Breastfeeding Algorithm for Infants of Substance Using Mothers

Infant considerations
- Does the infant have galactosaemia, phenylketonuria or similar?
- Is the infant unable to suck?
- Is the infant fasting/nil by mouth?

Maternal considerations
- Does the mother drink > 8 units of alcohol/day?
- Is the mother taking large amounts of non-prescribed benzodiazepines?
- Is the mother using heroin?
- Is the mother using large quantities of stimulant drugs, e.g. cocaine, amphetamines?
- Is the mother HIV positive?

Additional considerations for infants of mothers identified during pregnancy as substance users
- The benefits of breastfeeding far outweigh the disadvantages, even with continued drug use in most cases.
- Reassure the mother that the actual amount of drugs passed to the baby through breast milk is usually minimal and will have little effect on the newborn baby and may even help withdrawal symptoms, if they are present.
- Babies born to substance using mothers have the most to gain from breastfeeding - they are often preterm or of low birth weight, and have an increased risk of sudden infant death.
- Consistent advice that is tailored to each individual woman’s particular situation, and does not exaggerate the perceived risk, should be provided by all health professionals involved in the care of mother and infant in order to enable her to make an informed choice.

Contraindications
- Is the infant unable to suck?
- Is the infant fasting/nil by mouth?
- The benefits of breastfeeding far outweigh the disadvantages, even with continued drug use in most cases.

Mother should be advised not to breastfeed but use alternative feeding method, e.g. formula feeding (see *Formula Feeding: a guide for parents*).

Ensure that first breastfeed is not given until infant has received the first dose of immunoglobulin and Hepatitis B vaccine.

The World Health Organisation recommends that babies should be exclusively breast fed for the first 6 months in order to achieve optimal health, growth and development. They also recommend that infants should continue to be breast fed for up to 2 years and beyond whilst gradually introducing complementary foods as part of the weaning process. The use of formula feeds is not necessary for full-term healthy breast fed infants.

This algorithm should be interpreted in conjunction with the following algorithms and guidelines, with reference to the full guideline where necessary:
- Breastfeeding and Substance Using Mothers – Literature Review
- Breastfeeding and Substance Using Mothers: Quick Compatibility Guide

This algorithm was developed from a number of documents identified in the Literature Review undertaken as part of this project. Health professionals are expected to exercise their clinical judgment when using this algorithm. The guidance does not override the individual responsibility of health professionals to make decisions appropriate to the circumstances of the individual patient, in consultation with the patient and/or guardian or carer.

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