

The Impact of Opioid Use on Breastfed Babies



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Disclosures

☞ No financial interests to disclose



A little about me...

☞ Born & raised in Weirton, WV

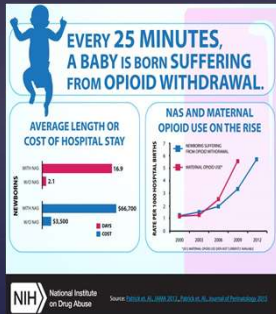


More about me

- ↳ Pediatrician
- ↳ IBCLC
- ↳ La Leche League Leader
 - ↳ Ohio Area APL
- ↳ Mom!



Scope of an epidemic¹

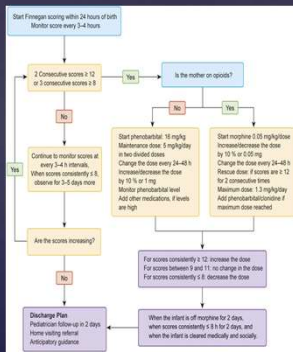


Neonatal Abstinence Syndrome^{2,3,4,5}

- ↳ Syndrome of physiologic and behavioral disturbances related to discontinuation of a drug
 - ↳ SSRIs
 - ↳ Nicotine
 - ↳ Opioids (NOWS)
 - ↳ Benzodiazepines
- ↳ Onset <24hrs- 5 days after birth
 - ↳ Varies by drug of exposure
 - ↳ Resolution of symptoms can take *months*
 - ↳ NO reliable correlation with relative opioid dose, length of use, etc
- ↳ Symptoms

| Drug | Peak Withdrawal |
|------------------|-----------------|
| Heroin | 24-48hrs |
| Oxycodone | 48hrs |
| Subutex/Suboxone | 48-72hrs |
| Methadone | Up to 5 days |

NAS Protocol



What does this have to do with breastfeeding?^{8,9,10}

- ↳ Babies with NAS have *better* outcomes
 - ☞ Less withdrawal
 - ☞ Less severe withdrawal
 - ☞ Decreases hospital length of stay
 - ☞ Health benefits of breastfeeding
 - ↳ Cognitive outcomes
 - ↳ Less respiratory illnesses, need for intubation
- ↳ Mothers who breastfeed have better outcomes too
 - ☞ Higher mothering self-efficacy
 - ☞ Fewer relapses

Breastfeeding and NAS¹¹

- ↳ Systems Issues
 - ☞ Mother-baby separation
 - ↳ Infant has minimum 4-5 day hospital stay
 - ↳ NICU transfer
 - ↳ Limited visiting hours
 - ↳ Limited transportation
 - ☞ Lactation support
 - ☞ Finnegan score not the best?
 - ↳ Sleeps <3 hrs
 - ☞ Caregiver bias and lack of education

Breastfeeding and NAS^{12,13}

- ↳ Physiologic issues
 - ⌘ Poor feeding
 - ⌘ **Slow weight gain**
 - ↳ Formula feeding protocols: 22 kcal
 - ⌘ Milk supply with separation
- ↳ Other issues
 - ⌘ Psychiatric comorbidities
 - ⌘ Socioeconomic complications
 - ↳ Return to work < 4 weeks post-partum
 - ⌘ Family support

How can you help: inpatient¹⁴

- ↳ Hands on help ASAP
 - ⌘ Good start before withdrawal symptoms
- ↳ PUMP PUMP PUUUUUUMP
 - ⌘ There WILL be mother-baby separation
- ↳ Continuous skin to skin
- ↳ Check the bias

How you can help: outpatient/community level¹⁴

- ↳ Outpatient breastfeeding support!
 - ⌘ Prenatal
 - ↳ Expect separation
 - ↳ Educate!!!
 - ⌘ Order pump ASAP, expect separation, pumping guidelines, etc
 - ⌘ Emphasize benefits of breastfeeding
 - ⌘ While baby is admitted
 - ↳ Double electric pump
 - ↳ Encourage pumping as much as possible
 - ⌘ After discharge
 - ↳ "De-NICU" the baby
 - ↳ Long term lactation support
 - ↳ Balancing breast-bottle, more frequent separation

Breastfeeding and NAS: A lot of baggage

- ↳ Psychosocial factors
- ↳ Psychiatric comorbidities
- ↳ Medical comorbidities
- ↳ Other drugs of abuse/misuse
- ↳ Long term outcomes

Psychosocial Baggage

- ↳ Maternal factors
 - ↳ Age
 - ↳ Education
 - ↳ Family/father involvement
 - ↳ Return to work
- ↳ Regional
 - ↳ Access to quality care
 - ↳ Formula-feeding culture
- ↳ Co-sleeping and bed sharing¹⁵
 - ↳ Co-sleeping: parent and infant sharing the *same room*
 - ↳ 110% good idea
 - ↳ Reduces SIDS risk
 - ↳ Facilitates breastfeeding
 - ↳ Bed sharing: parent and infant sharing the *same bed*
 - ↳ Complicated risk profile
 - ↳ CANNOT EVER be safe if one or both parents is on sedating medication
 - ↳ All opioids count!

Psychiatric Comorbidities

- ↳ More likely to have depression, anxiety, PTSD
- ↳ Polypharmacy
 - ↳ Almost all medications compatible with breastfeeding
 - ↳ Many medications are sedating (safe sleep!)
- ↳ Maternal sleep¹⁶
 - ↳ Sleep deprivation worsens psychiatric conditions
 - ↳ 5 hrs stretch sometimes required

Medical comorbidities^{17,18}

- ↳ Hepatitis C: NOT a contraindication to breastfeeding
 - ↳ Cracked, bleeding nipples need to be fixed ASAP *if mom has a high viral load*
- ↳ HIV: absolute contraindication (in the US)
 - ↳ Combination feeding INCREASES chance of infant transmission
- ↳ Other substance use
 - ↳ Cigarette smoking: risk is from second hand smoke exposure, NOT nicotine in breastmilk
 - ↳ Alcohol: occasional alcohol consumption is compatible with breastfeeding
 - ↳ Drugs of abuse: ABSOLUTE contraindication
 - ↳ Marijuana is controversial, more research being done
 - ↳ Subutex/Suboxone from the streets

Long Term Outcomes^{19,20}

- ↳ ??????
 - ↳ More likely to be addicted as adolescents/adults
 - ↳ Unclear
 - ↳ Tobacco or marijuana exposure DOES increase risk
 - ↳ Cognitive outcomes
 - ↳ Lower IQ
 - ↳ Lower educational testing scores
 - ↳ "Life achievement"
 - ↳ Toxic stress
 - ↳ Child abuse/neglect
 - ↳ Psychiatric outcomes
 - ↳ More behavior/attention problems
- ↳ Challenging clinical question
 - ↳ NAS infant raised by non-drug users have better outcomes
 - ↳ Research for opioid use largely based on heroin, not MAT
 - ↳ Data only through toddler to early school years

Little Bird

- ↳ Mom is 33 yr old G4P4
 - ↳ Just had 4th baby at 36.4 wks
 - ↳ First 2 kids are teenagers, has a 2 yr old at home
 - ↳ Long gap with heroin addiction, incarceration
 - ↳ Baby is 4lbs 12oz
 - ↳ No prior breastfeeding, no intention to breastfeed
 - ↳ Stable for years on Suboxone
- ↳ "Its never too late to try if you want to think about breastfeeding..."
- ↳ "I figured what the hell, you seemed like a nice lady, I'll give this stuff a shot."