

Taking Care

A Short Guide to Breastfeeding
and Substance Use



centre of excellence
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Introduction



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Substance use is a part of many people's lives. It can be recreational or medicinal, something that helps with stress or gives pleasure, or be a challenge that creates problems in our lives. Many people make changes to their substance use during pregnancy or when expecting a child. Some stop using substances altogether while others use less or change when or how they use substances. After becoming a parent, some people continue with these changes while others re-visit their substance use.

The decision to breastfeed, use formula, or both, is very personal. This resource is to help you make important decisions about your substance use, your body, and the overall well-being of you and your baby. You can use this resource to start conversations with partners, friends, family, health care providers and other supportive people in your life so that you can make choices that are right for you, your baby, and your family.

THIS RESOURCE INCLUDES:



Information about what is known about breastfeeding and substance use



Examples of how to reduce the potential harm of using substances while breastfeeding



Activities to help you think about your breastfeeding plans, hopes, goals, and fears and your relationship with substance use as a parent



Ideas of what to ask your trusted care provider when making decisions about breastfeeding and substance use



Information about how experiences of trauma can affect both breastfeeding and substance use

THE WORDS WE USE

Breastfeeding conjures up the common image of a woman holding and feeding her baby. Indeed, women are encouraged to breastfeed for as long as possible and many do. Some individuals described breastfeeding as “nursing,” “lactation,” or “chest-feeding.” You may use different words to describe your gender identity, the act of sharing milk with a baby, and the relationships in your family. A few families rely on donor milk or co-nursing or pumping and storing breast milk to feed their babies. In this resource, we refer to breastfeeding women and individuals who lactate to refer to all kinds of families, identities, and circumstances.

Parenting, Substance Use and Breastfeeding

Substance use is just one of the many things that might influence your decisions about breastfeeding. It can affect how long you choose to breastfeed exclusively, whether you choose to combine breastfeeding with formula feeding, whether you pump or express milk on occasion or regularly, or if you decide to breastfeed at all.

Substance use can affect parenting in other ways too. Some people find that substance use helps them handle difficulties in their lives, including the stress related to parenting. Others find that substance use and parenting do not mix. And some people find that things change over time. What might be the right choice when your baby is six weeks old might not be the right choice when your baby is six months or 18 months old.

How you use substances and the effects of substance use on your health and well-being can vary enormously from very little impact (such as smoking cannabis once in a while) to a lot of impact (such as getting high or drunk regularly).

