

# Taking Care

A Short Guide to Breastfeeding  
and Substance Use



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# Introduction



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Substance use is a part of many people's lives. It can be recreational or medicinal, something that helps with stress or gives pleasure, or be a challenge that creates problems in our lives. Many people make changes to their substance use during pregnancy or when expecting a child. Some stop using substances altogether while others use less or change when or how they use substances. After becoming a parent, some people continue with these changes while others re-visit their substance use.

The decision to breastfeed, use formula, or both, is very personal. This resource is to help you make important decisions about your substance use, your body, and the overall well-being of you and your baby. You can use this resource to start conversations with partners, friends, family, health care providers and other supportive people in your life so that you can make choices that are right for you, your baby, and your family.

## THIS RESOURCE INCLUDES:



Information about what is known about breastfeeding and substance use



Examples of how to reduce the potential harm of using substances while breastfeeding



Activities to help you think about your breastfeeding plans, hopes, goals, and fears and your relationship with substance use as a parent



Ideas of what to ask your trusted care provider when making decisions about breastfeeding and substance use



Information about how experiences of trauma can affect both breastfeeding and substance use

## THE WORDS WE USE

Breastfeeding conjures up the common image of a woman holding and feeding her baby. Indeed, women are encouraged to breastfeed for as long as possible and many do. Some individuals described breastfeeding as “nursing,” “lactation,” or “chest-feeding.” You may use different words to describe your gender identity, the act of sharing milk with a baby, and the relationships in your family. A few families rely on donor milk or co-nursing or pumping and storing breast milk to feed their babies. In this resource, we refer to breastfeeding women and individuals who lactate to refer to all kinds of families, identities, and circumstances.

# Parenting, Substance Use and Breastfeeding

Substance use is just one of the many things that might influence your decisions about breastfeeding. It can affect how long you choose to breastfeed exclusively, whether you choose to combine breastfeeding with formula feeding, whether you pump or express milk on occasion or regularly, or if you decide to breastfeed at all.

Substance use can affect parenting in other ways too. Some people find that substance use helps them handle difficulties in their lives, including the stress related to parenting. Others find that substance use and parenting do not mix. And some people find that things change over time. What might be the right choice when your baby is six weeks old might not be the right choice when your baby is six months or 18 months old.

How you use substances and the effects of substance use on your health and well-being can vary enormously from very little impact (such as smoking cannabis once in a while) to a lot of impact (such as getting high or drunk regularly).

Because substance use can affect the way you think and feel and act, this can have an impact on your parenting. Some of the ways substance use can affect parenting include:

- Your ability to pay attention to your baby (such as when the baby is hungry or needs to be comforted) or what is happening around you
- Your ability to recognize signs of danger (including people or situations)
- Your ability to react and make decisions













# Is it Safe? Breastfeeding and Substance Use

What makes a substance safe? When health guidelines are created, many things are considered like:

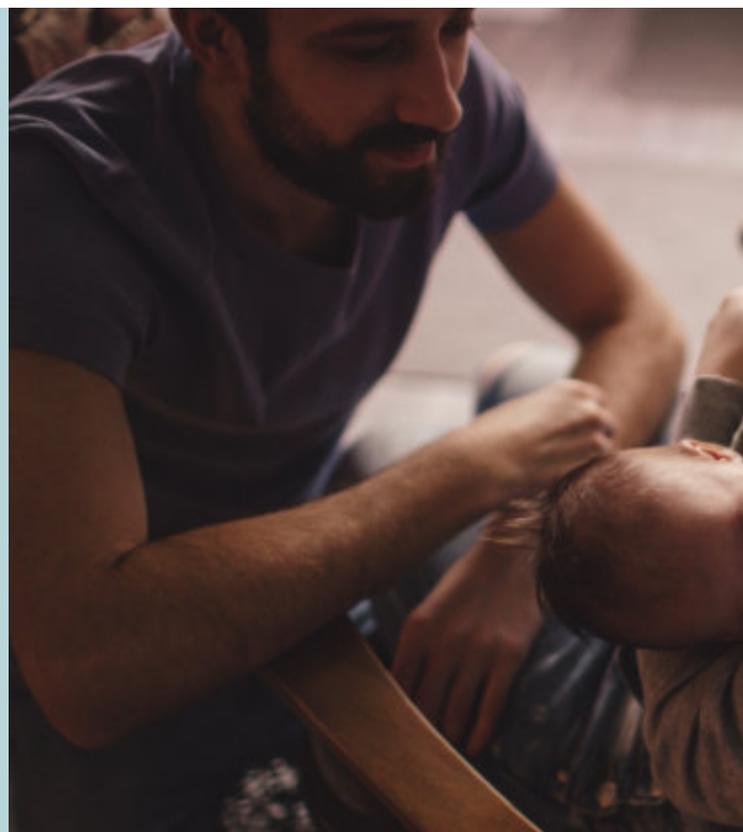
- The type of substance, how much people use and how often
- How a substance is used (for example, do people eat or drink it, inhale it, or inject it?)
- What is known about the short- and long-term effects of the substance on a baby
- How the age and weight of a baby might affect their response to different substances

- The overall health of the person who is breastfeeding
- The effect of a substance on the ability to parent safely
- The effect of a substance on the ability to breastfeed
- The effect of other substances, including prescription medications

There are still a lot of things about breastfeeding and substance use that researchers and health care providers don't know so guidelines are often cautious and focus on safety.

