

Guidelines for the Use of Human Milk in the Context of Substance Use Disorder

Last updated: March 2026

Purpose: To give guidance to healthcare providers for the use of human milk among birth parents who have substance use disorder (SUD) and/or recently used non-prescribed substances. Providing evidence-based recommendations enhances the quality and consistency of care and reduces the stigma and bias of SUD. This document is not intended to identify SUD; the standard of care is universal verbal screening during pregnancy using a validated instrument such as the 4 Ps.¹ This document is also not intended to be a scoping review of the benefits of breastfeeding. The literature supports that breastfed infants have a lower risk of asthma, obesity, type 1 diabetes, and sudden infant death syndrome (SIDS) and are able to develop strong immune systems through exposure to maternal antibodies in breastmilk.²

Summary recommendations: Breastfeeding should be supported in the context of maternal SUD for birth parents who plan to not use non-prescribed substances while providing breastmilk. In the setting of returns to use (i.e., relapses), breastmilk should not be provided to the infant until sufficient time has passed to allow for clearance (see Table 1).

Recommendations:

1. The benefits of breastfeeding are well established and should be supported in most infants. This includes infants whose birth parent:
 - a. Is being treated for SUD. **The most commonly utilized medications for opioid and alcohol use disorder – buprenorphine, methadone, and naltrexone – are compatible with breastfeeding regardless of dose.**³ Breastfeeding is considered safe and may help to reduce infant withdrawal.⁴

¹ American College of Obstetricians and Gynecologists. (2021). *Opioid Use and Opioid Use Disorder in Pregnancy*. Acog.org. <https://www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2017/08/opioid-use-and-opioid-use-disorder-in-pregnancy>

² Centers for Disease Control and Prevention. (2023, December 14). *Breastfeeding Benefits Both Baby and Mom*. Breastfeeding. <https://www.cdc.gov/breastfeeding/features/breastfeeding-benefits.html>.

³ Harris, M., Schiff, D. M., Saia, K., Serra Muftu, Standish, K., & Wachman, E. M. (2023). Academy of Breastfeeding Medicine Clinical Protocol #21: Breastfeeding in the Setting of Substance Use and Substance Use Disorder (Revised 2023). *Breastfeeding Medicine*, 18(10), 715–733. <https://doi.org/10.1089/bfm.2023.29256.abm>

⁴ Patrick, S. W., Barfield, W. D., & Poindexter, B. B. (2020). Neonatal Opioid Withdrawal Syndrome. *Pediatrics*, 146(5). <https://doi.org/10.1542/peds.2020-029074>

- Use standard breastfeeding resources such as [LactMed](#) to determine whether any other medications for SUD are compatible with breastfeeding.⁵
- b. Is prescribed opioids for pain, benzodiazepines for anxiety, and/or stimulants for ADHD. Most other controlled and non-controlled medications are also safe to use while breastfeeding but verify as needed with [LactMed](#).
 - c. Who used non-prescribed substances during pregnancy but have stopped use prior to or at the time of birth hospital admission.³
 - d. With a diagnosis of the Hepatitis C virus (HCV) regardless of viral load as long as the nipples are not cracked or bleeding.⁶ Breastfeeding is contraindicated in the context of untreated human immunodeficiency virus (HIV).
2. Breastfeeding is encouraged for infants during the first hour following delivery (the “Golden Hour”) to promote bonding while awaiting individualized planning.⁷
 3. Individualized planning for continued breastfeeding should be developed in partnership with the parenting person and their care team to document expectations for breastmilk provision during hospitalization and after discharge.
 4. Breastfeeding is encouraged for individuals who have discontinued or commit to not using non-prescribed substances while providing breastmilk.⁷
 - a. When non-prescribed substance use occurred in the week prior to delivery and/or toxicology testing from the birth parent or infant at the time of delivery is positive for non-prescribed substance(s)⁷ providers should consider the unique properties of the non-prescribed substance(s) to determine how long breastmilk should be discarded to allow sufficient time for substance clearance (see Table 1).
 - b. If the medical team makes the decision to withhold breastmilk due to SUD, this should be clearly communicated to the birthing parent, and the decision should be revisited daily.
 5. Birth parents should be supported in expressing milk to establish milk production. This is especially important for those individuals with recent non-prescribed substance use who will need to pump and discard milk while awaiting substance clearance.⁷
Providers may consider ordering donor breast milk during this period if it is clinically

⁵ National Institute of Child Health and Human Development. (2006). Drugs and Lactation Database (LactMed). In *PubMed*. National Library of Medicine (US). <https://www.ncbi.nlm.nih.gov/books/NBK501922/>

⁶ CDC. (2024). *Hepatitis B or C Infections and Breastfeeding*. Breastfeeding Special Circumstances. <https://www.cdc.gov/breastfeeding-special-circumstances/hcp/illnesses-conditions/hepatitis-b-c.html>

