Why Human Milk is Needed with Infants with Neonatal Abstinence Syndrome (NAS)

Drug-exposed infants at risk for multiple health and development difficulties stand to benefit significantly from human milk. Human milk reduces the duration of Neonatal Abstinence Syndrome (NAS), symptom severity and the associated costs of treatment, in addition to conferring protection against the most common and costly conditions in infancy. Moreover, direct breastfeeding through skin-to-skin contact promotes mother-infant bonding.

Since human milk and breastfeeding significantly reduces the duration and costs of NAS and encourages mother-infant bonding, infants with a diagnosis of NAS should be provided either mother’s own milk or donor human milk. Mothers participating in addiction recovery programs should have access to information about the benefits of human milk and breastfeeding, and they should be supported in weighing risks and benefits associated with breastfeeding for each newborn given their individual set of circumstances. Finally, mothers should have access to comprehensive support, supplies, and counseling services, so that they are able to build and maintain milk supply to support optimal nutrition of their infants.

Infants experiencing NAS may exhibit poor feeding and sucking, which may make direct breastfeeding difficult and problematic. When direct breastfeeding is not possible, mothers should be instructed to express their own milk with the use of a hospital-grade (multi-user) breast pump.

Symphony PLUS® with Initiation Technology™, containing a patented program that imitates the unique sucking behavior of healthy, breastfeeding infants, has been proven to help mothers initiate, build, and maintain their milk production.

Symphony PLUS features two programs that work together to significantly increase breast milk production:

- The research-based Initiation Program contains Medela’s innovative Initiation Technology with a combination of stimulation phases, an expression phase, and a pause phase.
- The Maintain Program uses Medela’s 2-Phase Expression® technology to build and maintain breast milk supply to support continued breast milk feeding.

2. Ibid.
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**Article 1:**

**Summary:**
The authors and The Academy of Breastfeeding Medicine revised this protocol in 2015 to provide literature-based guidelines for the evaluation and management of the woman with substance use or a substance use disorder who is considering breastfeeding.

**Key Takeaways:**
- Drug-exposed infants, who are at a high risk for an array of medical, psychological, and developmental issues, stand to benefit significantly from breastfeeding - as do their mothers
- The documented benefits of human milk and breastfeeding must be carefully and thoughtfully weighted against the risks associated with the substance that the infant may be exposed to during lactation
- Women with substance use disorders desiring to breastfeed should receive comprehensive healthcare and substance abuse treatment during pregnancy; methadone maintenance is the treatment of choice
- Concentrations of methadone found in human milk are low; women on stable doses of methadone maintenance should be encouraged to breastfeed if desired, irrespective of maternal methadone dose
- Buprenorphine has been increasingly used for treatment of opioid dependency during pregnancy in the U.S.
- Concentrations of buprenorphine in human milk are small and are unlikely to have short-term negative effects on the developing infant

**Link to view online:**

**Article 2:**
Committee on Obstetric Practice & American Society of Addiction Medicine. Opioid use and opioid use disorder in pregnancy. Number 711, August 2017

**Summary:**
Early universal screening, brief intervention, and referral for treatment of pregnant women with opioid use and opioid use disorder improve maternal and infant outcomes. A coordinated multidisciplinary approach without criminal sanctions has the best chance of helping infants and families.

**Key Takeaways:**
- Universal screening for substance use should be a part of comprehensive obstetric care and should be done at the first prenatal visit
- Opioid agonist pharmacotherapy (also known as medication-assisted treatment) is the recommended therapy for pregnant women with an opioid use disorder
- Breastfeeding should be encouraged in women who are stable on their opioid agonists, who are not using illicit drugs, and who have no other contraindications

**Link to view online:**
https://www.acog.org/-/media/Committee-Opinions/Committee-on-Obstetric-Practice/co711.pdf
Summary:
Discusses several topics of interest surrounding lactation, including drugs to treat substance abuse.

Key Takeaways:
- Many mothers are inappropriately advised to discontinue or not initiate breastfeeding when taking certain drugs i.e., opioid antagonists
- Continued breastfeeding by women undergoing such treatment presumes abstinence from opioids, enrollment in and close monitoring by an appropriate drug treatment program with significant social support
- Methadone levels in human milk are low
- Academy of Breastfeeding Medicine encourages breastfeeding for women treated with methadone who are enrolled in methadone maintenance programs
- Neonatal Abstinence Syndrome can occur after abrupt discontinuation of methadone. Thus, breastfeeding should not be stopped abruptly, and gradual weaning is advised if a decision is made to discontinue breastfeeding

Link to view abstract: