



Healthy Start Breastfeeding Cohort

Webinar 4: Breastfeeding & Substance Use

October 15, 2020



Agenda



Housekeeping	Tess Pritchard, NICHQ
Welcome	Olivia Giordano, NICHQ
Breastfeeding & Substance Use	Ira Chasnoff, NTI Upstream
Q&A	All
Closing	Kenn Harris, NICHQ



Meeting Logistics

Please note the following:



- This session is being recorded, and will be archived for future viewing.



- All participants are muted upon entry. We ask that you remain muted to limit background noise.

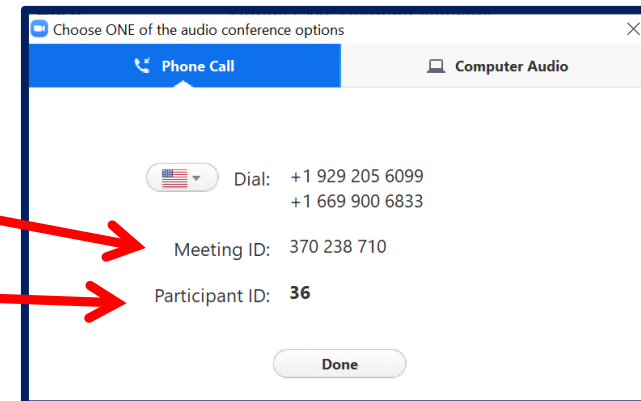
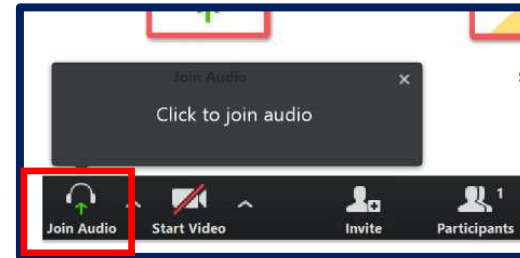


- Members are encouraged to participate in the discussion by typing your comment/asking questions using the chat box.

Connecting to the Audio Conference



- Join Zoom Meeting by **clicking Zoom Meeting link** & launching the Zoom application
- An audio conference box will appear
 - If you do not see the box click the **'Join Audio' button**
- From the audio conference box: Select to **"Phone Call"** or **"Computer Audio"**
- If using the phone:
 - dial the number next to "Dial"
 - You will be prompted to enter the **"Meeting ID"**
 - Then you will be prompted to enter the **"Participant ID"**



Ways to Participate: Chat



A screenshot of a Zoom meeting window. The window title is "Zoom Participant ID: 49 Meeting ID: 617-788-369". The main area shows meeting details: "Meeting Topic: Healthy Start Webinar", "Host: HS TA & Support Center", "Invitation URL: https://zoom.us/j/617788369", and "Participant ID: 49". At the bottom, there is a toolbar with icons for "Join Audio", "Start Video", "Invite", "Participants", "Share", "Chat", "Record", and "Leave Meeting". The "Chat" icon is highlighted with a red box. A red arrow points from this box to a "Zoom Group Chat" sidebar on the right. The sidebar has a "Zoom Group Chat" header and a "Type message here..." input field. A red box around the input field contains the text "Chat here to everyone!". Another red box contains the text "After you click the 'Chat' button, a sidebar will appear where you can chat to all participants", with a red arrow pointing to the sidebar. A third red box contains the text "At the bottom of the Zoom window, you will see a 'Chat' button", with a red arrow pointing to the "Chat" icon in the toolbar. The "Share" icon in the toolbar is also highlighted with a red box.



Welcome

Olivia Giordano
Healthy Start TA & Support Center

September CoLab Assignment



- Men have a role:
 - “Men can help do chores around the house, help with pumping.”
- Men don’t have a role:
 - “Breastfeeding is easy to do. The mother has to do nothing to get the milk to the baby.”
 - “You can just prop the bottle up and the baby feeds itself!”
 - “I’ve never seen a father support breastfeeding.”
- Barriers to providing support:
 - “Work gets in the way of helping support my partner.”
 - “How does breastfeeding actually work? How is breastmilk made? What can help with milk production?”
 - Formula is as good as breast milk. It frees up the mother do other things and not spoil the baby. Breastfeeding is just a choice.”



Staff Reflections and Questions

- All men should be afforded the opportunity to help support a breastfeeding mom by giving him the resources **so he can better appreciate how he can offer assistance**. He needs to be educated on the benefits of breastmilk prior to the baby's birth so he can understand why it is so important.
- It's important to speak to the partner about breastfeeding so that they better understand the benefits and **how they can help make this a stress-free experience** for their partner.
- We have lots of work to do to educate boys and men (as we tend to do more with girls) about the **human anatomy and gender functions**.
- Most men will be supportive of breastfeeding, but **they don't understand the process of feeding or milk production**.
- How do you help men **differentiate breastfeeding from the sexual/sensual aspect of breasts?**
- **What are some tools/ways your programs are engaging with men** that you find is yielding the results (e.g., behavior changes that promote improved relationships and breastfeeding support) with residential and non-residential dads?

