMEN
Health Care Providers

Guidelines for the use of opioids for treatment of pain in women who are pregnant or breastfeeding:

Common types of prescription opioid drugs are oxycodone (Percocet), hydrocodone (Vicodin), morphine and methadone.

- The American Academy of Pediatrics (AAP) advises providers to use the most comprehensive and current database of drugs that affect infants and/or lactation. This information is available at LactMed (http://toxnet.nlm.nih.gov).
- When considering treatment of acute pain in breastfeeding patients, non-opioid pain medication such as acetaminophen should be used first.
- Maternal use of aspirin should be avoided, as aspirin persists in maternal milk for up to 24 hours, and neonatal metabolism is slow.
- Early breastfeeding by patients who received medications during delivery poses little risk to the infant. However, breastfeeding infants will be exposed to the opioids consumed by their mothers. Breast milk is synthesized and secreted during and immediately after breastfeeding.
    - Medications should be taken after breastfeeding if possible, to maximize the time between taking the medication and breastfeeding, and thus minimize drug transfer through breast milk.
- Breast milk concentrations of codeine and morphine are equal to or somewhat greater than maternal plasma concentrations.
    - While limited use of codeine is likely to be safe in breastfeeding mothers, chronic use should be avoided.
- Use caution when prescribing oxycodone to breastfeeding mothers, especially within two months of delivery, due to the risk of neonatal sedation.
- Normeperidine can pass into breast milk and its half-life is markedly prolonged in newborns. Therefore, repeated use of meperidine should be avoided.
- Abruptly stopping opioid drugs that babies were exposed to in the mother's womb can cause withdrawal symptoms (trembling, irritability, excessive and high pitched crying, hyperactivity, tight muscle tone, sleep problems, seizures, poor feeding, vomiting, and diarrhea).
    - Breastfeeding should be encouraged in the opioid-dependent mother maintained on buprenorphine (Suboxone, Subutex) or methadone if there are no medical contraindications to breastfeeding with the following exceptions:
        - urine drug screens positive for illicit drugs
        - HIV positive status
        - and/or the existence of other medical and/or psychiatric contraindications
- Providers should refer to existing guidelines and consult with a substance abuse treatment provider.

Resources:

- **AAP POLICY STATEMENT: Breastfeeding and the Use of Human Milk February 27, 2012**
  http://pediatrics.aappublications.org/content/early/2012/02/22/peds.2011-3552
  Adequately nourished narcotic dependent mothers can be encouraged to breastfeed if they are enrolled in a supervised methadone maintenance program and have negative screening for HIV and illicit drugs.
- **The Council on Patient Safety in Women's Health Care - Patient Safety Bundle on Obstetric Care with Opioid Use Disorder (+AIM) (addressing breastfeeding)**:
  https://safehealthcareforeverywoman.org/patient-safety-bundles/obstetric-care-for-women-with-opioid-use-disorder/

  RESPONSE

  Every provider/clinical setting/health system
  - Incorporate family planning, breastfeeding, pain management and infant care counseling, education and resources into prenatal, intrapartum and postpartum clinical pathways.
    - Provide breastfeeding and lactation support for all postpartum women on pharmacotherapy.
    - Provide immediate postpartum contraceptive options (e.g. long acting reversible contraception (LARC)) prior to hospital discharge.
- **ACOG COMMITTEE OPINION: Postpartum Pain Management #742 2018**
  file:///C:/Users/nancyb/Downloads/ACOG_Committee_Opinion_No__742__Postpartum_Pain.56.pdf
- **ACOG COMMITTEE OPINION: Opioid Use and Opioid Use Disorder in Pregnancy**
  Number 711 • August 2017
  https://www.acog.org/-/media/Committee-Opinions/Committee-on-Obstetric-Practice/co711.pdf
- **ABM Clinical Protocol # 21: Guidelines for Breastfeeding and Substance Use or Substance Use Disorder, Revised 2015**
  https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4378642/pdf/bfm.2015.9992.pdf
  - Women on stable doses of methadone maintenance should be ***encouraged to breastfeed*** if desired, irrespective of maternal methadone dose
  - ***Reduced severity and duration of treatment of NAS*** when mothers on methadone maintenance therapy breastfeed
  - Buprenorphine (Suboxone, Subutex): ***breastfed infants had less severe NAS*** and were less likely to require pharmacological intervention than the formula-fed infants

Opioid Agonist Pharmacotherapy = Medication Assisted Treatment

- Prevents opioid withdrawal symptoms
- Prevents complications of nonmedical opioid use
- Improves adherence to prenatal care
- Improves adherence to addiction treatment
- Reduces risk of obstetric complications
- ***Does lead to expected and treatable NAS in the infant***

Breastfeeding should be encouraged in women who

- are stable on their opioid agonist
- not using illicit drugs
- have no other contraindications (e.g. HIV+)