OPIOID USE IN PREGNANT & BREASTFEEDING WOMEN
Pregnant & Breastfeeding Moms

Guidelines for using opioid drugs to treat pain in women who are pregnant or breastfeeding:

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

- When choosing treatment for acute pain in mothers who are breastfeeding, non-opioid pain medicine like acetaminophen (Tylenol) should be used first.
- Aspirin should be avoided, as it stays in mothers' milk for up to 24 hours, and the newborn's ability to break it down and get rid of it is slow.
- Early breastfeeding by mothers who received opioid drugs during delivery results in little risk to the baby. However breastfeeding babies will be exposed to the drugs taken by their mothers.
- To reduce drug transfer to the baby through breast milk, medicines should be taken after breastfeeding if possible, to increase the time between taking the medicine and breastfeeding.
- The amounts of codeine and morphine in breast milk are equal to or somewhat more than the mother's amounts.
    - If a narcotic pain medication is needed, experts recommend no more than 2-3 days of morphine.
    - Codeine is not recommended for breastfeeding mothers.
- Health care providers should use caution when prescribing oxycodone (Percocet) to breastfeeding mothers, especially in the first two months after delivery. Oxycodone may cause the baby to be too sleepy and difficult to wake up.
- Normeperidine (from Demerol) can pass into breast milk.
    - Its half-life is much longer in newborns, so repeated use should be avoided.
- Abruptly stopping opioid drugs that babies were exposed to in the mother's womb can cause them to have withdrawal symptoms (trembling, irritability, excessive & high pitched crying, hyperactivity, tight muscle tone, sleep problems, seizures, poor feeding, vomiting, & diarrhea).
    - Breastfeeding should be encouraged in opioid-dependent mothers maintained on buprenorphine (Suboxone, Subutex): or methadone if there are no medical reasons to avoid breastfeeding with these exceptions:
        - urine drug screens positive for illicit drugs
        - positive HIV test
        - and/or other existing medical and/or psychiatric reasons to avoid breastfeeding
- Health care 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 – Pediatrics, February 27, 2012**
  Breastfeeding and the Use of Human Milk | Pediatrics | American Academy of Pediatrics (aap.org)
  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.
- **AAP POLICY STATEMENT: Breastfeeding and the Use of Human Milk – Rev. Pediatrics, Dec 1997**
  Breastfeeding and the Use of Human Milk | Pediatrics | American Academy of Pediatrics (aap.org)
- **AAP POLICY STATEMENT: Breastfeeding and the Use of Human Milk – Pediatrics July 2022**
  Policy Statement: Breastfeeding and the Use of Human Milk | Pediatrics | American Academy of Pediatrics (aap.org)
- **The Council on Patient Safety in Women's Health Care - Patient Safety Bundle on Obstetric Care with Opioid Use Disorder (+AIM) (addressing breastfeeding)**:
  Obstetric-Care-for-OUD-Bundle.pdf (saferbirth.org)
  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: Breastfeeding Challenges #820 Feb. 2021**
  https://www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2021/02/breastfeeding-challenges
- **ACOG COMMITTEE OPINION: Opioid Use and Opioid Use Disorder in Pregnancy #711 Aug. 2017**
  Opioid Use and Opioid Use Disorder in Pregnancy | ACOG
- **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 Neonatal Abstinence Syndrome (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+)