Lunchtime Listening & Learning Session



- Thank you to all who joined!
- Please chat in the chat box:
 - Any feedback or suggestions for improving the format



BREASTFEEDING IN CHEMICALLY DEPENDENT WOMEN

Ira J. Chasnoff, MD

www.ntiupstream.com

We want women to breastfeed!

- ▣ Improved infant nutrition
- ▣ Lower rates of infection, allergies in infant and child
- ▣ Enhanced maternal/infant attachment
- ▣ Enhanced maternal empowerment, self-esteem
- ▣ A positive relationship with the infant promotes recovery

However,...

Chemical Characteristics of Substances of Abuse

- ▣ Lipid soluble
- ▣ Low molecular weight

Approach

- ▣ Transfer into breastmilk
- ▣ 2nd hand smoke (if applicable)
- ▣ Effect on breastmilk supply
- ▣ Effect on infant
- ▣ Long term effects (if available)
- ▣ Advice to the woman

Nicotine

- Nicotine transfer into breast milk
 - Completely absorbed from the lungs → mother's bloodstream → breast milk.
 - Persists about 2 hours in the breast milk.
- 2nd hand smoke
 - Passive smoking: the infant absorbs all the products of cigarette smoke.
 - Nicotine levels in the baby's blood are greater from passive smoking than from taking in nicotine only through breast milk, but the effects add together.

Nicotine

- ❑ Effect of cigarette smoking on supply of breast milk
 - Reduced volume of breast milk.
- ❑ Effect of cigarette smoking on the infant
 - Nicotine flavors the milk and can limit the baby's appetite. Babies often show fussiness at the breast and sometimes refuse to nurse if the mother has just recently had a cigarette.
 - Nicotine ingestion can cause the baby to vomit, have diarrhea, be restless and have a high heart rate.
 - There is an increase in colic in infants of mothers who smoke 5 or more cigarettes per day.

Nicotine

- ▣ Advice to the pregnant woman
 - Quit smoking!
 - A **nicotine patch** with 14 mg/day of nicotine or less decreases nicotine levels in the breast milk compared to smoking 1.5 packs of cigarettes/day and is recommended for trying to quit smoking while breastfeeding.

Nicotine

- If the new mother continues smoking:
 - Wait to smoke until after she has breastfed the baby. Never smoke and breastfeed at the same time.
 - Smoke outside and then wash up and change clothes before she picks up the baby.
 - Be aware that even these steps will not completely protect the baby from the effects of second hand smoke.

Alcohol

- ▣ Transfer into breast milk
 - Alcohol readily crosses into breast milk. Levels of alcohol in the breast milk are just about the same as levels in the mother's blood.
 - Alcohol flavors the breast milk and changes the smell of breast milk.
- ▣ Effect of alcohol on supply of breast milk
 - The volume of milk is reduced by about 23% after one standard drink of alcohol.
 - Contrary to popular opinion, drinking beer or other forms of alcohol does not increase the number of calories in the breast milk.

Alcohol

- Effect of alcohol on the infant
 - Infants through 3 months of age break down alcohol very slowly – about half the rate of adults.
 - 1 drink per day or binge drinking (5 drinks) once per week has been associated with delayed psychomotor development in some studies, but not all.
 - 1 standard drink results in the infant's sucking harder but getting less milk and becoming mildly sedated.
 - In the 4.5 hours following ingestion of alcohol through the breast milk, infants were found to be more wakeful.

Alcohol

- Effect of alcohol on the child
 - Population-based breastfeeding sample
 - Mothers who breast fed and drank alcohol, children had significant reduction in
 - Weight
 - Verbal IQ
 - Logistic regression: Breastfeeding and drinking significantly compromises child development

May, et al. Reproductive Toxicology, 2016.

Alcohol

- ▣ Advice to the new mother
 - Avoid alcohol for at least the first 3 months of the infant's life
 - Eat before and while drinking
 - Drink plenty of non-alcoholic beverages when drinking alcohol
 - Avoid breastfeeding for at least 3 to 4 hours after drinking, pumping and discarding breast milk during that time
 - Store alcohol-free breast milk for use after moderate or heavy drinking

Marijuana

- Transfer into breast milk
 - Marijuana is highly lipid soluble
 - THC, the active ingredient in marijuana, is quickly absorbed into breast milk.
 - THC is stored in the fat content of breast milk for up to two weeks.
 - Chronic heavy use of marijuana results in higher levels of THC in breast milk than in the mother's blood.
- 2nd hand smoke
 - Just like nicotine, babies will absorb significant amounts if they are exposed to someone smoking marijuana.

