

Marijuana and Breastmilk

This information was presented during a **CPQCC Maternal Substance Exposure (MatEx) webinar** in April 2021 by Christine Bixby, MD, FAAP, IBCLC and Medical Director of CHOC Lactation.

Is it okay for a parent who tested positive for THC to breastfeed or express milk for their baby?

- There is no known safe amount of cannabis use in any form when breastfeeding.
- The active ingredient in marijuana, THC, can be passed to the baby through breastmilk.
 THC is stored in fat and is slowly released over time, meaning an infant could be exposed for a longer period of time.
- In one research study, the elimination halflife from milk averaged 17 days resulting in continued excretion of THC at >42 days from last use.

If THC does cross from the parent into the breastmilk, is there harm to the infant?

- There is concern for marijuana exposure in all ages, particularly in developing brains, but the data are imperfect.
- There is substantial research that use of cannabis during pregnancy may affect a child's brain development, behavior and mental health into adolescence and early adulthood.
- Secondhand marijuana smoke can also be bad for both the parent and the baby. Marijuana smoke has many of the same chemicals as tobacco smoke and may increase the chances for developmental problems in the baby.
- Because many infants who are admitted to the NICU have an inherent risk of neurodevelopmental delays due to their underlying diagnosis and subsequent need for NICU care, extra precautions to protect their neurological systems may be warranted.

For more information on this topic:

- See page 2 for an example of one hospital's approach to marijuana and breastfeeding.
- Explore the work of the CPQCC Maternal Substance Exposure (MatEx) Workgroup and Database at cpqcc.org/MatEx.

Current recommendations on marijuana use while breastfeeding

Academy of Breastfeeding Medicine:

 Counsel and advise mothers to minimize marijuana use as much as possible while breastfeeding in order to avoid long-term neurobehavioral effects. Advise against exposing infant directly to marijuana and its smoke; "we urge caution."

Academy of American Pediatrics:

 Women are encouraged to remain abstinent while pregnant and breastfeeding.

Center for Disease Control & Prevention:

- Data are insufficient but women are "encouraged to abstain."
- Reduce marijuana use while breastfeeding and also when around children in general to minimize exposure to secondhand smoke or impede one's ability to care for a child.

Academy of Obstetrics & Gynecology:

 Marijuana use is discouraged and should be replaced with pregnancy safe alternatives.

¹ Baker, T., Datta, P., Rewers-Felkins, K., Thompson, H., Kallem, R. R., & Hale, T. W. (2018). Transfer of Inhaled Cannabis Into Human Breast Milk. Obstetrics and gynecology, 131(5), 783–788. https://doi.org/10.1097/AOG.0000000000002575

 $^{^2}$ Wymore. et al., Persistence of Δ -9-Tetrahydrocannabinol in Human Breast Milk. 2020 March; jamapediatrics. 2020. 6098

³ Ryan, S. A., Ammerman, S. D., O'Connor, M. E., COMMITTEE ON SUBSTANCE USE AND PREVENTION, & SECTION ON BREASTFEEDING (2018). Marijuana Use During Pregnancy and Breastfeeding: Implications for Neonatal and Childhood Outcomes. Pediatrics, 142(3), e20181889. https://doi.org/10.1542/peds.2018-1889

⁴ Reece-Stremtan, S., & Marinelli, K. A. (2015). ABM clinical protocol #21: guidelines for breastfeeding and substance use or substance use disorder, revised 2015. Breastfeeding medicine: the official journal of the Academy of Breastfeeding Medicine, 10(3), 135–141. https://doi.org/10.1089/bfm.2015.9992

⁵ Sachs, H. C., & Committee On Drugs (2013). The transfer of drugs and therapeutics into human breast milk: an update on selected topics. Pediatrics, 132(3), e796–e809. https://doi.org/10.1542/peds.2013-1985 Section on Breastfeeding (2012). Breastfeeding and the use of human milk. Pediatrics, 129(3), e827–e841. https://doi.org/10.1542/peds.2011-3552

⁶ Centers for Disease Control and PRevention. "Breastfeeding and Special Circumstances - Marijuana." Centers for Disease Control and PRevention, 10 Aug. 2021, www.cdc.gov/breastfeeding/breastfeeding-special-circumstances/vaccinations-medications-drugs/marijuana.html.

The Children's Hospital of Orange County (CHOC) Stoplight Approach

Use of Maternal Breastmilk for Suspected or Confirmed ISAM or Infant of Mother on Prescription Medications Other Illicit Drugs Cannabis *2 vs. 3 weeks is based on Provider to identify based on assessment, Methadone **Rx Narcotics** provider maternal report, or maternal/infant + drug assessment of frequency of use Last use <2-3 weeks ago Last use <30 days before delivery DO NOT USE milk, allow BF, or encourage for future Continuing cannabis use NO NO DO NOT USE Depends on med & dosage OK to use current milk Last use <2-3 weeks ago · Last use 31-89 days before delivery Carefully evaluate all factors (see factors below) Discontinuing cannabis use MAYBE MAYBI Soc Services: Provider: DO NOT USE until 2-3 weeks Soc Services to f/u with county for any restrictions Obtain signed Disclosure of after cannabis discontinued · Contact mother's provider to review PHI form from mother meds including eval of post C-Last use >90 days before delivery Verify participation in section pain meds beyond 2-3 Last use >2-3 weeks ago Encourage using milk after evaluating all factors: weeks (frequency/ duration) program via phone Abstaining from cannabis ✓ Drug, frequency, & duration Refer to Meds & Mother's Milk Request program contact Ok to use current milk √ Hx w/other pregnancies; custody of children (CHOCport→ weblinks) or consult CHOC if mother becomes ✓ Treatment program, OP f/u, support system non-compliant Soc Services to f/u with county for any restrictions

Steps:

If in doubt, have mother pump, label, and store at home until determination can be made.



Provider:

- CERNER: Order BREASTMILK. Write "OK to use breastmilk" in Special Instructions so that there is no confusion among team members.
- INFORM: Inform parents that breastmilk will be used.

<u>LC:</u>

• EDUCATE: Provide mom with appropriate education (including importance of abstaining).

Provider:

- DOCUMENT: Advise team of the date to re-evaluate by charting in Neodata under "Nutritional Support"
- CERNER: Do NOT order BREASTMILK. Order BBM (or formula if appropriate). Write "Do NOT use maternal breastmilk; do NOT allow BF" in Special Instructions.
- INFORM: Inform parents that breastmilk will not be used at this time but will be considered in the future.
- · REVIEW: At the re-eval date, determine appropriateness of using breastmilk.
 - ✓ Update the mom & team of decision.
 - ✓ Change order to Breastmilk if the decision is made to proceed.

<u>LC:</u>

- MONITOR: Date to re-eval if breastmilk could be used. F/U with provider and team at that time for further discussion and for provider decision.
- EDUCATE: Provide mom with appropriate education (including importance of abstaining). Teach the mom to pump & dump milk until designated date.

Nutrition Lab:

· Red sign will be placed in patient's breastmilk bin. Milk will not be accepted until after the designated date and cleared with LC or medical team.



<u>Provide</u>

- CERNER: Do NOT order BREASTMILK. Order BBM (or formula if appropriate). Write "DO NOT use maternal breastmilk; DO NOT allow BF" in Special Instructions.
- INFORM: Inform parents that breastmilk will not be used.

Nutrition Lab:

RN will place red sign in patient's breastmilk bin. Milk will not be accepted into CHOC storage. Ask mother to discard; provide cooler to take home if insistent.

