Breastfeeding, Alcohol and Drug Use

Breastfeeding is better for babies. The American Academy of Pediatrics recommends breastfeeding because the positive effects on children’s health and development are well demonstrated. In 2013, the Centers for Disease Control and Prevention reported that 77% of women began breastfeeding postnatally and 49% were still breastfeeding at six months postpartum. The figures are slightly lower in Georgia (68.2% in the neonatal period and 31.8%, at 6 months). However, sometimes there is a question about the impact of mother’s use of alcohol and drugs during breastfeeding. Even women who discontinue alcohol and drug use during pregnancy to protect their baby, may resume after the baby is born. There are a number of reasons that a woman may use or abuse substance during breast feeding. Use may be recreational, the occasional glass of wine, or a prescribed medication. Use can also be part of an addictive process, including abuse of alcohol, resumption of cigarette use, or being on opiate maintenance therapy.

Recommending breastfeeding for a woman using any kind of drugs and alcohol depends on several factors that take into account the benefit to the infant as well as the risk. The first concern is the child’s health. Infants born to women with drug abuse problems have a higher incidence of medical complications and are more likely to experience preterm birth as well as respiratory problems including sudden infant death syndrome. Infants under the age of 6 months who have medical problems or were born preterm are particularly vulnerable to the effects of drugs in breast milk because they have a reduced ability to metabolize these substances. Older, healthy infants are less likely to be affected by the small quantities of the substance that passes into breast milk.
A second question is the type of drug that is used and the extent to which the drug is excreted into the milk. Alcohol, for instance, diffuses easily into milk in rates similar to the mother’s blood level. However, unlike marijuana, it does not accumulate in the body. The therapeutic doses of methadone and buprenorphine given to control heroin addiction, excrete only small amounts into milk. Most experts agree that when dosages are small or given at therapeutic levels, the risk to the infant is limited and outweighed by the benefits of breastfeeding.

Most experts agree that breastfeeding remains the most health alternative in most cases. However, the choice to breastfeed must take into consideration the extent of maternal drug and alcohol use, maternal resources and judgment, the infant’s health and the nature of the drug being used.

For more information about breastfeeding and drug/alcohol use, there are several excellent sources of information. Thomas Hale and Hilary Rowe’s book “Medications and Mother’s Milk, 2011”, published by the Infant Risk Center, has a companion App that can provide information immediately to the busy professional. http://www.infantrisk.com. Another comprehensive on-line source of information is LacMed, A Toxnet Database, a service of the National Institutes of Health National Library of Medicine http://toxnet.nlm.nih.gov/newtoxnet/lactmed. Finally, MotherToBaby, provides both empirically based written handouts on a variety of drugs, both prescription and illicit, and the opportunity to talk with a counselor about specific questions on the risk/benefit of breastfeeding and a particular substance. http://www.mothertobaby.org/

Further Reading


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