

Tobacco Use while Breastfeeding

The following information is taken from the Academy on Breastfeeding Medicine Protocol #21: Guidelines for Breastfeeding and Substance Use or Substance Use Disorder, Revised 2015.

Many mothers quit smoking tobacco during pregnancy, but postpartum relapse is common. About 50% of women resume tobacco use in the first few months after birth. Nicotine and other compounds are known to transfer to an infant via milk, and considerable transfer of chemicals via second hand smoke also occurs when infants are exposed to environmental tobacco smoke. Increases in the incidence of respiratory allergy in infants and in SIDS are just two significant well-known risks of infant exposure to environmental tobacco smoke. Most sources endorse promotion of breastfeeding in the setting of maternal smoking while vigorously promoting smoking cessation. Some smoking cessation modalities (nicotine patch, nicotine gum, and possibly bupropion) are compatible with breastfeeding and can be encouraged in many circumstances.

According to the Centers for Disease Control:

Mothers who smoke are encouraged to quit, however, breast milk remains the recommended food for a baby even if a mother smokes. Although nicotine may be present in the milk of a mother who smokes, there are no reports of adverse effects on the infant due to breastfeeding. Secondary smoke is a separate concern regarding the child's long-term health. The American Academy of Pediatrics recognizes pregnancy and lactation as two ideal times to promote smoking cessation, but does not indicate that mothers who smoke should not breastfeed.

If you, your partner or family members, or your friends smoke, please do not allow anyone to smoke in your home. Do not allow your baby to sleep with anyone who smokes. Your baby may also be exposed to second hand smoke from the clothing of anyone who smokes.

<http://www.bfmed.org/Media/Files/Protocols/Guidelines%20for%20Breastfeeding%20and%20Substance%20Use%20or%20Use%20Disorder.pdf>

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