

Connecticut WIC Program:

Consistent Breastfeeding Education Messages: Opioid Use Disorder (OUD)

Why is this important?

Opioid use disorder (OUD), which describes a physiological dependency on opioids/opiates that led to an addiction, is on the rise throughout the country, and within our WIC population. There are many misconceptions about this specific condition, and about those who are experiencing addiction or in recovery. These misconceptions could lead to misinformation that can impact the staff/client relationship as well as hinder mom's success in breastfeeding. There is a lot of evidence to support that breastfeeding and mother/baby bonding is beneficial to helping ease withdrawal in an infant whose mother used opioids during her pregnancy. It's important for staff to have an understanding of opioid use disorder, the medications specific to treating opioid addiction, and resources for families affected by opioid use disorder.

WIC's Goal:

To use evidence based education to support the choice to breastfeed in WIC moms with opioid use disorder.

Objectives:

1. To identify when a participant is addicted to opioids or in treatment for opioid use disorder, so staff can provide education to support her choice to breastfeed and provide resources for her.
2. To have an understanding of the different medications used to treat opioid use disorder and how they differ.
3. To understand how breastfeeding and rooming in as well as skin to skin can help reduce incidence of withdrawal in the infant, as well as decrease the length of the hospital stay.
4. To identify if additional support and resources are needed in the participant's recovery if necessary.
5. To identify the local resources for substance use programs and information on medications while pregnant and breastfeeding.
6. Empower participant to talk to their health care provider to discuss breastfeeding and current medication use.

Affirmation:

- You are the best medicine for your baby.
- You have the tools to soothe your baby.
- It's clear you want your baby to get the best possible start.

Key Educational Messages:

- Opioids are highly addictive drugs, either natural or synthetic, that are structurally similar to morphine. They are primarily used for pain relief.
 - Common prescription opioids include: hydrocodone, oxycodone, hydromorphone, tramadol, morphine, methadone, codeine, and fentanyl.
 - Heroin is an illegal opiate made from morphine.
- There are two main medications used to treat opioid addiction, methadone and buprenorphine.
 - Methadone is an opioid that is prescribed to lessen the painful symptoms of opioid withdrawal and blocks the euphoric effects of opioid drugs. Doses are initially administered at a clinic daily and patients don't take the medication home unless the doctor states they are stable enough to do so. Patients in treatment may continue in methadone maintenance for many years.
 - Buprenorphine, such as Buprenex, Suboxone, and Subutex, is similar to methadone in that it minimizes the withdrawal symptoms of opioids. It can be prescribed and dispensed in a physician's office and taken home for daily use.

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- There can be many misconceptions about opioid use disorder and the medications to treat opioid addiction. As WIC staff we have a responsibility to be informed and aware of resources to support our clients who are addicted to these drugs.
 - One misconception is that women who are in opioid treatment should not breastfeed. This is not the case. The medications used to treat opioid addiction are generally considered safe while breastfeeding, and the benefits of breastfeeding can actually help prevent symptoms of withdrawal in the baby after delivery. **Staff should always encourage clients to discuss any medications with their provider as there may be other medications mom is taking, or drugs mom is using that the client may not have disclosed.** Staff should be aware of the local resources to provide additional referrals and support when necessary. Documenting where the client is receiving treatment and including this in the participant authorization form is best practice.
 - Staff should not assume women who are in treatment for opioid use disorder are currently using or misusing illicit substances or pain killers. Many people in recovery will need to stay in treatment for many years, and some may need to be on the medication for life.
- Rooming in, skin to skin, and successful breastfeeding have shown, in practice, to have a therapeutic effect in preventing withdrawal symptoms in infants who were exposed to opioids in utero.
- Some hospitals use a scale called Finnegan scoring system which is a tool used to screen for withdrawal in the newborn infant. Finnegan scores use tend to be associated with a longer hospital stay and increased likelihood of mother baby separation. Many hospitals in Connecticut are no longer using this system and utilizing rooming in, skin to skin, and breastfeeding as a method of easing withdrawal. It's important to have mom communicate with labor/delivery staff about the birthing plan and ask questions about the hospital stay and expectations.
- Completing the Edinburgh/Perinatal Mood and Anxiety Disorders (PMAD) screen is important, especially in this population, as women with a history of mental health problems may be at higher risk for PMADs.

Activities:

Breastfeeding Make a Plan Checklist (Nutritionist can add talking with the doctor or Mother to Baby to the list)

Websites:

Department of Mental Health and Addiction Services:

[Medication Assisted Treatment, http://www.ct.gov/dmhas/cwp/view.asp?q=335224](http://www.ct.gov/dmhas/cwp/view.asp?q=335224)

[Methadone Treatment Programs in Connecticut, http://www.ct.gov/dmhas/cwp/view.asp?a=2902&q=335226](http://www.ct.gov/dmhas/cwp/view.asp?a=2902&q=335226)

Lactmed (for staff only):

<https://toxnet.nlm.nih.gov/newtoxnet/lactmed.htm>

Books:

Medications and a Mother's Milk

Handouts/Resources:

Mother to Baby

CDC Fact Sheet: https://www.cdc.gov/drugoverdose/pdf/pregnancy_opioid_pain_factsheet-a.pdf

LA listing of medication assisted programs for addiction

LA listing of programs for mental health/counseling

Edinburgh Postnatal Depression Scale