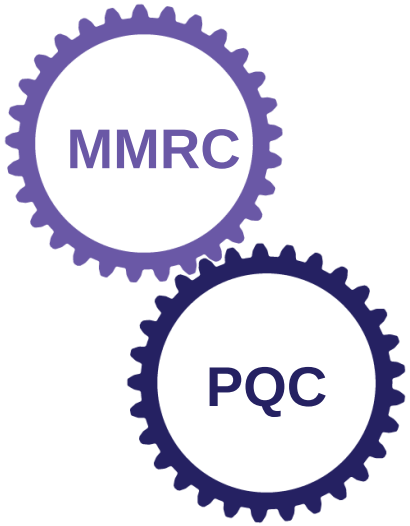


PA PQC

Pennsylvania Perinatal Quality Collaborative

# Substance Abuse and Lactation

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# Disclosures

Board Member, Academy of Breastfeeding Medicine

ACOG: Member: Breastfeeding Expert Work Group

NIH-RO1, Co-PI, Incentivize Breastfeeding

Keystone 10 speaker/consultant

I have no relevant financial relationships with the manufacturer(s) of any commercial product(s) and/or provider(s) of commercial services discussed in this CME activity.

I do not intend to discuss an unapproved/investigative use of a commercial product/device in my presentation.

# Breastfeeding in Setting of Drug Use

Coexisting factors- low socioeconomic status, lower education level, less prenatal care, poor nutrition, multiple drug use, tobacco, alcohol,

Increased risk for infection with HIV, Hep B and C

Psychiatric disorders

Benefits of Bf must be weighed against risks

# Breastfeeding in Setting of Drug Use

Respect Individual

Automy

Patient in methadone, suboxone or subutex program with negative drug screen throughout pregnancy

Patient using MJ, daily or occasionally

Patient using PCP, methamphetamine, opioids, alcohol

Respect Decisions they make to or NOT to breastfeed

Very little substance transferred in first 48 hours

# Drug Screening

ACOG recommends “pregnant women must be informed of the potential ramifications of a positive test results, including any mandatory reporting requirements therefore informed consent is always desirable, but is not always possible in the clinical situation”

# Temple's criteria for Drug Screen

No or Insufficient Prenatal care less than 7 visits or initiation of PNC after 20 weeks

History of current or drug use during pregnancy

Suspected or known Placental abruption

HIV positive mother or father

History of incarceration during pregnancy

Hist of commercial sex work

Fetal demise > 20 weeks

Blood pressure > 160/110 not associated with chronic hypertension or preeclampsia

Pregnancy concealed or denied

Track marks or other drug paraphernalia noted

History of hepatitis

# Marijuana

THC  is present in human milk up to 8 times that of maternal plasma level

Long half- life (25-57 hours), + urine drug screen for up to 2-3 weeks, chronic v occasional user

Lipophilic is rapidly distributed to brain and fat tissue

Exposure to during critical periods of brain development can induce subtle and long-lasting neurofunctional alterations

Exposure to second-hand MJ smoke by infants has been assoc with 2 times risk of SIDS, BF decreases risk of SIDs- conundrum

# Marijuana

Regular/Daily user- medical indication v. recreational

Occasional user

Newborn Nursery, rec pt not use MJ if they desire BF

Our institution ICN

- Babies born < 32 weeks breast milk will be given breastmilk
- Babies born > 32 weeks mothers advised to pump and dump until UDS negative

Sheryl A. Ryan, Seth D. Ammerman, Mary E. O'Connor, COMMITTEE ON SUBSTANCE USE AND PREVENTION and SECTION ON BREASTFEEDING
Pediatrics September 2018, 142 (3) e20181889; DOI: https://doi.org/10.1542/peds.2018-1889

# Methadone

Fairly well studied compared to other substances

Conc of methadone in BM low

Mothers on stable dose of methadone should be encouraged to BF irrespective of dose

Exposed infant typically have high environmental risk profiles

70% infants with have NAS- which can affect ability to BF- BF may reduce duration and severity of these symptoms

Babies need to be observed in nursery for at least 5 days postpartum

# Buprenorphine (Subutex)

Buprenorphine partial opioid agonist

Conc low in BM

Decreases NAS

Babies need to be observed for at least 3 days in hospital

# Challenges

Prenatal care - getting in for adequate care, fear of losing custody of child, drug program

Postpartum – treating pt in hosp without signing out AMA

Pain management especially after surgery – cesarean and tubals

Withdrawl –COWs score- combines subjective and objective signs

Rehab care

# Treatment for Withdrawal

Depending on what patient wants to do for rehab:

Suboxone- let them withdrawal- follow COWs score and then treat when scores above 10 checking COWs scores hourly until stable COWS scores <6 x 3.