Marijuana

- ❑ Effect of marijuana on supply of breast milk
 - Reduces the supply of milk.
- ❑ Effect of marijuana on the infant
 - Short term: lethargy, weak, poor feeding
 - Animal studies: changes in the structure of the brains of newborn animals exposed to marijuana through their mother's milk.
 - One human study: marijuana exposure via breast milk during the first month after delivery had some negative impact on the infants' motor development at one year of age

Marijuana

- Advice to the new mother
 - Given the lack of extensive research, the best thing is abstinence from marijuana.
 - Follow the advice for cigarette smoking.
 - If the mother smokes marijuana only occasionally, she should store some unaffected milk.
 - Be sure to have another caregiver who is not using marijuana available to take care of the baby when she is using marijuana.

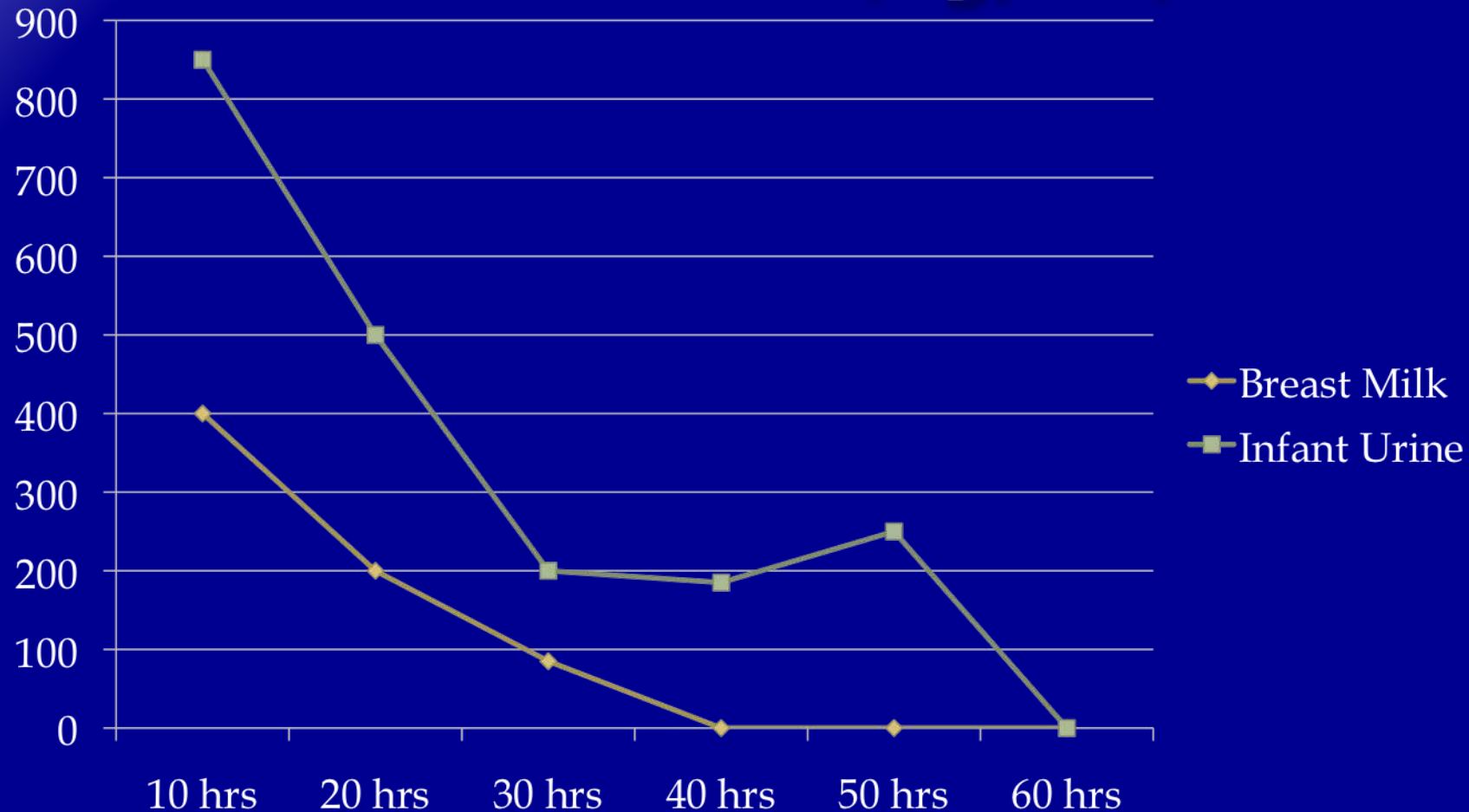
Cocaine Intoxication in a Breast-Fed Infant: *Case Study*