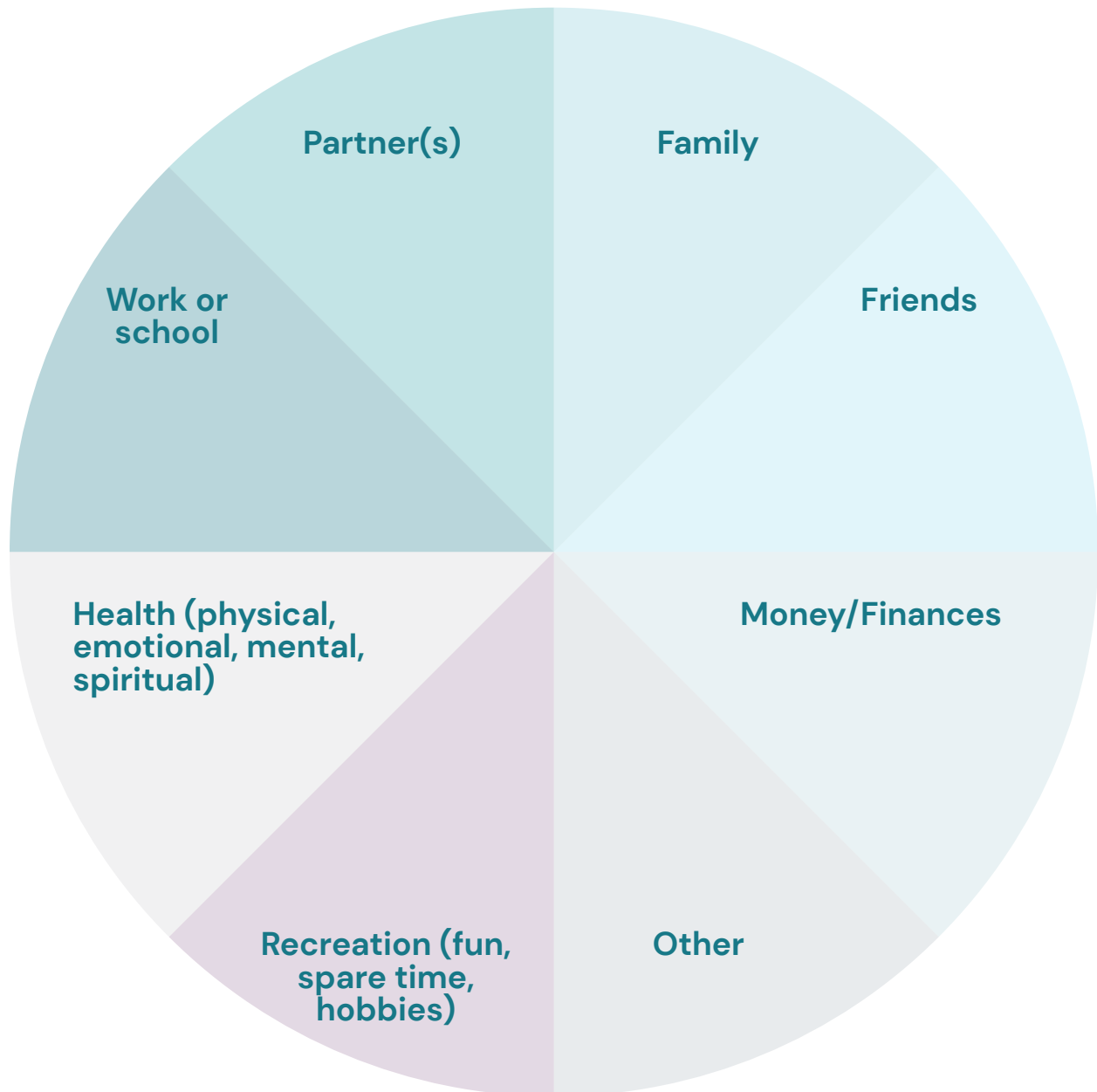
Because substance use can affect the way you think and feel and act, this can have an impact on your parenting. Some of the ways substance use can affect parenting include:

- Your ability to pay attention to your baby (such as when the baby is hungry or needs to be comforted) or what is happening around you
- Your ability to recognize signs of danger (including people or situations)
- Your ability to react and make decisions



ACTIVITY: SUBSTANCE USE AND PARENTING

You might find it helpful to think about different areas of your life and what effects substance use has had. You can use the wheel below to take notes to help organize your thoughts. You can also share the wheel below with a family member, friend, or health care provider afterwards.



1. What role did substance use have in your life before becoming a parent? How has it changed over time?
2. In what ways do you think substance use affects your parenting, if at all?

SUBSTANCE USE AND SLEEPING WITH YOUR BABY

Many parents sleep with their baby in their bed. This is sometimes called bed-sharing or co-sleeping. Many women find that this helps them with breastfeeding and leads to better sleep for them and the baby.

However, substance use can make you less aware of your baby's needs and surroundings and this can be dangerous. You should not sleep with your baby if you have been using alcohol, cannabis, or other substances that affect your natural awareness or reflexes.

SECOND HAND SMOKE

There are many chemicals in smoke and vapour from tobacco and cannabis. If you or other members of your family smoke or vape, here are a few things you can do to help keep your baby healthy.

- Smoke or vape outside and ask your family and friends to smoke or vape outside
- Wash your hands and face and brush your teeth or use mouthwash after smoking or vaping and before touching your baby
- Smoke can get on your clothes and your baby can breathe it in. If possible, change your top layer of clothes after you smoke
- Avoid smoking or vaping in the car even when your baby is not there (smoking when children are in the car is illegal in many provinces and territories)

Vaping is often seen as safer than smoking as it does not produce smoke. However, the vapour that you breathe out contains many chemicals that can be unhealthy for your baby. Very little is known about these chemicals and how they compare to second hand tobacco smoke.



