

BEST PRACTICES Human Milk and Substance Exposure



DO NO HARM

SUBSTANCE	BEST PRACTICES	EVIDENCE	REFERENCE
Alcohol 	<p>Pump your milk or feed your baby before you drink. Then wait 3-4 hours after each serving of alcohol before providing your milk to your baby again. ¹⁻²</p>	<p>Alcohol is present in human milk and has been linked to many of the same problems seen with prenatal exposure to alcohol. Alcohol does not increase milk production or let-down. ¹</p>	<ol style="list-style-type: none"> 1. ACOG (2011) 2. Liston (1998) 3. Uguz (2021) 4. AAP (2013) 5. AAP (2012) 6. ACOG (2017)
Benzodiazepines 	<p>Work with your provider to find the dose that is effective for you. Take your medications as prescribed. Feed your baby. Watch for signs of sedation. ³</p>	<p>Most benzodiazepines are considered safe or moderately safe at therapeutic doses.³ Infants exposed to benzodiazepines via breastmilk may exhibit signs of sedation, such as apnea. ⁴</p>	<ol style="list-style-type: none"> 7. Reece-Stretman and Marinelli (2015) 8. Hill and Reed (2013)
Cannabis 	<p>It is safest to reduce or eliminate use during the lactation period. ^{5, 6, 7} However, in the case of continued medical or recreational cannabis use, experts agree that the proven benefits of human milk likely outweigh the risks of cannabis exposure. It's unacceptable to withhold lactation support from those seeking it. ^{8, 9}</p>	<p>The rate of cannabis transfer into human milk is estimated to be 0.8-1% of maternal dose.^{8, 10, 11, 12} Bioavailability is incomplete in infants' GI tract. So infants absorb 0.1% of the parent's dose. ¹¹ Because of limitations of research design, we have little data on the effects of exposure via breast milk, with inconclusive results. ^{13, 14}</p>	<ol style="list-style-type: none"> 9. Metz and Stickrath (2013) 10. Perez-Reyes (1982) 11. Bertrand (2018) 12. D'Apollito (2013)
Opioids 	<p>Long- or short-term opiate use is not a contraindication to breastfeeding, regardless of dose.^{15, 16} Because of individual differences in metabolism, codeine is not recommended while breastfeeding, due to risk of infant overdose. ¹⁶</p>	<p>Most opioids transfer into human milk at rates estimated at 1-3 % of maternal dose. ¹⁷ Because bioavailability is poor in infants' gastrointestinal tracts, it is likely that even less is absorbed.</p>	<ol style="list-style-type: none"> 13. Astley and Little (1990) 14. NIDA (1985) 15. Darke, et al. (2007) 16. LactMed 17. ABM (2012)
Stimulants 	<p>Abstinence during lactation is recommended. In the case of a relapse, wait 24 hours after cocaine use and 48 hours after methamphetamine use to provide milk. ^{16, 18} Caffeine doses of $\leq 200\text{mg}$ are considered safe for lactation. ¹⁹</p>	<p>Caffeine, cocaine, and methamphetamine are present in the milk of parents who use them. Infant exposure can be limited by using the lowest effective dose and feeding or pumping before use. ^{16, 18, 19, 20}</p>	<ol style="list-style-type: none"> 18. Bartu, Dusci, and Ilett (2008) 19. LLL (2006) 20. Temple, et al. (2017)
Smoking 	<p>Despite the risks, breast/chestfeeding while smoking is considered safer than formula feeding while smoking. This is because of the proven health benefits of human milk, including a 50% reduction in the incidence of SIDS. ^{5, 21, 22}</p>	<p>Smoking during lactation has been associated with decreased milk supply, shorter lactation duration, altered composition of milk, increased incidence of SIDS, and the development asthma in offspring. ^{5, 23} A Harm Reduction approach can limit exposure.</p>	<ol style="list-style-type: none"> 21. Dorea (2007) 22. Vennemenn, et al. (2009) 23. Napierala (2016)

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REFERENCES: Human Milk and Substance Exposure