- ▣ 26-year-old mother
 - “large amounts” of cocaine in first 2 mos of pregnancy
 - binge alcohol use: ½ fifth of hard liquor 2-4 times per month in first trimester then 2-3 beers/week through pregnancy
- ▣ 2-week-old infant
 - 38 weeks gestation, AGA
 - exclusively breastfed

Cocaine Intoxication in a Breast-Fed Infant: *Case Study*

- ▣ Post-partum cocaine use
 - 1 week: one “dab” on gums
 - 2 weeks: 1/2 gram over four hours
- ▣ Infant behavior
 - 3 hours: irritability, vomiting, diarrhea
 - pupils dilated, unable to focus
- ▣ Emergency room

Breast Milk and Infant Urine Concentrations of Cocaine Metabolites (ng/ml)



Cocaine, Methamphetamine, Opiates

▣ Transfer into breast milk

- Significant amounts of these drugs transfer into breast milk, varying with frequency and amount of drug use.
- Methamphetamine can stay in the breast milk up to 100 hours after use.
- Cocaine stays in the breast milk about 36-60 hours.
- Heroin can be found in the breast milk for about 24 hours after last use.

Cocaine, Methamphetamine, Opiates

- Effect on the infant
 - Heroin is not absorbed very well by the baby, but exposure through the breast milk can cause sleepiness, breathing problems, vomiting and irritability in the infant.
 - If a mother has used cocaine, the baby can become very irritable and have seizures or other neurological problems after breastfeeding.
 - There are no formal studies on methamphetamine's effects on the breastfed infant, but there are some case reports of seizures and infant death within a short time after being breastfed by a mother using methamphetamine
- Remember the risk of HIV/AIDS and Hepatitis C.

Methadone

- ▣ Transfer into breast milk
 - Methadone peaks in the mother's blood about 1/2 to 1 hour after an oral dose and lasts up to 60 hours.
 - The higher the mother's dose of methadone, the more that is present in the breast milk.
 - Most studies show that methadone levels in the breast milk are so low that it is a safe medication to use when breastfeeding.

Methadone

- Effect of methadone on the infant:
 - Methadone in the breast milk can help a baby if he is having withdrawal from opiate exposure during pregnancy.
 - Observe the infant closely for sedation, respiratory depression and neonatal abstinence syndrome (withdrawal from opiates).

Methadone

- ▣ Advice to the new mother
 - If she is in a methadone treatment program, encourage breastfeeding!
 - Try to time daily dose of methadone so that she takes it just before the baby takes his longest sleep of the day.
 - Do not suddenly stop breastfeeding but try to taper the baby off the breast. This helps to slowly reduce the methadone the baby is getting.

Breastfeeding by Women with History of Substance Abuse

- ❑ Negative history and urine toxicologies throughout 3rd trimester
- ❑ Negative urine toxicology at delivery
- ❑ HIV negative
- ❑ ? Hepatitis C negative
- ❑ Methadone any dose, but <40 mg preferable
- ❑ Ongoing negative urine toxicologies

Contraindications to Breastfeeding

- ❑ No prenatal care
- ❑ Substance abuse/misuse in the 30-day period prior to delivery
- ❑ Refuses substance abuse treatment
- ❑ Unwilling to consent to communication between medical personnel and the substance abuse counselor
- ❑ Positive maternal or infant urine toxicology at delivery
- ❑ Postpartum relapse at any level
- ❑ Mother HIV positive

Special Considerations

- ▣ Methadone
 - Dose
 - Tapering
 - Medical supervision
- ▣ Hepatitis C
- ▣ Psychotropic medications



(C) NTI
pstream,
2020

MARIJUANA

Effect of marijuana on the infant

- In the short term, infants whose mothers smoke marijuana can appear lethargic and weak and can have poor feeding patterns;
- Animal studies have shown changes in the structure of the brains of newborn animals exposed to marijuana through their mother's milk;
- One human study reported marijuana exposure via the mother's milk during the first month after delivery had some negative impact on the infants' motor development at one year of age.

What you should do

- Given the lack of extensive research, the best thing for your baby is that you not smoke or use marijuana;
- Follow the advice for cigarette smoking;
- If you smoke marijuana only occasionally, store some unaffected milk for your infant;
- Be sure to have another caregiver who is not using marijuana available to take care of your baby when you are using marijuana.

METHADONE

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nti



ntiupstream.com

Closing

Kenn Harris
Healthy Start TA & Support Center

November Assignment: CoLab Engagement

- Visit CoLab to view the full prompt
- What are your top three challenges around providing lactation support virtually? Have you been able to identify and implement any solutions? What resources/support would help you most?
- Post your response on CoLab **by COB Monday, November 30**





Questions?
Email the TA &
Support Center at
healthystart@nichq.org