

## Breastfeeding & the use of drugs

The benefits of breastfeeding are sufficiently important to recommend that it should not be discontinued or discouraged unless there is substantial evidence that the drug taken by the mother will be harmful to the infant, and no alternative treatment can be found. Adjusting to having a new child is a challenging time. To cope with the stresses of a new baby, a mother may find herself turning to drugs for relief. In this fact sheet, we are talking about drugs being nicotine (cigarettes), alcohol, caffeine, marijuana (cannabis, weed), medical (legal) and illegal drugs.

### **Why should I Breastfeed?**

Breastfeeding is of great value to the psychological and physiological wellbeing of mother and infant. The benefits of breastfeeding far outweigh the disadvantages, even with continued drug use. Breastfeeding is inexpensive, easy to prepare and deliver the healthiest food for your baby and helps to reduce weight after pregnancy and reduces your risk of developing breast cancer.

### **Can I breastfeed and take drugs?**

It is not advised. Many drugs have harmful effects on the newborn child through breast milk. Talk to a doctor or counsellor before breastfeeding if you are using drugs.

### **Harm Minimisation Strategies**

- Discourage injecting drug use during breastfeeding.
- Breast feed the infant immediately prior to drug use.
- Schedule drug use for times when the infant is usually settled or before the baby's longest sleep period.
- Express milk prior to drug use to ensure that stored or frozen breast milk is available.
- Ensure that additional calories are available for the infant in the form of expressed and stored breast milk or formula.
- Do not breast feed during the recommended non-breastfeeding period. This will vary according to the type of drug used and may be as long as 24-48 hours.
- Continue expressing breast milk during the period of non-breastfeeding to maintain the milk supply. Discard all expressed breast milk.
- Monitor the infant for signs and symptoms of exposure to or intoxication from the drug.

### **Explanation of the Terms $T_{1/2}$ and $T_{max}$**

$T_{1/2}$  is the most commonly recorded adult half-life of the drug. If the half-life is short enough (1-3 hours) then the drug level in maternal plasma will be declining when the infant feeds again.

$T_{max}$  is the time interval from administration of the drug until it reaches the highest (peak) level in the mother's plasma or "time to max". The mother should wait until the peak is subsiding or has at least dropped significantly before breastfeeding her infant.

### **How does caffeine affect breast milk?**

The amounts of caffeine in breast milk after maternal ingestion are probably too low to be clinically significant (around 1% of that found in the mother's plasma). Peak concentration levels of caffeine occur in breast milk about 1 hour after ingestion

- Caffeine is found in coffee, tea, cola, chocolate and some medications
- Large amounts of caffeine (e.g. more than 3 cups of coffee per day) may affect the baby
- Effects on baby: poor brain development, constipation, restlessness
- Iron levels in breast milk may be decreased if the mother is consuming more than 300 mg (3 cups of coffee) of caffeine per day.

**Suggestion:** try decaffeinated drinks, herbal teas or non-cola soft drinks



## **How does smoking (and other nicotine) affect breast milk?**

- Smoking decreases breast milk production.
- Effects on baby: restlessness, increased risk of allergy, infection, breathing difficulties and stomach upset.
- If you are interested in quitting, talk to your doctor or counsellor or call the *Quitline* on 131 848. Cost: local call cost no matter where you are calling from in Australia (mobile phones excepted). 24 hours a day.

**Suggestion:** If you must smoke, ensure you smoke away from the baby, outside the house and not in the car.

## **How does marijuana (cannabis, weed) affect breast milk?**

- The infant ingests approximately 0.8% of its mother's dose/kg from one joint. In heavy users the milk-to-plasma ratio can be as high as 8:1.
- Smoking marijuana is not recommended while breastfeeding.
- Effects on the baby: tiredness, weakness, poor feeding & poor growth.

**Suggestion:** If you must smoke, do so away from the baby, out of the house and not in the car.

## **What about other drugs?**

The use of all drugs can affect both you and your baby. Examples of how other drugs can affect your baby:

**Cocaine:** Baby may be unsettled & demand frequent feeding

**Amphetamines:** Baby may feed poorly and be unsettled

**Heroin & other opioids:** 1. At therapeutic doses, most opioids, such as morphine, meperidine, methadone, and codeine are excreted into milk in only minimal amounts compatible with breastfeeding. Heroin, however, is excreted into breast milk in sufficient quantities to cause addiction in the infant.

**Medicinal drugs:** Some medications may be dangerous to take whilst breastfeeding. Consult your doctor or pharmacist about whether a medication is safe to use, or call the National Medicines Line on 1300 888 763 (9am to 6pm Monday to Friday).

## **Further information:**

Alcohol and Drug Information Service - 24 hour Telephone Service:

1-800 177 833 FREE CALL

Australian Indigenous Health InfoNet:  
[www.healthinfonet.ecu.edu.au](http://www.healthinfonet.ecu.edu.au)

Meeanjin Treatment Association Indigenous Drug and Alcohol Referral Service Telephone: (07) 3257 4533 (Brisbane only)

Drugs in Pregnancy and Lactation Information Service.  
Telephone: (08) 8161 7222 (South Australia only)

## **How does alcohol affect breast milk?**

- It is not recommended to drink alcohol while breastfeeding.
  - Effects on the baby: tiredness, changes the smell of breast milk which means the baby will not feed well, poor growth and development.
- Suggestion:** If you must drink alcohol, breastfeed before you drink and wait 3-4 hours after the last drink before you breastfeed again.

## **Breastfeeding Guidelines for Cannabis Using Mothers**

- Some components of marijuana have very long half lives, ranging from 25 – 57 hours.
- A study that investigated the time that breast fed infants were weaned found no significant differences between marijuana users and non-users, suggesting that marijuana use did not interfere with lactation.
- Mothers using marijuana often sleep heavily after use and this may mean the mother is unresponsive to her infant's needs.

## **References:**

Liston, J. 1998. Breastfeeding and the use of recreational drugs: alcohol, caffeine, nicotine and marijuana. Australian Breastfeeding Association

NSW Department of Health 2006. National Clinical Guidelines for the management of drug use during pregnancy, birth and early developing years of the newborn.

[http://www.tg.org.au/etg\\_demo/tgc/plg/breastintro.htm](http://www.tg.org.au/etg_demo/tgc/plg/breastintro.htm) (last updated March 2009, accessed 20 April 2009)

[http://speciosum.curtin.edu.au/breastfeeding/Infant%20Feeding\\_Guideline.pdf](http://speciosum.curtin.edu.au/breastfeeding/Infant%20Feeding_Guideline.pdf) (accessed 20 April 2009)

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