ACTIVITY: MAKING A PARENTING PLAN

Some people find it helpful to make a parenting plan before they use substances. Here are some questions you can ask yourself and/or discuss with supportive people in your life.

1 Where will my baby be when I am using substances?

2 Who will be caring for my baby when I am using substances? Do I need to make arrangements for child care?

3 How and where will I store substances?

4 How can I avoid exposing my baby to second-hand smoke (tobacco or cannabis)? (For example, smoke outdoors, wash my hands)

5 Who can I call if I need a ride and need to go somewhere in an emergency situation?

ACTIVITY: PROS AND CONS OF SUBSTANCE USE AND PARENTING

What are some benefits of using substances as a parent? What are some of the drawbacks about substance use as a parent?

It may be helpful to think about the reasons you use substances, the effects of the substances you use, other responsibilities in your life like work or caring for other family members, and who your supports are. You might want to ask your friends or family what they think about substance use and parenting and learn more about how other people find a balance between parenting responsibilities and substance use.

Benefits (Pros)	Drawbacks (Cons)
<p>Examples:</p> <ul style="list-style-type: none">• Feels good• Helps with my health issues• Helps me relax• Gives me a moment off or time-out• Reduces stress	<p>Examples:</p> <ul style="list-style-type: none">• Hangovers• Difficulties concentrating• Friends and family can be judgmental• Need to arrange for child care• Can be expensive• May affect my relationship with my baby• May lead to questions or child welfare involvement



Is it Safe? Breastfeeding and Substance Use

What makes a substance safe? When health guidelines are created, many things are considered like:

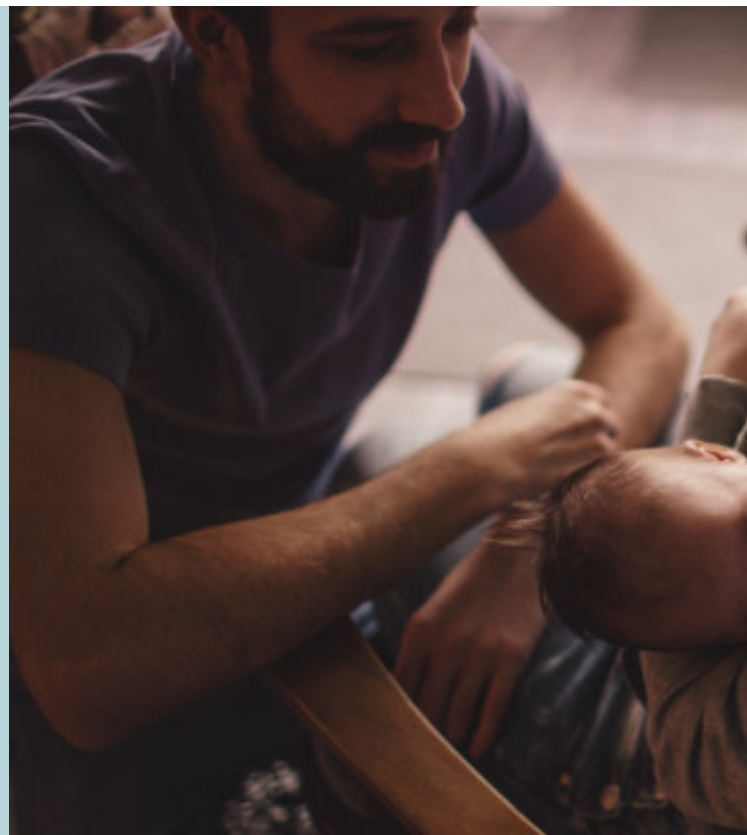
- The type of substance, how much people use and how often
- How a substance is used (for example, do people eat or drink it, inhale it, or inject it?)
- What is known about the short- and long-term effects of the substance on a baby
- How the age and weight of a baby might affect their response to different substances

- The overall health of the person who is breastfeeding
- The effect of a substance on the ability to parent safely
- The effect of a substance on the ability to breastfeed
- The effect of other substances, including prescription medications

There are still a lot of things about breastfeeding and substance use that researchers and health care providers don't know so guidelines are often cautious and focus on safety.

