

Breastfeeding Curriculum: Substance Use Disorder Role-Play Case Description

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Role Description:

You are Brittany Green, a 27-year-old woman, who has just given birth after an 8-hour labor. You just delivered your fourth child, a son who was born after a 37-week pregnancy. You had prenatal care starting in your 1st trimester. During labor, you pushed for 30 minutes, and your son was born at 02:30 am this morning. You received an epidural to assist with your labor.

Your son weighed 6lb, 5 oz. You did some skin-to-skin before he was taken to the newborn nursery following his birth this morning. According to the nurse, he has been given a total of 20cc of formula. You have not yet attempted to breastfeed. You want to nurse your son but are concerned about the transfer of Methadone to him via your breastmilk. You have also heard conflicting messaging regarding the safety of breastfeeding while on Methadone for your opioid use disorder (OUD).

You work full-time, but are currently on maternity leave from your job as a cashier. You live with your husband who works full time.

Medical Setting: Mother visiting infant in the inpatient special care newborn nursery, approximately 3 hours post delivery

Patient Clothing: You wear a hospital gown, worn over T-shirt, and bottoms



Participants Needed:

- Patient
- Clinician

Patient Presentation and Emotional Tone: You are tired and appear anxious. When talking with the clinician, you will use non-medical terminology.

Patient communication style is Sensing/Thinking (S/T): As a patient with the S/T personality type, you do the following:

- Prefer brief, concise facts
- Want your clinician to be straightforward and honest
- Ask questions (what and how) about the facts about your condition
- Request information on the specific treatment options so you can weigh them (apply the information to your own circumstances), but will side with the clinician to “remain on good terms” with them
- Follow information best when it is presented in a stepwise logical way, without deviations
- Appreciate factual verbal information about your condition/treatment
- Are uncomfortable with asking too many questions because you do not want to “upset” your clinician

Opening Statement: “I wanted to ask about breastfeeding my baby?”

Trigger Question: “I’m on methadone. Will that hurt the baby?”

Presenting Issue: Breastfeeding consultation

Medications: To treat your opioid use disorder, you have been prescribed Methadone, which you have been taking for approximately 3 years and you are receiving outpatient counseling services in addition to the prescribed pharmacotherapy. You have also been prescribed acetaminophen following your vaginal birth and would describe your pain as a 4 on a scale of 1 to 10.

Past Medical/Social History: You have a history of OUD since age 21. You are otherwise healthy. You have 2 other children, ages 7 and 2. During your last pregnancy and delivery at age 25, you received methadone during the duration of the pregnancy. Your last baby was full-term, weighed 6 lbs and was in the hospital for 3 weeks to receive treatment for Neonatal Opioid Withdrawal Syndrome (NOWS). You did not attempt to breastfeed him because you felt overwhelmed at the time of his birth.. You are currently receiving medication and outpatient counseling services for your OUD.

Medication Allergies/Adverse Reactions: None

Health Maintenance Practices:

- Diet: Consists of mostly fast food, tries to incorporate fruits and vegetables as often as possible, drinks sports drinks
- Exercise: None

- Physical checkups: Prenatal care initiated in first trimester

Family Medical History: Father of child with unremarkable medical history; Mother with past history of heroin use, currently receiving treatment for OUD with methadone for 3 years; 2 siblings born term, 1 sibling with history of Nows.

What Standardized Patients can expect: You will receive targeted breastfeeding education based on your goal of breastfeeding and concerns related to your OUD.

Questions to ask the clinician: You will have a printed list with you. (You may ask the questions in any order.)

1. "I'm on methadone. Will that hurt the baby if I breastfeed?"
2. "What is the benefit of breastfeeding my baby with Nows?"
3. "How do I know if I am producing enough milk?"
4. "I've heard that babies with Nows may have trouble with feedings, how can I support my baby to relax before breastfeeding?"
5. "I think that I only want to breastfeed for a couple of weeks, will my baby withdraw more once he stops getting my milk?"
6. "I know that my baby will likely have to stay in the hospital, even once I am discharged. How can I provide him with my milk when I am away?"
7. "What can I do to take good care of myself?"
8. "Who can I talk to if I have any problems or questions?"