1. American College of Obstetricians and Gynecologists Committee on Health Care for Underserved Women. (2011, August). [At risk drinking and alcohol dependence: Obstetric and Gynecological Implications](#).
2. Liston, J., (1998). [Breastfeeding and the use of recreational drugs – alcohol, caffeine, nicotine and marijuana](#). Breastfeeding Review. 6(2). 27-30.
3. Uguz F. (2021). [A New Safety Scoring System for the Use of Psychotropic Drugs During Lactation](#). American journal of therapeutics, 28(1), e118–e126. <https://doi.org/10.1097/MJT.0000000000000909>
4. American Academy of Pediatrics. (2013). [The transfer of drugs and therapeutics into human breastmilk: an update on selected topics](#). Pediatrics. 132(3). E796-809.
5. American Academy of Pediatrics. (2012). [Breastfeeding and the use of human milk](#). Pediatrics. 129(3). 827-841.
6. American College of Obstetricians and Gynecologists Committee on Obstetric Practice. (2017, Oct). [Marijuana use in pregnancy and lactation](#). Obstetrics and gynecology. 130(4). e205-e209. (opinion 722)
7. Reece-Stretman, S. & Marinelli, K. A. (2015). ABM clinical protocol #21: [Guidelines for breastfeeding and substance use or substance use disorder](#), revised 2015. Breastfeeding medicine. 10(3). 135-141.
8. Hill, Meg, Reed, Kathryn. (2013). [Pregnancy, breast-feeding, and marijuana: a review article](#). Obstetrical and Gynecological Survey. 68(10). 710-718.
9. Metz, T. D. Stickrath, E. H. (2015). [Marijuana use in pregnancy and lactation: a review of the evidence](#). American Journal of Obstetrics and Gynecology. 213(6). 761-778.
10. Perez-Reyes. (1982). [Presence of 9-tetrahydrocannabinol in human milk](#). New England journal of medicine. 307(13). 819-820.
11. Bertrand, K. A. et al. (2018). [Marijuana use by breastfeeding mothers and cannabinoid concentrations in breast milk](#). Pediatrics. 142(3). e20181076.
12. D'Apolito, K. (2013). [Breastfeeding and substance abuse](#). Clinical Obstetrics and Gynecology, 56(1), 202-211.
13. Astley, S. J., Little, R. E., (1990). [Maternal marijuana use during lactation and infant development at one year](#). Neurotoxicology and Teratology, 12(2), 161-168.
14. National Institute on Drug Abuse. (1985). [Marijuana: prenatal and postnatal exposure in the human](#). Denver, CO: Tennes, Katherine, Avitable, Nanci, Blackard, Carol, Boyles, Cecilia, Hassoun, Bernice, Holmes, Larry, Kreye Marie
15. Darke, S. et al. (2007). [Patterns of nonfatal heroin overdose over a 3-year period: findings from the Australian treatment outcome study](#). Journal of urban health. 84(2). 283-291.
16. [Drugs and Lactation Database \(LactMed\)](#) [Internet]. Bethesda (MD): National Library of Medicine (US); 2006-. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK501922/> Cressman, A. M., Koren, G., Pupco, A., Kim, E., Ito, S., Bozzo, P., (2012). [Maternal cocaine use during breastfeeding](#). Canadian Family Physician. 58. 1218-1219.
17. Montgomery, A., Hale, T. W., & Academy of Breastfeeding Medicine (2012). [ABM clinical protocol #15: analgesia and anesthesia for the breastfeeding mother](#), revised 2012. Breastfeeding medicine: the official journal of the Academy of Breastfeeding Medicine, 7(6), 547–553. <https://doi.org/10.1089/bfm.2012.9977>
18. Bartu, A., Dusci, L. J., Ilett, K. F., (2008). [Transfer of methylamphetamine and amphetamine into breast milk following recreational use of methylamphetamine](#). British Journal of Clinical Pharmacology. 67(4). 455-459.
19. La Leche League. (2006). [What effect does the mother's consumption of caffeine have on the breastfeeding infant?](#). Retrieved from: <http://www.llli.org/faq/caffeine.html>
20. Temple, J. L. et al. (2017). [The safety of injected caffeine: A comprehensive review](#). Frontiers in psychiatry. 8. 80.
21. Dorea, JG. (2007). [Maternal Smoking and infant feeding: breastfeeding is better and safer](#). Maternal and child health Journal. 11(3). 287-291.
22. Vennemann, M. M. et al. (2009). [Does breastfeeding reduce the risk of sudden infant death syndrome?](#) Pediatrics. 123(3). e406-e410.
23. Napierala, M. et al. (2016). [Tobacco smoking and breastfeeding: effect on the lactation process, breast milk composition and infant development](#). A critical review. Environmental Research. 151. 321-338.

