In newborn infants withdrawing from Methadone, diagnosed with Neonatal Abstinence Syndrome, how does breast feeding compared to not breast feeding affect length of hospital stay post delivery?

**Methods**

- Initial search yielded 68 results
- Full text read 65
- CINAHL (n=6)
- Nursing Reference Center (n=11)
- Cochran (n=6)

**Duplicates removed n=9**

- Articles eliminated for content relating to Breastfeeding
- Breastfeeding and opioid use
- Breastfeeding and breast milk
- Breastfeeding and milk
- Breastfeeding and infant

**Summary of Literature**

- **Citations**
- **Design/Method**
- **Sample Setting**
- **Research Hypothesis**
- **Findings**
- **Apraoch**

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<th>Study</th>
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<td>Cohen, Young, Meekin, &amp; Morris, 2016</td>
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<td>Case-control</td>
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<td>Breastfeeding was associated with lower rates of NAS</td>
<td>Further studies are needed</td>
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<td>Bade, Wood, &amp; Poole, 2014</td>
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<td>Abravanel, et al., 2016</td>
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<td>Lee, et al., 2018</td>
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**Synthesis**

- Breast fed NAS infants of mothers enrolled in an Methadone maintenance treatment have a shorter LOS, total duration of treatment, & decreased incidence of pharm treatment formula fed infants.
- Shorter LOS, total duration of treatment, and decreased need for pharm treatment decreases health care expenditure.
- Benefits of Breast feeding infants with NAS while a mother is enrolled and stabilized in a methadone maintenance treatment program far outweigh the risk of toxicity due to methadone transfer in Breast milk (NIIH).
- NIIH promotes Breast feeding infant with NAS while in methadone maintenance treatment program to decrease severity of symptoms and LOS.

**Implications for Practice**

- Breast feeding should be highly encouraged for mothers in methadone maintenance treatment programs to support shorter LOS for infants with NAS.
- Approx. 2.2% of maternal dose of Methadone is transferred to infant at any given feeding of breast milk; this dose is considered non-toxic (NIIH).

**Next Steps for Research**

- Further pragmatic clinical trials are needed to support the JH level II-B findings in this report.