Items to note: Did the student use therapeutic communication and non-stigmatizing language when providing education to the mother? Did the student use empathy and praise the mother for being in recovery and encourage continued treatment as changes (like becoming a new mom) can be stressful and trigger relapse. Is the provided education evidence-based? If the student is unsure of how to answer the questions, do they know which resources they can look to for answers?

Objective Structured Clinical Examination Case Study: Set Up

Actual diagnosis: Concerns about breastfeeding

Case objective(s) for students:

- Demonstrate obtaining an appropriate history from a postpartum mother who is desiring to breastfeed
- Assess mother's current breastfeeding knowledge
- Provide targeted breastfeeding education given the mother's medical history
- Educate mother about breastfeeding and anticipate common breastfeeding problems and concerns
- Provide guidance regarding the interplay of medical and social issues

Presenting complaint/Opening statement: Special care newborn nursery visit with questions/concerns about breastfeeding. "I'm on methadone. Will that hurt the baby if I breastfeed?"

Patient demographics:

- Age range: 27 years old
- Gender: Female
- Ethnicity: Any
- Height/Weight: Any
- Medical Setting/Location: Special Care Newborn Nursery
- Patient clothing: Hospital gown worn over white T-shirt, one artificial breast pinned to the t-shirt, sweat pants or pajama bottoms

Gown required during the encounter? Yes**Any other document(s) for this case? Yes**

- Objective Structured Clinical Examination Case Study: Standardized Patient Description and Script
- Objective Structured Clinical Examination Case Study: Performance Assessment

Props:

- The Standardized Patient will have with them a handwritten version of script questions that they will use during the encounter

Standardized Patient directions:

- Present with handwritten version of script questions that they will use during the encounter

ANSWER GUIDE

Sample Answers to Questions to ask the clinician:

- 1) "I'm on methadone. Will that hurt the baby if I breastfeed?"
 - If this medication is prescribed by a physician to treat OUD, it is NOT a reason to choose not to breastfeed.¹
 - Breastfeeding should be encouraged in women who are stable on their prescribed methadone or buprenorphine, who are not using illicit drugs or licit substances such as alcohol or cannabis, and who have no other contraindications, such as HIV infection.¹
 - According to the AAP, breastfeeding is recommended for women taking methadone or buprenorphine regardless of maternal dose, as transfer of these medications into mothers' milk is minimal.¹
- 2) "What is the benefit of breastfeeding my baby with NOWS?"
 - Breastfeeding has been associated with decreased severity of Neonatal Opioid Withdrawal Syndrome (NOWS) symptoms, less need for pharmacotherapy, and a shorter hospital stay for the infant.^{2,3,4}

- Breastfeeding may contribute to attachment between the parent and her infant, facilitate skin-to-skin care, decrease risk of sudden infant death syndrome (SIDS), and provides immunity to the infant.³
- 3) “How do I know if I am producing enough milk?”
- Frequent feeding (a minimum of 8-12 times or more during a 24-hour period) provides the nipple stimulation necessary to sustain and increase the milk production. Babies usually feed actively for about 10-15 minutes per breast. You can look for active signs of feeding with deep jaw movements with audible swallowing as the voluminous milk arrives. Watch the baby not the clock, and when suckling slows to a more non-nutritive pattern with shallow movements, that usually means the baby has almost “finished” that breast. Sometimes with breast compressions, moms can keep their baby feeding a little longer to drain the breast more fully, which stimulates more milk production. Sometimes babies feel satisfied with just one breast per feeding, and then mom should feed the alternate breast at the next feeding. Depending on storage capacity it can be normal to either feed on one of both breasts at each feeding, and neither are right/wrong.
 - While not always needed, a pre and post weight may help to determine how much milk is transferred during breastfeeding (this intervention can be offered during a feeding assessment). The weight increase will depend on breast storage capacity, day of life, efficacy of feeding, frequency of feeding and even time of day.
 - The mother and provider can work together to ensure that the baby has normal feeding patterns, and no more than expected weight loss, as well as an appropriate number of wet and dirty diapers per day.
- 4) “I’ve heard that babies with Nows may have trouble with feedings, how can I support my baby to relax before breastfeeding?”
- There are several approaches that can be used to calm the baby prior to breastfeeding. Skin-to-skin is a tool that can calm both the mother and the baby and facilitate breastfeeding. If the baby does not seem comfortable in skin-to-skin, swaddling the baby and calming using “shushing” sounds prior to feeding may be helpful.⁵
 - Infants with Nows may benefit from a calm, quiet, and dim environment. Limiting stimulation to the baby during breastfeeding may help facilitate feeding.⁵
 - It is important to monitor the infant for early feeding cues (i.e., rooting, finger sucking, etc.). It is best to feed the baby in a quiet-alert state. If the infant becomes fussy prior to feeding, non-nutritive suckling can be a helpful calming approach.⁵
 - While promoting calming techniques, the clinician may also take this opportunity to mention safe sleep guidance, as infants with substance exposure are at an increased risk of sleep-related deaths.⁶
- 5) “I think that I only want to breastfeed for a couple of weeks, will my baby withdraw more once he stops getting my milk?”
- The amount of methadone or buprenorphine transferred into milk is insufficient to prevent symptoms of Nows^{1,7}; however, Nows can occur after abrupt discontinuation of methadone. As such, breastfeeding should not be stopped abruptly, and gradual weaning is recommended if a decision is made to discontinue breastfeeding.^{1,5,7}