PRESCRIPTION MEDICATIONS

Most women take at least one medication during pregnancy or while breastfeeding. However, the vast majority of prescribed drugs are not tested on pregnant or breastfeeding women. Many reported adverse events in babies are linked to the use of central nervous system drugs such as sedatives. Check with your trusted care provider regarding the latest information about specific medications and their safety. If a medication is not safe, then you might need to use an alternative medication or stop breastfeeding temporarily or for the long-term.



A LITTLE BIOLOGY

How much of a substance gets into breast milk and reaches a baby? It really depends. Many things affect how substances are absorbed, processed, and eliminated from the body, including different rates for males and females and the presence of different amounts of fat, water, and enzymes. A substance needs to get into the bloodstream of the person who is breastfeeding before it can be transferred to breast milk. Some substances can get into breast milk easily and others can't. It's also important to look at how long a substance stays in the breast milk. Some substances can be metabolized or broken down by the body in hours while others will take much longer.



1

Person who is breastfeeding uses substances (by eating, drinking, inhaling, injecting)



2

Substance enters the bloodstream



3

Substance enters breast milk



4

Baby drinks breast milk



DO I NEED TO “PUMP AND DUMP” IF I DRINK ALCOHOL?

“Pumping and dumping” means pumping or expressing breast milk and disposing of the milk rather than feeding it to the baby or storing it. Pumping and dumping can be used to make sure that a baby doesn’t drink breast milk with various substances in it.

In the past, it was recommended that women “pump and dump” if they drink alcohol. You do not need to pump and dump – unless it’s for comfort or to maintain your milk supply. As alcohol leaves your bloodstream (naturally), it leaves the breast milk. It takes about two hours per drink for alcohol to be eliminated from your body which usually allows enough time for alcohol to leave the breast milk before the next feeding. On average, it will take up to four hours for two drinks and about six hours for three drinks.

COMMON SUBSTANCES AND BREASTFEEDING

This table describes different substances and what is known about their safety while breastfeeding. For more information about strategies for reducing the harm of each substance, see pp. 20–21.

	How It Works	What Does This Mean
Alcohol	Alcohol enters the bloodstream and human milk very easily. The more alcohol you drink, the longer it takes to leave your body. The amount of alcohol in your body peaks about 30–60 minutes after you drink. It can affect the “let down” reflex and reduce a baby’s milk intake. Drinking large amounts can cause sleepiness, weight gain, or growth problems in the baby.	While there is no known safe amount of alcohol in breast milk, occasionally having 1–2 drinks has not been shown to be harmful to a baby. Binge drinking or heavy drinking regularly should be avoided.
Caffeine	Caffeine can be passed on to babies in breast milk. Peak levels of caffeine are found in breast milk approximately 1–2 hours after drinking. Caffeine can make babies irritable, fussy, wakeful, or have a harder time falling asleep. Babies who are premature or under six months are more likely to react to caffeine because it takes longer for their bodies to metabolize or break down and clear the caffeine from their bodies.	Up to 300mg of caffeine per day is considered safe to consume while breastfeeding. This is about 1 or 2 small cups of coffee, 237 ml, or 8 oz. Caffeine is also found in varying amounts in tea, soda, energy drinks, cocoa/chocolate, and some medications.
Cannabis	Cannabis can be passed on to babies through breast milk. THC, the main ingredient in cannabis that makes you feel high, can be stored in the brain and fat cells of a baby for 6 days to six weeks. CBD, another ingredient in cannabis that is known for its medicinal benefits, has also been found in breast milk. Some research studies have found no impact of cannabis in breast milk on babies’ long-term development while others have found some impact on motor development. In animal studies, cannabis during lactation has been shown to affect brain development. Smoking or vaping cannabis exposes babies to chemicals that are potentially harmful. The effects of cannabis are dose-related which means that the impact will be very different for a baby that is exposed to cannabis occasionally compared to a baby that is exposed to cannabis everyday.	We don’t have enough information about the safety of cannabis while breastfeeding. The safest option is to not use cannabis while breastfeeding.

