Whereas, Neonatal Abstinence Syndrome (NAS) is defined as a group of health problems seen in newborns exposed to addictive opiate drugs in utero, including dependency of the newborn \(^1\); and

Whereas, The National Institute on Drug Abuse found that the average hospital stay for an infant born with NAS is 16.9 days as opposed to the 2.1 day average of non NAS infants, leading to an extra $1.5 billion in hospital expenses in the year 2012;\(^2\) which is a five-fold increase from 2000 to 2012;\(^2\) and

Whereas, Methadone and buprenorphine have been found to be effective and safe opioid maintenance therapies in pregnant and breastfeeding women;\(^3\) with negligible amounts of methadone transmission in breast milk, and not a large enough amount of buprenorphine transmitted via breast milk to produce acute adverse effects;\(^4,5\) and

Whereas, The benefits of breastfeeding with physician supervision has been found to supersede the risk of opioid exposure since it decreases the rate and severity of NAS in infants born to mothers undergoing opioid maintenance therapy;\(^4,6\) and is advised by The American Society of Addiction Medicine;\(^3\) and

Whereas, Seeking treatment for opioid addiction with the guidance of a physician is beneficial to newborn outcomes at any point during pregnancy and the AMA recognizes that breastfeeding is the optimal form of nutrition for breastfeeding infants (AMA Policy H-245.982);\(^7\) and

Whereas, Inadequate access to treatment for opioid addiction, limited options for medication-assisted programs during pregnancy and breastfeeding, lack of expertise among providers caring for opioid dependent pregnant and breastfeeding women and their opioid-exposed neonates, and insufficient resources to care for opioid-exposed neonates in low volume obstetric hospitals are challenges facing breastfeeding opioid dependent mothers, especially in rural and underserved communities;\(^8\) therefore be it

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\(^{1}\) Neonatal abstinence syndrome: MedlinePlus Medical Encyclopedia. [https://medlineplus.gov/ency/article/007313.htm](https://medlineplus.gov/ency/article/007313.htm)


RESOLVED, That our American Medical Association’s Task Force to Reduce Opioid Abuse promote educational resources for opioid dependent mothers on the benefits and risks of breastfeeding while using opioid drugs or during maintenance therapy based on the most recent guidelines (New HOD Policy); and be it further

RESOLVED, That our AMA amend by addition existing AMA Policy H-420.962, “Perinatal Addiction - Issues in Care and Prevention,” to read as follows:

Perinatal Addiction - Issues in Care and Prevention H-420.962

Our AMA: (1) adopts the following statement: Transplacental drug transfer should not be subject to criminal sanctions or civil liability; (2) encourages the federal government to expand the proportion of funds allocated to drug treatment, prevention, and education. In particular, support is crucial for establishing and making broadly available specialized treatment programs for drug-addicted pregnant and breastfeeding women wherever possible; (3) urges the federal government to fund additional research to further knowledge about and effective treatment programs for drug-addicted pregnant and breastfeeding women, encourages also the support of research that provides long-term follow-up data on the developmental consequences of perinatal drug exposure, and identifies appropriate methodologies for early intervention with perinatally exposed children; (4) reaffirms the following statement: Pregnant and breastfeeding patients with substance use disorders should be provided with physician-led, team-based care that is evidence-based and offers the ancillary and supportive services that are necessary to support rehabilitation; and (5) through its communication vehicles, encourages all physicians to increase their knowledge regarding the effects of drug and alcohol use during pregnancy and breastfeeding and to routinely inquire about alcohol and drug use in the course of providing prenatal care. (Modify Current HOD Policy)

Fiscal Note: Not yet determined

Received: 09/12/17

RELEVANT AMA POLICY

Perinatal Addiction - Issues in Care and Prevention H-420.962

Our AMA: (1) adopts the following statement: Transplacental drug transfer should not be subject to criminal sanctions or civil liability; (2) encourages the federal government to expand the proportion of funds allocated to drug treatment, prevention, and education. In particular, support is crucial for establishing and making broadly available specialized treatment programs for drug-addicted pregnant women wherever possible; (3) urges the federal government to fund additional research to further knowledge about and effective treatment programs for drug-addicted pregnant women, encourages also the support of research that provides long-term follow-up data on the developmental consequences of perinatal drug exposure, and identifies appropriate methodologies for early intervention with perinatally exposed children; (4) reaffirms the following statement: Pregnant and breastfeeding patients with substance use disorders should be provided with physician-led, team-based care that is evidence-based and offers the ancillary and supportive services that are necessary to support rehabilitation; and (5) through its communication vehicles, encourages all physicians to increase their knowledge regarding the effects of drug and alcohol use during pregnancy and breastfeeding and to routinely inquire about alcohol and drug use in the course of providing prenatal care. Citation: CSA Rep. G, A-92 Reaffirmation A-99 Reaffirmation A-09 Modified and Reaffirmed: CSAPH Rep. 1, A-09 Modified: Alt. Res. 507, A-16

See also: Education and Awareness of Opioid Pain Management Treatments, Including Responsible Use of Methadone D-120.985; Medical Direction of Methadone Treatment H-95.977; AMA Support for Breastfeeding H-245.982