JOGNN

CASE REPORT

The Effect of Sexual Abuse and Prenatal Substance Use on Successful Breastfeeding

Lauren M. Jansson, Martha L. Velez, and Arlene M. Butz Q7

Correspondence
Lauren M. Jansson, MD, Johns Hopkins School of Medicine, The Center for Addiction and Pregnancy, 4940 Eastern Ave., D4, Baltimore, MD 21224.
ljansson@jhmi.edu

Keywords
breastfeeding
lactation
maternal drug abuse
neonatal abstinence syndrome
opioid use disorder
sexual abuse
substance use disorder

ABSTRACT

Barriers to breastfeeding in women with substance use disorders (SUDs) often exist. Neonatal abstinence syndrome–related feeding difficulties, maternal SUD-related maladaptive behaviors, and psychological comorbidities can adversely affect breastfeeding. A neglected barrier that frequently occurs in women with SUDs is a history of sexual abuse. It is important that nurses and providers understand each maternal and/or infant factor that can affect the breastfeeding course to assist effectively with lactation support for these frequently misunderstood dyads.

JOGNN, ■, ■–■; 2017. http://dx.doi.org/10.1016/j.jogn.2017.02.002

Accepted February 2017

Lauren M. Jansson, MD, is an associate professor in the Division of General Pediatrics and Adolescent Medicine, Johns Hopkins School of Medicine, Baltimore, MD and the Director of Pediatrics, Center for Addiction and Pregnancy, Baltimore, MD.

Martha L. Velez, MD, is an instructor of pediatrics in the Johns Hopkins School of Medicine, Baltimore, MD and a parenting coordinator, Center for Addiction and Pregnancy, Baltimore, MD.

Arlene M. Butz, ScD, CRNP, MSN, is a professor in the Division of General Pediatrics and Adolescent Medicine, Johns Hopkins School of Medicine, Baltimore, MD.

The authors report no conflict of interest or relevant financial relationships.

There has been a substantial increase in the incidence of neonatal abstinence syndrome (NAS) over the past decade (Patrick, Davis, Lehman, & Cooper, 2015; Tolia et al., 2015). Breastfeeding is known to lessen severity of NAS and may result in fewer pharmacological interventions and shorter lengths of stay for affected infants (McQueen, Murphy-Oikonen, Gerlach, & Montelpare, 2011). Successful breastfeeding is challenged by several maternal factors and factors related to the neurobehavioral functioning of the infant affected by substance exposure. Infants affected by NAS have physiologic and behavioral problems including poor coordination with suck–swallow–breathing dynamics, hypertonicity, alterations in state control capacities, nasal stuffiness, and increased uncoordinated movements.

The neuroadaptations and psychological changes created by substance use disorders (SUDs) and the frequent coexistent conditions of psychiatric comorbidities and histories of adverse experiences may cause impairments in areas of emotion regulation, executive functioning, and interpersonal relatedness that can affect basic mother–infant interactions (Rutherford, Wallace, Laurent, & Mayes, 2015). One of these situations is the breastfeeding process of a neonate experiencing NAS born to a mother with an SUD and history of sexual abuse. Approximately 12% to 35% of all women experience some type of sexual abuse (O'Dougherty, Wright, Fopma-Loy, & Oberle, 2012), and this and other kinds of adversity are particularly prevalent among women with SUDs. In one study of women in substance abuse treatment during pregnancy, 45% had a prior history of sexual abuse (Velez et al., 2006). Q1 Q2 Women reported different types of sexual abuse, and it occurred during childhood and/or adult life and, for some women, even during pregnancy. The psychological consequences of sexual abuse are unique to each woman, but in general sexual abuse can predispose women to maladaptive strategies across many domains of maternal functioning, including breastfeeding (Elfgen, Hagenbuch, Görres, Block, & Leeners, 2017). The intersection of NAS, maternal SUD, and substance abuse is complex, often not considered, and underrepresented in the current literature.

CRP 5.4.0 DTD ■ JOGN204_proof ■ 31 March 2017 ■ 1:40 pm ■ ce

Sexual abuse and substance use disorders frequently coexist, and both can independently and negatively affect the capacity for lactation in affected women.

