Breastfeeding Promotion for Women on a Methadone Maintenance Program

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This paper was prepared for Foundations of Graduate Nursing N6011, taught by Dr. Loretta Secco.
Abstract

When infants born to mothers on methadone maintenance programs are breastfed they experience less severe withdrawal symptoms of neonatal abstinence syndrome, fewer pharmacological intervention, and shorter hospital stay. In recent years the prevalence of both methadone maintenance treatment among pregnant women and infants with neonatal abstinence syndrome have increased; however, breastfeeding rates in this population remain lower than average despite the documented benefits. Healthcare workers need to promote breastfeeding and provide education and support tailored for women on methadone to improve neonatal abstinence syndrome outcomes.
Breastfeeding Promotion for Women on Methadone

Methadone maintenance treatment for pregnant women addicted to opioids is currently the standard in harm reduction for both mother and fetus (Welle-Strand et al., 2013). In recent years, the number of women on methadone maintenance programs (MMPs) and rates of neonatal abstinence syndrome (NAS) have increased (Patrick et al., 2012). Sublett (2013) described neonatal abstinence syndrome as a withdrawal from the abrupt discontinuation of opioids that the neonate was exposed to in utero. The symptoms of NAS include tremors, increased muscle tone, high pitched crying, poor feeling, loose stools, vomiting, sweating and mottling (Sublett, 2013). The many benefits of breastfeeding for both mother and infant include passing of maternal antibodies to the infant for passive protection from illness and improved bonding (Hilton, 2012). For women on a MMP and their infants, breastfeeding has additional benefits. According to Pritham (2013) infants exposed to methadone in utero that are breastfed have a later onset and decreased severity of neonatal abstinence syndrome (NAS), less need for pharmacological treatment of withdrawal, as well as a shorter hospital stay. Demirci and Bogen (2013) noted that many mothers on methadone expressed a desire for education on the topic of breastfeeding and were generally dissatisfied with the breastfeeding support received in hospital. The increased prevalence of infants exposed to methadone in utero, partnered with a low rate of breastfeeding in this population of women, require that doctors, nurse practitioners and nurses address this issue. Better breastfeeding promotion by healthcare professionals is needed for women on a MMP in order to improve infant NAS outcomes.
Benefits of Breastfeeding

Nurses and health care providers should promote breastfeeding for infants exposed to methadone in utero to improve outcomes for mother and baby (Pritham, 2013). Until 2002, the American Academy of Pediatrics (AAP) only recommended breastfeeding in women on a MMP if their methadone dose was less than 20mg per day (Philip, Merewood & O’Brian, 2003). This criterion excluded most women on methadone. The AAP currently suggests the encouragement of breastfeeding in mothers that are enrolled in a MMP as long as they are HIV negative and not using street drugs (Eidelman & Schanler, 2012). There are numerous benefits to breastfeeding a baby who was exposed to methadone in utero. Welle-Strand et al. (2013) noted that breastfeeding decreases the length and severity of NAS. A tool such as the Modified Finnegan Scoring Tool is often used to monitor NAS severity. McQueen et al. (2011) reported fewer scores recorded on infants that were breastfed compared to formula fed which demonstrated fewer withdrawal symptoms in the population of breastfed infants. When an infant has high NAS scores, pharmacological treatment with morphine is usually initiated to ease withdrawal symptoms (Sublett, 2013). Welle-Strand et al. (2013) noted that infants experiencing NAS who were breastfed are less likely to need pharmacological treatment for withdrawal and experienced shorter treatment periods.