Methadone or choose no treatment- calculate mili-equivilants of morphine, give split dosing of long and short acting opioids oxycontin/oxycodone as a bridge to methadone and give other meds to cover symptoms Zofran, Valium (tranc), atarax, etc

# COWS Score

Score 1-36

- 5-12 mild
- 13-24 moderate
- 25-36 moderate severe
- >36 severe

Score every 6 hours for scores under 13

Score every hour for scores over 13

Treat when score over approx. 7

# COWS Clinical Opiate Withdrawal Scale

Wesson & Ling, J Psychoactive Drugs. 2003 Apr-Jun;35(2):253-9.

| | |
|---|---|
| Resting Pulse Rate: _____beats/minute<br>*Measured after patient is sitting or lying for one minute*<br>0 Pulse rate 80 or below<br>1 Pulse rate 81-100<br>2 Pulse rate 101-120<br>4 Pulse rate greater than 120 | GI Upset: *over last 1/2 hour*<br>0 No GI symptoms<br>1 Stomach cramps<br>2 Nausea or loose stool<br>3 Vomiting or diarrhea<br>5 Multiple episodes of diarrhea or vomiting |
| Sweating: *over past 1/2 hour not accounted for by room temperature or patient activity.*<br>0 No report of chills or flushing<br>1 Subjective report of chills or flushing<br>2 Flushed or observable moistness on face<br>3 Beads of sweat *on* brow or face<br>4 Sweat streaming off face | Tremor *observation of outstretched hands*<br>0 No tremor<br>1 Tremor can be felt, but not observed<br>2 Slight tremor observable<br>4 Gross tremor or muscle twitching |
| Restlessness *Observation during assessment*<br>0 Able to sit still<br>1 Reports difficulty sifting still, but is able to do so<br>3 Frequent shifting or extraneous movements of legs/arms<br>5 Unable to sit still for more than a few seconds | Yawning *Observation during assessment*<br>0 No yawning<br>1 Yawning once or twice during assessment<br>2 Yawning three or more times during assessment<br>4 Yawning several times/minute |
| Pupil size<br>0 Pupils pinned or normal size for room light<br>1 Pupils possibly larger than normal for room light<br>2 Pupils moderately dilated<br>5 Pupils so dilated that only the rim of the iris is visible | Anxiety or irritability<br>0 None<br>1 Patient reports increasing irritability or anxiousness<br>2 Patient obviously irritable anxious<br>4 Patient so irritable or anxious that participation in the assessment is difficult |
| Bone or Joint aches *If patient was having pain previously, only the additional component attributed to opiates withdrawal is scored*<br>0 Not present<br>1 Mild diffuse discomfort<br>2 Patient reports severe diffuse aching of joints/ muscles<br>4 Patient is rubbing joints or muscles and is unable to sit still because of discomfort | Gooseflesh skin<br>0 Skin is smooth<br>3 Piloerrection of skin can be felt or hairs standing up on arms<br>5 Prominent piloerrection |
| Runny nose or tearing *Not accounted for by cold symptoms or allergies*<br>0 Not present<br>1 Nasal stuffiness or unusually moist eyes<br>2 Nose running or tearing<br>4 Nose constantly running or tears streaming down cheeks | Total Score _____<br>The total score is the sum of all 11 items<br>Initials of person completing Assessment:_____ |

Score: 5-12 mild; 13-24 moderate; 25-36 moderately severe; more than 36 = severe withdrawal

# Treatment for postop pain management active users

Postop pain management

- keep in epidural for 12-24 hours postop in L and D
- lidocaine patches
- standing ibuprofen and acetaminophen
- IV Toradol
- maybe gabapentin

# References

Marijuana Use During Pregnancy and Breastfeeding: Implications for Neonatal and Childhood Outcomes, Ryan, S et al, Committee on Substance Use and Prevention and Section on Breastfeeding,  Pediatrics Sept 2018, 142 (3) e20181899

Marijuana Use in Pregnancy and While Breastfeeding, Metz, T,et al Obstet Gynecol. 2018 Nov; 132(5): 1198-1210

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