- 6) "I know that my baby will likely have to stay in the hospital, even once I am discharged. How can I provide him with my milk when I am away?"
 - Milk can be expressed with an electric breast pump or by hand expression and brought to the newborn unit/NICU when visiting the infant. Another option is to empty the breasts by pumping or with manual expression a minimum of 8-12 times or more during a 24-hour period to ensure continued production to meet infant demand.
- 7) "What can I do to take good care of myself?"
 - Encourage the mother to rest every time the baby is resting and to practice balanced nutrition. The early days of motherhood can be exhausting, so it is important to focus on the care of the mother. Rest and nutrition are also important to support breastfeeding.
 - Encourage members of the mother's support system to help with other responsibilities at home.
 - If experiencing thoughts of relapse or having trouble coping during the postpartum period, the mother should call her doctor or social worker/clinical psychologist and/or addiction counselor/peer recovery coach.
- 8) "Who can I talk to if I have any problems or questions?"
 - If you are not the mother's obstetrical provider, the infant's neonatologist or pediatrician, or the primary care provider, reach out to that individual on the care team.
 - Lactation support: Refer the mother to the lactation consultant or counselor for additional education and lactation support.
 - Nursing professional: The nurse may assist the mother in carrying out the inpatient-feeding plan.

References:

1. Stephen W. Patrick, Wanda D. Barfield, Brenda B. Poindexter, COMMITTEE ON FETUS AND NEWBORN, COMMITTEE ON SUBSTANCE USE AND PREVENTION Neonatal Opioid Withdrawal Syndrome. *Pediatrics* Nov 2020, 146 (5) e2020029074; DOI: 10.1542/peds.2020-029074
2. Sachs HC; Committee On Drugs. The transfer of drugs and therapeutics into human breast milk: an update on selected topics. *Pediatrics*. 2013;132(3):e796-e809. doi:10.1542/peds.2013-1985
3. Holmes AP, Schmidlin HN, Kurzum EN. Breastfeeding Considerations for Mothers of Infants with Neonatal Abstinence Syndrome. *Pharmacotherapy*. 2017;37(7):861-869. doi:10.1002/phar.1944
4. Wu D, Carre C. The Impact of Breastfeeding on Health Outcomes for Infants Diagnosed with Neonatal Abstinence Syndrome: A Review. *Cureus*. 2018;10(7):e3061. Published 2018 Jul 28. doi:10.7759/cureus.3061
5. Maguire DJ, Shaffer-Hudkins E, Armstrong K, Clark L. Feeding Infants with Neonatal Abstinence Syndrome: Finding the Sweet Spot. *Neonatal Netw*. 2018;37(1):11-18. doi:10.1891/0730-0832.37.1.11

6. Garstang JJ, Sidebotham P. Qualitative analysis of serious case reviews into unexpected infant deaths. *Arch Dis Child*. 2019;104(1):30-36. doi:10.1136/archdischild-2018-315156
7. Drugs and Lactation Database (LactMed) [Internet]. Bethesda (MD): National Library of Medicine (US); 2006-. Methadone. [Updated 2020 Jul 20]. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK501233/>