

# Opioid Use Dependency in the Mother Who Desires to Breastfeed Her Newborn: A Case Study

Deborah Busch, DNP, CPNP, IBCLC, &  
JoAnne Silbert-Flagg, DNP, CPNP, IBCLC, FAAN

## ABSTRACT

The number of infants born to mothers with opioid dependence is increasing at an alarming rate, indicating a 5-fold increase for women using opiates and a 3-fold increase in infants born with neonatal abstinence syndrome (NAS; Tsai & Doan, 2016). Pediatric Nurse Practitioners providing primary care, who lack experience with this clinical presentation, require evidence-based knowledge to provide the appropriate care to infants born with neonatal abstinence syndrome. Mothers with opioid dependence often desire to breastfeed their newborns, and the PNP may unknowingly discourage them from breastfeeding. In this case discussion, we describe how breastfeeding is possible and is beneficial. Current evidence-based practice recommendations and resources are included demonstrating that human breast milk has the potential to substantially improve health outcomes for all mothers and their newborns, especially this unique dyad (Tsai & Doan, 2016; Reece-Stremtan & Marinelli, 2015). *J Pediatr Health Care.* (2017) ■■, ■■■-■■■.

Deborah Busch, Assistant Professor, Pediatric Nurse Practitioner, and International Board Certified Lactation Consultant, The Johns Hopkins School of Nursing, Baltimore, MD.

JoAnne Silbert-Flagg, Assistant Professor, Pediatric Nurse Practitioner, and International Board Certified Lactation Consultant, The Johns Hopkins School of Nursing, Baltimore, MD.

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Correspondence: Deborah Busch, DNP, CPNP, IBCLC, The Johns Hopkins School of Nursing, Baltimore, MD 21205; e-mail: [dbusch1@jhu.edu](mailto:dbusch1@jhu.edu)

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## KEY WORDS

Breastfeeding, neonatal abstinence syndrome, opioid, primary care

## CASE STUDY BACKGROUND

A mother and her newborn arrive for the mother's hospital follow-up visit at the pediatric practice. The appointment is with a Pediatric nurse practitioner (PNP) who is also an International Board Certified Lactation Consultant. The mother desires to breastfeed her 5-day-old newborn. She has questions that are typical of all new mothers regarding latch and milk supply. She is also a mother who is dependent on opioids and is in a maintenance program for opioid use. Before the visit the history is reviewed.

## Prenatal and Birth History

The mother was employed at a local industry in an assembly line position. Five months before her pregnancy, she sustained a severe shoulder injury at work. The injury was caused when a 50l-pound box fell from a high shelf onto her shoulder. As treatment for the shoulder injury, she received physical therapy and was prescribed the opioid pain medication oxycodone as management for her acute shoulder pain.

The 25-year-old primipara received prenatal care beginning at 8 weeks' gestation. The pregnancy was unplanned, as are 9 of 10 pregnancies among opioid-dependent women (Tsai & Doan, 2016). At the first prenatal visit, she reported taking oxycodone, 10 mg daily for 5 months, before her pregnancy. Additionally, she has smoked 10 to 20 cigarettes daily for the past 8 years. She attempted to decrease the oxycodone

**BOX 1. Guidelines for breastfeeding for mothers who are opioid dependent**

- Mothers must be in and remain in an outpatient treatment program and give permission to contact counselor
- Mothers must have no use of illicit substances in the 90 days prior to giving birth
- Mothers must have a negative toxicology screen for substances not used as part of the treatment protocol.
- Mother has appropriate family and community support systems
- Desire to breastfeed is not related to obtaining custody
- Engaged in prenatal care prior to the second trimester and compliant
- No concomitant use of other prescription medications deemed to be incompatible with lactation
- No other contraindications for breastfeeding, such as HIV positive

Academy of Breastfeeding Medicine. (2015). ABM clinical protocol #21: Guidelines for breastfeeding and substance use or substance use disorder, revision 2015. *Breastfeeding Medicine: The Official Journal of the Academy of Breastfeeding Medicine*, 10, 135-141.

and cigarette use when she realized she was pregnant. She was unsuccessful in these attempts. Her obstetric provider suggested that she enroll in the local state health department's methadone/buprenorphine program. She enrolled in the program at 10 weeks' gestation, and instead of taking the daily oxycodone began taking buprenorphine. She was able to decrease her cigarette use to fewer than five cigarettes daily.

The therapist at the buprenorphine program and her obstetric provider informed her that if she remained "clean," she would be able to breastfeed her newborn. According to the Academy of Breastfeeding Medicine [ABM], pregnant women who are enrolled in a methadone/buprenorphine program and are free of any illicit substances for at least 90 days before birth can breastfeed their newborns in the United States (Box 1). For this mother, the goal of breastfeeding her newborn became her new passion to recover and lead a healthier lifestyle. Along with decreasing her cigarette use and discontinuing the oxycodone, she began to eat more healthily and started a light exercise program while continuing physical therapy for her shoulder injury.

The mother's prenatal and antepartum laboratory test results were initially negative for group B *Streptococcus*, herpes simplex virus, hepatitis B, gonorrhea, chlamydia, and HIV and remained negative when repeated at her latest prenatal visit. The toxicology screening result was negative except for low levels of nicotine and for buprenorphine, which was consistent with her therapy dose. The mother had no significant health problems or medical disorders. She was married and had the support of the unborn child's father. He was employed and had no significant health problems or medical disorders. The pregnancy was uneventful, and at 35 5/7 weeks the mother devel-

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oped premature labor and gave birth to a female neonate by spontaneous vaginal birth. The birth was on a Friday evening in a rural hospital that followed minimal recommendations of the [Baby-Friendly Hospital Initiative \(2017\)](#) guidelines. The mother was able to hold her newborn for a few minutes after her birth because the birthing room staff were eager to provide a complete assessment of the newborn. The birth weight was 3,039 g (6 pounds 7 ounces), which was in the 24th percentile on the [World Health Organization \(2006\)](#) infant growth chart. Apgar scores were 8 at 1 minute and 9 at 5 minutes. The screening pulse-oximetry reading was 98%, which was above the required 95%. Vital signs and newborn measurements were taken immediately after birth and were normal. An assessment for neonatal abstinence syndrome (NAS) symptoms was performed using the modified Finnegan score, the most commonly used tool ([Finnegan, 1990](#); [Kocherlakota, 2014](#)). The Finnegan score evaluates the following signs and symptoms in the newborn: tremors, irritability, excessive crying, diarrhea, temperature instability, sweating, sneezing tachypnea, nasal stuffiness poor feeding, regurgitation, vomiting, and skin excoriation and mottling, with the score initially obtained within the first 24 hours of birth after a feeding and at 3- to 4-hour intervals when the newborn is awake (Box 2). The score represents the infant's status at the time of the assessment and the preceding time period ([Finnegan, 1990](#); [Kocherlakota, 2014](#)). The newborn was given formula at 3 hours of life because of a blood glucose level of 50 mg/dl. The mother was given no encouragement to provide expressed breast milk to her newborn. The mother reported to the nurses that her newborn spit up the formula and alternated between being fussy and sleepy.

Because of the newborn's gestational age and possible hypoglycemia and the mother's positive toxicology screening result, the newborn was initially placed in the NICU, where she could be monitored more closely. She transitioned to the newborn nursery at 24 hours of age. During the first postpartum day the mother had difficulty with latching, and the newborn was sleepy and difficult to arouse. Attempts at breastfeeding were

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