How It Works

What Does This Mean

Nicotine

Nicotine, the active ingredient in tobacco, can be passed on to babies through breast milk. Nicotine stays in breast milk for about three hours. Smoking tobacco and vaping nicotine also expose babies to second hand smoke or vapour which can include many chemicals. Tobacco can affect a baby's health overall, including growth, behavioural issues, and vulnerability to infection and allergies.

The safest option is to not use nicotine while breastfeeding. If that's not possible for you, it's still better to use tobacco and breastfeed than to use tobacco and formula feed.

Opioids, cocaine, heroin, and other street drugs

Some substances such as cocaine, heroin, and methamphetamine can be passed onto babies in breast milk, yet very little is known about the effects. Research suggests that opioids, prescribed or not, and similar drugs like sedatives are responsible for the majority of negative health effects in breastfeeding babies. Many street drugs include other chemicals which are known to be harmful.

It's best to talk with a trusted care provider about your particular situation. If you are breastfeeding and regularly use cocaine, heroin, methamphetamines, or other street drugs, the safest option is to not breastfeed.

Breastfeeding and Healing from Problematic Substance Use

Many people who have a hard time stopping or cutting back on their substance use have current or past experiences of trauma. Trauma also can affect the experience of breastfeeding. When making decisions about substance use and breastfeeding, it's important to do what's right for you at that particular moment in time. You don't have to figure out everything all at once and you don't have to do it all on your own.

Women who have experienced trauma can experience a wide range of reactions to breastfeeding from really disliking it to finding it soothing and healing. Everyone's breastfeeding journey and healing journey

will be different. It may take some time to figure out what's helpful for you or what's realistic for you at this moment in time, especially if you experience family or social pressure to breastfeed. For example, if skin-to-skin contact between you and your baby is uncomfortable, you could try placing a cloth or towel between you and the baby. If nighttime breastfeeding is difficult, then you could try pumping and feeding your baby with a bottle at night. Many people find distractions such as watching TV or looking at their phones to be helpful. Others find grounding activities such as breathing slowly or repeating soothing words to be helpful.