Most women perceive breastfeeding as a powerful experience that is pleasurable and provides intimacy and connectedness to the infant. However, this notion of harmony, connection, and embodied intimacy is not described by every lactating mother (Schmied & Barclay, 1999), and sexual abuse survivors may be confused about the dual role of breasts as maternal and sexual objects (Coles, 2009). Sensual feelings that occur with breastfeeding and distorted ways of experiencing their bodies or themselves were described by some sexual abuse survivors (Kendall-Tackett, 1998) and make breastfeeding initiation difficult. When these distorted sensations are linked with memories of the prior sexual abuse, the experience may become formidable and result in significant maternal psychological distress, depression, posttraumatic stress disorder, social isolation, and early cessation of breastfeeding (Kendall-Tackett, 2007). The postpartum period is often particularly challenging, and some women with a history of sexual abuse can experience uncomfortable feelings surrounding routine procedures, including unknown visitors to a hospital room, and/or feelings of tethering when confined to a bed by medical procedures. They can also experience anxiety when faced with bleeding, lack of control over what they experience, unpleasant body exposure, and posttraumatic stress disorder–related symptoms.

NAS and Breastfeeding

For mothers with SUDs, particularly those who use opioids, the challenges of breastfeeding can be compounded by their infants' experience of NAS or other neurobehaviors related to in utero exposures that may affect lactation (Jansson & Velez, 2015). For example, hypertonicity and uncontrolled movements caused by NAS can create difficulty in positioning the infant on the breast. Poor sleep/awake state control, sensory (including oral) hypersensitivity, and feeding disturbances such as suck–swallow incoordination are common. These can be compounded by poor handling by a distressed, guilty, or unconfident mother (Velez & Jansson, 2008). To promote successful breastfeeding, maternal health care providers must understand the complexity of a mother–infant dyad in which the mother has SUD and a history of sexual abuse (see Figure 1). The objectives of this case study were to increase awareness of the needs of these mothers and to provide recommendations for the management of high-risk mother–infant dyads in the nursery to achieve greater rates of successful breastfeeding.

In this case report we describe one woman's experience with an SUD and a history of sexual abuse who attempted to breastfeed her infant

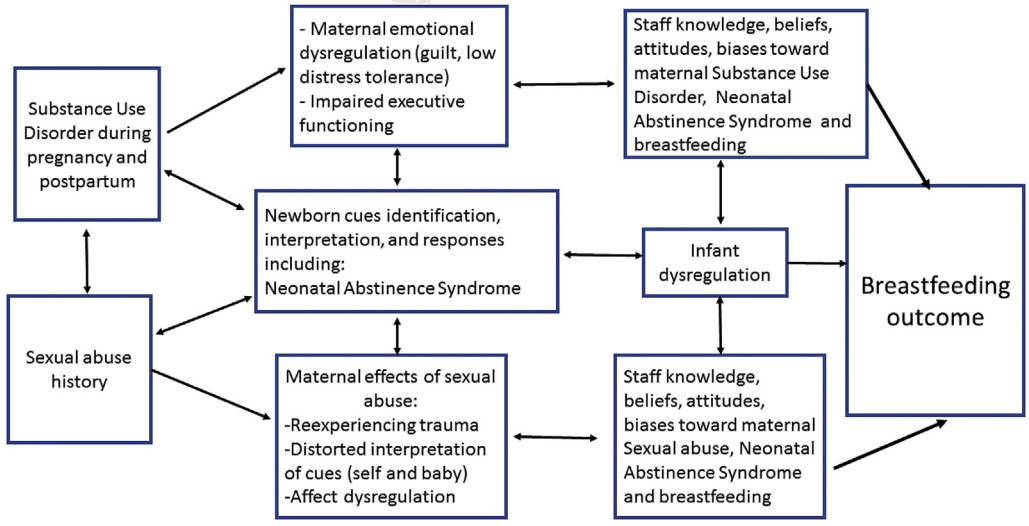

Figure 1. The intersection between maternal sexual abuse, substance use disorder, and neonatal abstinence syndrome affecting breastfeeding.

CRP 5.4.0 DTD ■ JOGN204_proof ■ 31 March 2017 ■ 1:40 pm ■ ce