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Recommended Citation
http://scholarworks.umt.edu/ugp-reports/25

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Prenatal Substance Abuse and Related Breastfeeding Outcomes: An Exploration of How Hospital Policy and Staff Shape Infant Feeding Decisions

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The University Grant Program awarded us funding to explore prenatal substance abuse and infant feeding choices, focusing specifically on how hospital policy and staff might shape those decisions. We conducted our research at Community Medical Center. We interviewed staff and devised a survey based on the interview analyses to further investigate the topic.

Information from the interviews suggests that, despite a very firm formal policy stating breastfeeding protocol, the decision is largely dependent on staff perceptions. Everyone interviewed seemed to believe that breastfeeding was always the ideal way to feed the infant, but they understood there were times that it just wasn’t the best option based on family’s participation with the patient. The medical doctors meet with the Neonatal Intensive Care Unit nurses weekly and discuss each of the NICU patient’s care, milestones, medications, and other important issues, as well as their family interactions (i.e., if each parent is actively participating with baby while in the room, texting, not present, etc.). During these meetings, the nurses are able to discuss any concerns they may have. Examples of these concerns might be the patient’s bad reactions to mother’s milk because she is using again (very substance specific), the willingness of mother to pump milk and keep up with a feeding schedule, and her active participation in the care of her infant. We learned from the interviews that a “gut instinct” is truly followed in regards to development and implementation of the care plan for these patients. The nurses were regarded as the champions of the NICU babies, and often referred to them as “their babies.” They felt their job was to protect these children, even if it this involved protecting the patients from their own parents. This was a universal concept expressed among the interviewees.

Another theme present in all interviews was that of secondary trauma among the staff. Because they feel they are the guardians of the NICU babies, they take on a large degree of emotional attachment. They said it is heartbreaking to see the babies leave. There were a few instances mentioned where the nurses and staff knew the baby was going to a bad home, but they were unable to do anything about it. They mentioned seeing far too many of these babies end up in their emergency room severely abused, or, on rare occasions, dead. The interviewees expressed the need to work more effectively with Child Protective Services (CPS). It seems the conflicting agendas of the medical realm and the social work realm leave a costly gap. CPS has a goal of rehabilitating the family together, while the nurses and staff believe, in some cases, sending a baby home with a mother and/or father who is struggling with addictive behaviors can be quite dangerous. The interviewees’ position was not that parents who have addiction problems aren’t capable of being good parents; they simply drew the correlation that babies who were born addicted to substances are usually fussier and have more intense needs than their non-addicted counterparts. For parents who lack appropriate coping skills—as is the case with many who had or have addictive tendencies—it becomes a difficult situation. This “gut instinct” is what the nurses and staff go on because it hasn’t let them down. The inner turmoil they feel when caring for these babies is palpable.
We designed a survey based on data from the interviews. The main themes from the interviews were (1) type of drug used prenatally, (2) breastfeeding protocol/policy awareness, (3) judgment/influence, (4) infant feeding in the NICU, and (5) infant advocate. The short survey consists of eleven questions, and it is currently in the field.

In summary, we were quite surprised by the results of the interviews. While exploratory in nature, our research revealed a human element in the process of care. One interviewee suggested that emotion and their capacity to care was what made them a good caregiver. The main objectives of the study were to explore (1) what types of drugs are most commonly being abused prenatally, (2) the extent to which babies are being born under the influence of substances, (3) what percentage of mothers with histories of substance abuse are breastfeeding, and (4) what the hospital’s policy is regarding breastfeeding and illicit drugs. The answer to the first and second research questions were “it varies.” Data from the interviews suggest the type of substance abuse changes as the availability of drugs change. When prompted to only pick one, methamphetamine and opioids (suboxone, buprenorphine, and prescribed pain pills) were the top picks. In response to how many babies were born under the influence, hospital classifications made it difficult to track a specific number through records, but the unanimous response was “too many.” The interviewees stated that as many mothers that were able were breastfeeding. The staff had a great appreciation for the importance of breastfeeding between a mother and her substance-addicted infant in the NICU. The nutrition seemed a minor detail in comparison for the ability to give boost the mother’s self-esteem in her abilities to care for her infant. Breastfeeding also helps the mother and infant bond, which dramatically improved her “presence” for the child. The mother has to stay on a treatment program or demonstrate she is off substances in order to provide breast milk for her baby; therefore, in many cases it keeps a mother committed to “staying clean.” As for the last research question, the hospital follows the Academy of Breastfeeding Medicine’s Protocol #21: Guidelines for Breastfeeding and the Drug-Dependent Woman. The ABM provides the most up-to-date clinical protocols pertaining to breastfeeding.

The funding from this small grant award made it possible for us to examine an understudied topic in the field of breastfeeding. The results from this study have provided ample background to apply for future grants. We intend to continue researching caregiver secondary trauma, as well as topics pertaining to family interaction with their drug addicted infants (Neonatal Abstinence Syndrome) in the NICU. We greatly appreciate your generosity in choosing our study for funding.