## PRESCRIPTION MEDICATIONS

Most women take at least one medication during pregnancy or while breastfeeding. However, the vast majority of prescribed drugs are not tested on pregnant or breastfeeding women. Many reported adverse events in babies are linked to the use of central nervous system drugs such as sedatives. Check with your trusted care provider regarding the latest information about specific medications and their safety. If a medication is not safe, then you might need to use an alternative medication or stop breastfeeding temporarily or for the long-term.



















## ACTIVITY: WHAT DO I LIKE ABOUT BREASTFEEDING?

When making decisions about breastfeeding and substance use, it can be helpful to think about what it is you like the most about breastfeeding and what may be challenging so you can find strategies that make sense for you.

### Examples of what you might like most about breastfeeding:

- Time with my baby
- Appreciation for my body and what it can do
- Affordable
- Convenient

**A list of what you like most about breastfeeding can be helpful when thinking about ways of overcoming some of the challenges of breastfeeding, including how it can be painful, lonely, or time-consuming.**

# HARM REDUCTION STRATEGIES FOR BREASTFEEDING AND SUBSTANCE USE

Everyone is on a unique journey. Here is a list of strategies that you may want to consider discussing with your trusted care provider so you can make the best choices for you based on your wellness plan – if, when, and how to use substances while breastfeeding. Ideally, you should feel comfortable sharing your own breastfeeding goals and the role of substance use in your life. Your trusted care provider can share the latest information about the safety of different substances and what you can do to reduce possible harms.

## Harm Reduction Strategies to Discuss With Your Trusted Care Provider

### Alcohol

- Newborns have a hard time metabolizing or breaking down alcohol in their bodies. If possible, avoid drinking alcohol until the baby is at least 8 weeks old or older.

If you choose to drink occasionally:

- Breastfeed your baby right before drinking alcohol. If possible, pump and store your milk or plan to use formula.
- Wait at least 2 hours after drinking 1 drink before breastfeeding; wait four hours for two drinks and six hours for three drinks.
- Eating food while you drink helps to lower how much alcohol gets into your body and then into your breast milk.
- Use breast milk alcohol test strips from the drug store to see if alcohol is present in your milk.
- If you plan to drink more than a moderate amount of alcohol, make sure that your baby has a responsible caregiver.

### Caffeine

- Consuming up to 300mg of caffeine per day is considered safe while breastfeeding.
- One or two small (237 ml or 8 oz) cups of coffee is considered safe to drink. Find out how much caffeine is included in other sources of caffeine such as tea, soda, cocoa/chocolate, energy drinks, and medications.
- Drink less caffeine if your baby is premature or a newborn.
- Keep an eye on your baby's behaviour – are they irritable, fussy, or wakeful when you consume caffeine? Every baby is different.

## Harm Reduction Strategies to Discuss With Your Trusted Care Provider

### Cannabis

- Use smaller amounts and/or use less frequently.
- Use cannabis with a lower amount of THC.
- Avoid breastfeeding within one hour of inhaled cannabis use (to avoid the risk of exposure to the highest concentration of THC in breast milk).
- If you can, avoid being around second-hand smoke or vapour.
- Avoid synthetic cannabis products (such as K2 and Spice) as most are stronger and more dangerous than natural cannabis products.
- Know where the cannabis you are using comes from so you know what's in it. For example, is it homegrown or from a licensed retailer? How strong is it? Do you need to worry about moulds or pesticides?
- If you're using or considering cannabis for medical reasons, discuss all available options for care and treatment.

### Nicotine

- Use less and/or less frequently.
- Breastfeed your baby at least two hours after smoking or vaping rather than before.
- If you can, smoke or vape outside or as far away from your baby as possible.
- Choose vaping devices with lower temperature settings (higher temperatures produces more chemicals).
- Consider nicotine replacement therapy (such as patches, gum, or lozenges) to help you quit.

### Cocaine, heroin, and other street drugs

- When using substances such as cocaine, heroin, or methamphetamines, make sure that your baby has a responsible caregiver.
- If you regularly use street drugs, it is safest not to breastfeed as you can't know the exact dose you are taking and they might contain other substances that aren't safe for the baby. Talk to your trusted care provider about finding treatment and support for problematic substance use as well as alternatives to breastfeeding such as formula or donor milk.
- If you occasionally use street drugs, depending on the substance, you may be able to wait for your body to break them down and then continue breastfeeding. Talk to your trusted care provider about what may work for you and your baby.

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***The information in this resource is for educational purposes only. Please talk to your health care provider before making decisions that can affect your health and the health of your baby.***





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