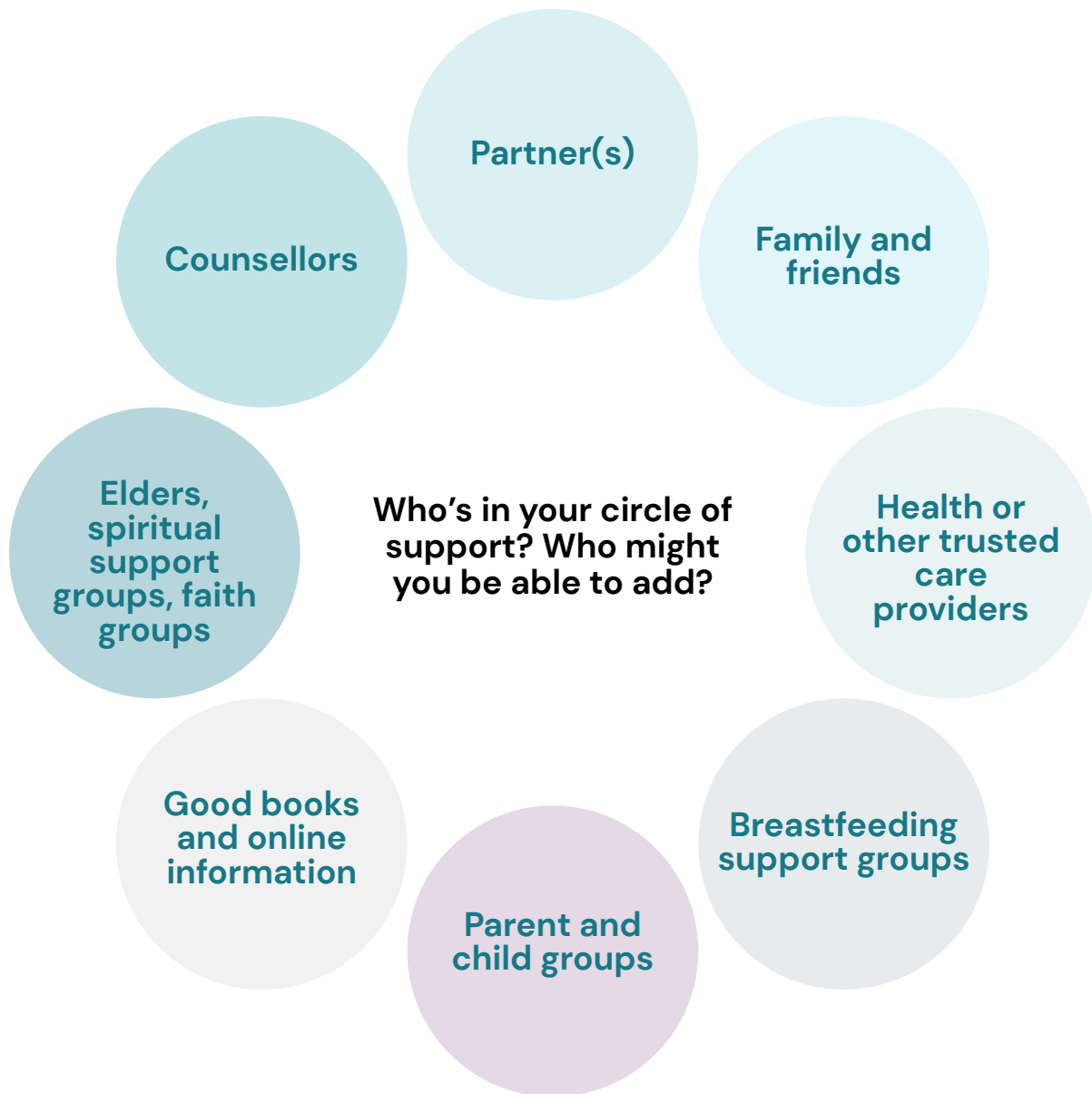
HEALING FROM PROBLEMATIC OPIOID USE

While breastfeeding, some medications to treat opioid use disorder, such as buprenorphine, have not been shown to cause harm.

Naloxone is a medicine that reverses overdose from opioids including heroin, prescription pain pills, and fentanyl. It's safe to use naloxone to treat overdoses during emergency situations.

If you are actively using heroin or other unregulated opioids, it's safest not to breastfeed. If you are dependent on or using prescribed opioids, talk to a trusted care provider about breastfeeding and opioid use.

ACTIVITY: MY CIRCLE OF SUPPORT



ACTIVITY: A MOMENT OF KINDNESS

If you are having a difficult day or if you're having a difficult time with breastfeeding or changing your substance use, here is a short activity you can try to help yourself feel calmer or more centred.

Place your hand over your heart or on your belly and imagine that this is the hand of someone very kind and caring (you can also imagine being hugged by a loved one or having a pet resting next to you or on you). Feel warmth flow from the palm of your hand to your body. Let your palm rest gently and let kindness flow from your fingers. Talk to yourself kindly. You can start by being honest and say something like "This hurts" or "I don't know what to do anymore." You can then say something soothing or encouraging such as "I know this hurts, but I can do this" or "For this moment, may I find peace." You can also repeat words like "safe" or "loved" or "strong." Allow yourself a few moments of kindness on your journey.





Talking to a Trusted Care Provider

A trusted care provider such as a midwife, social worker, support worker, physician, nurse, nurse practitioner, Elder, or lactation consultant can help you to make decisions about both breastfeeding and substance use that are right for you. If you want to breastfeed, it can be helpful to think about what your breastfeeding goals are before your visit.

ACTIVITY: WHAT ARE MY BREASTFEEDING GOALS?

1 What does successful breastfeeding look like for me?

2 How long would I like to breastfeed for?

3 Am I willing to consider pumping or combining breastfeeding with formula feeding?

ACTIVITY: WHAT DO I LIKE ABOUT BREASTFEEDING?