⁷ UVM MC Breastfeeding Guideline for Infants Exposed to Substances. [VCHIP_ICoNS-SAMPLE-UVMHC-Breastfeeding-SU-Guideline_Mar2024.pdf](#)

appropriate, covered by insurance, and consented to by the birthing parent/decision maker.⁸

Table 1: Clearance of Non-prescribed Substances from Breastmilk

Substance	Recommendations and Toxicology Interpretation Considerations
Fentanyl/heroin	Wait at least 24 hours after last use of illicit fentanyl. ⁷ The presence of fentanyl or its metabolite in toxicology tests does not necessarily indicate a return to use/relapse. Nuraxial fentanyl for labor analgesia may lead to positive maternal or neonatal toxicology tests ⁹ ; in peripartum period, low levels of norfentanyl have been detected 126-294 days after last use. ¹⁰
Cocaine & Methamphetamine	Wait at least 24 hours after last use of cocaine and 48 hours after last use of methamphetamine. ⁷
Cannabis	Cessation of cannabis use while breastfeeding is advised; however, continued use is not a contraindication to breastfeeding. ¹¹ The birthing parent and medical team should collaboratively discuss the risks and benefits of breastfeeding as it relates to the pregnant parent's current and anticipated cannabis use. Related education and a jointly agreed upon decision about the infant's feeding plan should be documented in the chart. ¹² In frequent/heavy users, urine toxicology can remain positive for several weeks.
Alcohol	Wait 2-3 hours after one standard drink before breastfeeding. ¹³
Notes: This table is not intended to be an exhaustive list and will need to be updated over time as substance use trends change; consult with addiction medicine specialists as needed.	

⁸ *Donor Breast Milk Coverage for Infants Under 12 Months, CR 113541* | Department of Health and Human Services. (2022, December 22). Maine DHHS. <https://www.maine.gov/dhhs/oms/providers/provider-bulletins/donor-breast-milk-coverage-infants-under-12-months-cr-113541-2022-12-22>. If infant is not covered by MaineCare, verify coverage of donor milk with infant's insurer.

⁹ Siegel, M. R., Mahowald, G. K., Uljon, S. N., James, K., Leffert, L., Sullivan, M. W., Hernandez, S. J., Gray, J. R., Schiff, D. M., & Bernstein, S. N. (2023). Fentanyl in the labor epidural impacts the results of intrapartum and postpartum maternal and neonatal toxicology tests. *American Journal of Obstetrics and Gynecology*, 228(6), 741.e1–741.e7. <https://doi.org/10.1016/j.ajog.2022.11.1293>

¹⁰ Kiefer, M. K., Cowen, J., Hinely, K. A., & Rood, K. M. (2024). Prolonged detection of urine norfentanyl in individuals enrolled in a medication for opioid use disorder (MOUD) in pregnancy and postpartum program: A case series. *AJOG Global Reports*, 4(2), 100313–100313. <https://doi.org/10.1016/j.xagr.2024.100313>

¹¹ *Cannabis Use During Pregnancy and Lactation*. (2025). Acog.org. <https://www.acog.org/clinical/clinical-guidance/clinical-consensus/articles/2025/10/cannabis-use-during-pregnancy-and-lactation>

¹² Wymore, E. M., Wagner, K., Gold, C., & Halmo, L. S. (2025). High Stakes: Exploring the Impact of Cannabis Use in Pregnancy and Lactation. *NeoReviews*, 26(4), e247–e263. <https://doi.org/10.1542/neo.26-4-006>

¹³ CDC. (2024, May 10). *Alcohol*. Breastfeeding Special Circumstances. <https://www.cdc.gov/breastfeeding-special-circumstances/hcp/vaccine-medication-drugs/alcohol.html>

