

Recreational Drugs Use Recommendations

If used, interrupt breastfeeding for 24-48 hours after last dose because of half-life of metabolites

Babies may test positive for drug for days to weeks

Extreme warnings: cocaine, LSD, phencyclidine (angel dust, PCP), hallucinogenic drugs, amphetamines, IV heroin

PCP and cocaine may be most dangerous of all drugs of abuse because drugs may remain in baby's system for weeks after last maternal dose (long half-life of metabolites)

Social considerations include how heavy a user the mother is, as well as her ability to care for her baby while under the influence

Assess the dependability of the mother

Recommend discontinuing breastfeeding in high risk mothers

For low risk mothers, explain drug transfer into breast milk and the hazards of the drug to the baby

Explain hazards of Hepatitis B and HIV transfer in unprotected babies should the mother become infected

Explain the baby will be drug-screen positive for LONG periods

Explain legal consequences of drug-screen tests in babies

Physicians should recognize the importance of breastfeeding: risk vs. benefit

Physicians should recognize that drugs of abuse are largely only dangerous for brief intervals following use

Physicians should counsel mothers strongly and recommend that the mother should be re-screened several weeks to one month post-partum

If mother tests positive for heroin, cocaine, amphetamines, or hallucinogens, she should stop breastfeeding

Screen the baby

Most questions health care professionals hear are usually about alcohol use:

Alcohol rapidly exchanges between plasma and breast milk

One study has shown that mothers' alcohol showed 23% reduction in amount of milk ingested by babies

May be due to taste of alcohol in milk

Prolactin may be inhibited by alcohol, but not definitively known

Maternal blood levels have to reach 300mg% before significant side effects affect baby

Resume breastfeeding after moderate alcohol use as soon as mother feels normal

Recommend interrupting breastfeeding for 1 hour per drink or until mother is sober

Experts advise that mothers who use **marijuana** must stop breastfeeding or ask for medical assistance to stop its use, in order for the mother to provide her baby with all the benefits of human milk. Some mothers who smoke marijuana away from their babies do not realize that THC from the marijuana is concentrated in breast milk and is absorbed by the nursing babies. When mothers are informed of that fact, they may be more willing to give up marijuana for the benefit of their babies. Short-term and long-term effects of marijuana on breastfed infants occur:

1. Mother also potentially abusing other drug substances: marijuana users usually do
2. Exposure to marijuana smoke is potentially hazardous and toxic as is cigarette smoke
3. Current evidence indicates that marijuana during lactation may adversely affect neurodevelopment, especially during critical brain growth during adolescent maturation
4. Marijuana impacts neuropsychiatric, behavioral, and executive functioning, which may affect future adult productivity and lifetime outcomes (delinquency, depression, and substance abuse)
5. Laws passed in States, which makes recreational use of marijuana legal render toxicology interpretation complex (is mother using recreational and/or medical marijuana “legally” or illicitly and thus exposing breastfed baby to “legal” or illicit marijuana?)

In conclusion, from both a philosophical and scientific viewpoint, recreational drugs of abuse should be contraindicated during breastfeeding as they are hazardous, not only to the nursling, but to the mother as well.