When making decisions about breastfeeding and substance use, it can be helpful to think about what it is you like the most about breastfeeding and what may be challenging so you can find strategies that make sense for you.

Examples of what you might like most about breastfeeding:

- Time with my baby
- Appreciation for my body and what it can do
- Affordable
- Convenient

A list of what you like most about breastfeeding can be helpful when thinking about ways of overcoming some of the challenges of breastfeeding, including how it can be painful, lonely, or time-consuming.

HARM REDUCTION STRATEGIES FOR BREASTFEEDING AND SUBSTANCE USE

Everyone is on a unique journey. Here is a list of strategies that you may want to consider discussing with your trusted care provider so you can make the best choices for you based on your wellness plan – if, when, and how to use substances while breastfeeding. Ideally, you should feel comfortable sharing your own breastfeeding goals and the role of substance use in your life. Your trusted care provider can share the latest information about the safety of different substances and what you can do to reduce possible harms.

Harm Reduction Strategies to Discuss With Your Trusted Care Provider

Alcohol

- Newborns have a hard time metabolizing or breaking down alcohol in their bodies. If possible, avoid drinking alcohol until the baby is at least 8 weeks old or older.

If you choose to drink occasionally:

- Breastfeed your baby right before drinking alcohol. If possible, pump and store your milk or plan to use formula.
- Wait at least 2 hours after drinking 1 drink before breastfeeding; wait four hours for two drinks and six hours for three drinks.
- Eating food while you drink helps to lower how much alcohol gets into your body and then into your breast milk.
- Use breast milk alcohol test strips from the drug store to see if alcohol is present in your milk.
- If you plan to drink more than a moderate amount of alcohol, make sure that your baby has a responsible caregiver.

Caffeine

- Consuming up to 300mg of caffeine per day is considered safe while breastfeeding.
- One or two small (237 ml or 8 oz) cups of coffee is considered safe to drink. Find out how much caffeine is included in other sources of caffeine such as tea, soda, cocoa/chocolate, energy drinks, and medications.
- Drink less caffeine if your baby is premature or a newborn.
- Keep an eye on your baby's behaviour – are they irritable, fussy, or wakeful when you consume caffeine? Every baby is different.

Harm Reduction Strategies to Discuss With Your Trusted Care Provider

Cannabis

- Use smaller amounts and/or use less frequently.
- Use cannabis with a lower amount of THC.
- Avoid breastfeeding within one hour of inhaled cannabis use (to avoid the risk of exposure to the highest concentration of THC in breast milk).
- If you can, avoid being around second-hand smoke or vapour.
- Avoid synthetic cannabis products (such as K2 and Spice) as most are stronger and more dangerous than natural cannabis products.
- Know where the cannabis you are using comes from so you know what's in it. For example, is it homegrown or from a licensed retailer? How strong is it? Do you need to worry about moulds or pesticides?
- If you're using or considering cannabis for medical reasons, discuss all available options for care and treatment.

Nicotine

- Use less and/or less frequently.
- Breastfeed your baby at least two hours after smoking or vaping rather than before.
- If you can, smoke or vape outside or as far away from your baby as possible.
- Choose vaping devices with lower temperature settings (higher temperatures produces more chemicals).
- Consider nicotine replacement therapy (such as patches, gum, or lozenges) to help you quit.

Cocaine, heroin, and other street drugs

- When using substances such as cocaine, heroin, or methamphetamines, make sure that your baby has a responsible caregiver.
- If you regularly use street drugs, it is safest not to breastfeed as you can't know the exact dose you are taking and they might contain other substances that aren't safe for the baby. Talk to your trusted care provider about finding treatment and support for problematic substance use as well as alternatives to breastfeeding such as formula or donor milk.
- If you occasionally use street drugs, depending on the substance, you may be able to wait for your body to break them down and then continue breastfeeding. Talk to your trusted care provider about what may work for you and your baby.

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The information in this resource is for educational purposes only. Please talk to your health care provider before making decisions that can affect your health and the health of your baby.





Sex, Gender & Cannabis Hub



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