The benefits of breastfeeding also extend to the mother and family. The prolonged hospital stay combined with caring for an infant experiencing the symptoms of NAS is stressful. When an infant has less severe NAS symptoms, mothers on a MMP are better able to cope. Furthermore, mothers who are on a MMP also feel they are actively helping their infant by breastfeeding (Pritham, 2013). Sublett (2013) noted that the skin-to-skin
contact and the act of breastfeeding have calming effects on both mother and infant. Pritham (2013) reasoned that a future substance abuse relapse might be avoided because of the bonding and attachment the mother experiences from breastfeeding. McQueen et al. (2011) suggested that breastfed infants exposed to methadone in utero might have shorter hospital stays when compared to the infants who are formula fed or fed a combination of breast milk and formula. A shorter length of stay not only benefits mother and infant, but is less costly for the healthcare system as well. Each day that mother and infant stay in hospital is an added expense on the already overwhelmed healthcare budget. Patrick et al. (2012) pointed out that in the United States, “between 2000 and 2009, total hospital charges for NAS are estimated to have increased from $190 million … to $720 million” (p.1937).

**NAS and Breastfeeding**

Low breastfeeding and increasing NAS rates indicate a need for educational intervention by health care providers. Patrick et al. (2012) reported that in the United States, “between 2000 and 2009, the rate of newborns diagnosed with NAS increased from 1.20 … to 3.39… per 1000 hospital births per year” (p. 1937). This increase was associated with increased use of opiates among pregnant women, rates increased “from 1.19 … to 5.63” (Patrick et al., 2012, p.1937). The rate of breastfeeding by mothers on a MMP is often lower than the general population and has been reported as low as 20% (Welle-Strand et al., 2013). Jansson et al. (2008) claimed there are many possible reasons for low breastfeeding rates in this population such as women are discouraged from breastfeeding, feel stigmatized, and healthcare providers lack knowledge on the safety and benefits of breastfeeding while on methadone. Pritham (2013) pointed out that
lower breastfeeding rate among women with opioid dependence include high anxiety, low self-esteem, and lack of family support. The continued involvement of a trusted healthcare professional throughout the prenatal and postpartum period may provide the mother with the support necessary to make the decision to breastfeed (Pritham, 2013).

**Education**

Although many healthcare professionals, including neonatologists, obstetricians, and registered nurses that work with women on MMPs are aware that breastfeeding is recommended, pregnant and postpartum women continue to be poorly informed about breastfeeding. Radike, Demici and Bogen (2013) pointed out postpartum women felt that nurses did not spend sufficient time to assist them with breastfeeding or that the nurses “intentionally sabotaged” their attempts at breastfeeding. In general, the women reported insufficient and inconsistent breastfeeding support while in hospital (Radike, Demici & Bogen, 2013). Cleaveland and Gill (2013) pointed out that many of the mothers felt as though the nursing staff judged them, which created an environment of mistrust not conducive to teaching or learning. Jambert-Gray, Lucas and Hall (2009), as well as Abbett and Greenwood (2012) suggested that improved education is required for care providers so they better understand methadone-treated mothers and have up-to-date information to provide the best care. The initial contact with a pregnant woman on methadone is the ideal opportunity to begin the discussion and education about breastfeeding. The information should be reinforced at subsequent prenatal visits. Pritham (2013) suggested tailoring the prenatal education for these women to involve how to care for an infant experiencing NAS, with a breastfeeding-centered approach. Provision of consistent information and support during both the prenatal and postpartum
periods is important to promote and facilitate breastfeeding (Pritham, 2013). An ideal situation would be to have pregnant women on MMPs cared for in specialty settings where all of the staff are highly knowledgeable on the psychological and physical care of this population of women and their infants.

**Conclusion**

Breastfeeding has known positive effects on infants experiencing NAS. The increasing rates of NAS and maternal methadone use indicate an urgent need for healthcare workers to become more knowledgeable on how to better support and educate women on MMPs about the benefits of breastfeeding their infant. A trusting and nonjudgmental relationship must be initiated with these women as early as possible during the prenatal period. Education on the benefits of breastfeeding for both mother and infant should be emphasized during the prenatal and postpartum period. Any health care provider involved with this population of women and infants should have mandatory education and training about MMPs, NAS, and how to facilitate and promote breastfeeding. Improved breastfeeding rates in this population will improve infant outcomes related to NAS, length of hospital stay, infant bonding, and also reduce overall healthcare costs.
References


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doi:10.1097/ANC.0b013e318225 a30c


doi:10.1097/NMC.0b013e31826e978e