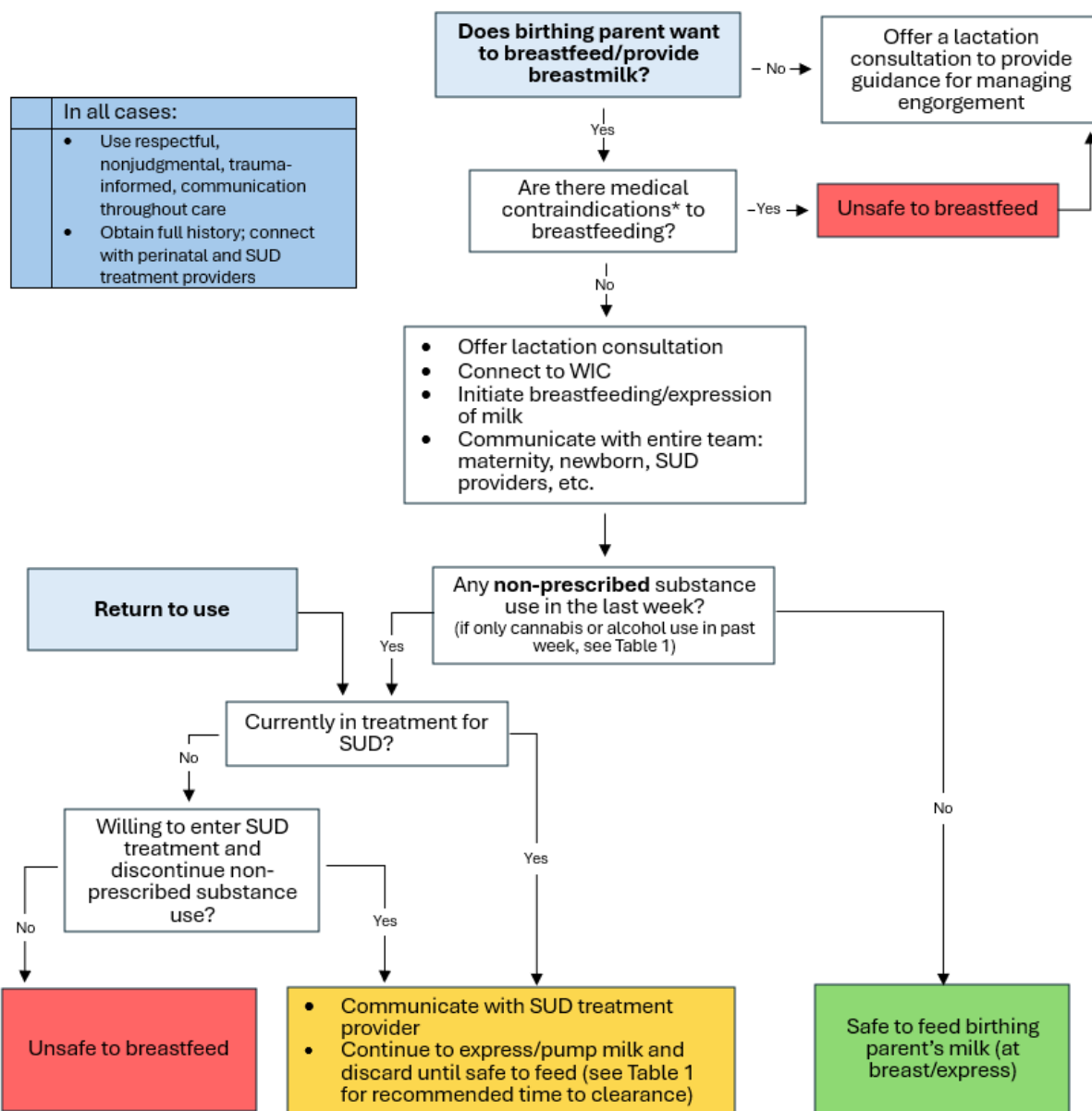
6. Lactation consults are universally recommended and should be provided to all families, regardless of the presence of substance use. A trauma informed approach should be used, recognizing birth parents may have a history of trauma that impacts their lactation decisions.⁷
7. Education about substance exposure through breastmilk should be provided to all families. This includes discussions with nurses, lactation consultants, and medical providers before and during hospitalization, plus additional standardized resources at discharge.⁷
8. Postpartum non-prescribed substance use: If a breastfeeding parent uses (or returns to using) non-prescribed substances following the hospital stay for delivery, a similar approach of expressing and discarding milk should take place in consultation with their care team.⁷
9. Consult the infant's legal guardian if there is uncertainty around the breastfeeding decision-maker. The birthing parent's desire to breastfeed and/or provide breastmilk to the infant should be respected unless a medical professional indicates that this is **unsafe**.¹⁴
 - a. If the safety concern is related to SUD, it is critical to ensure that the information provided to breastfeeding decision-makers is accurate (i.e., a birth parent's status in recovery is best determined by a SUD treatment provider, not child welfare, a family member or a resource parent).
 - b. The logistics of pumping, storing, and transporting milk from the birthing parent to the infant need to be discussed and planned for in advance.

Questions: If you have questions about the guidelines, email MaineMOM@maine.gov or info@mainebreastfeeds.org.

¹⁴ Mitchell, V., White, M., Shinwell, S., & Biazus-Dalcin, C. (2025). Supporting Breastmilk Feeding for Infants in Foster Care: A Scoping Review. *Maternal & Child Nutrition*. <https://doi.org/10.1111/mcn.13810>

Substance Use and Lactation Decision Pathway

Recommendations when substance use has been identified in the birthing parent



***General medical contraindications to breastfeeding** (from Centers for Disease Control and Prevention, American Academy of Pediatrics, Academy of Breastfeeding Medicine):

- Infant galactosemia
- HIV, if untreated and viral load is detectable
- Human T-lymphotropic virus (HTLV) type 1 or type 2
- If nipples bleeding or cracked with Hepatitis C
- Active herpes virus or varicella lesions on nipple
- Active, untreated tuberculosis or brucellosis
- Diagnosed or suspected Ebola
- Certain medications (e.g. chemotherapy, radioactive isotopes, etc.)