

HPSO Series
Part 1: Public Health Guidance & MOUD
Question and Answers

Question 1: A child was born while mother was using Fentanyl. The child was having difficulty swallowing formula or food. The child has had 9 months of feeding therapy and it's working wonders. Is it anticipated that the child will recover from this issue eventually?

Answer: There is unfortunately no way of knowing if the eating concerns are or are not a result of specifically the parent's fentanyl use, and/or what the child's treatment/recovery journey will look like. The parent/guardian should seek feedback from the child's primary care family physician and additional medical care team members for any ongoing feedback on treatment options and health outcomes to expect over time.

Question 2: Is inhaling smoke still a risk for a child exposure to fentanyl (if not overdose)? If a child tests positive for fentanyl, would I be correct in understanding that they were not likely exposed through their skin or through secondhand smoke?

Answer: All smoke inhalation presents some health risk, but you are correct. There is no risk of overdose from smoke inhalation that we know of. In this situation, the child would not have been exposed through their skin unless they had a very unusual contact with a prescribed fentanyl patch.

Question 3: Will a link to the updated guidance be provided at the end of the presentation?

Answer: <https://doh.wa.gov/community-and-environment/opioids/fentanyl-exposure-public-places> under "Resources".

Questions 4: Have there been deaths related to breast feeding with HPSO use?

Answer: There are no documented cases of infant fatality due solely to opioid transfer through breast milk. In contrast, all well-documented infant deaths associated with fentanyl or other high-potency synthetic opioids have involved direct exposure, not transmission via breast milk.

Question 5: Can fentanyl pass through breast milk to an infant? It sounds like it's not a concern but then you are also saying to monitor baby for signs of ingesting fentanyl so it's confusing to me. Thanks!

Answer:

Yes, fentanyl can pass into breast milk, but only in *very small amounts*. There is *no evidence* that this small amount causes overdose or harm in full-term, healthy infants. We know that breastfeeding offers major health benefits for both infants and parents, including bonding, immune protection, and decreased risk of withdrawal symptoms in newborns exposed in utero. Instead of discouraging breastfeeding outright, we now encourage parents to make informed decisions in partnership with their healthcare team. Monitoring the baby—especially if the

parent is using ongoing or high-dose opioids—is just a precaution to make sure the baby is feeding well, alert, and breathing normally. In most cases, breastfeeding is not only safe, but protective.

Questions 6: It is not necessary for clients to be in therapy treatment when on MOUD? Typically, dependency court orders require that clients complete a SUD evaluation and follow recommendations. Many parents report they are participating in MOUD and do not complete the therapy component.

Answer: RCW requirements for court ordered SUD treatment typically require that patients attend a DOH licensed behavioral health agency for SUD counseling services for "court ordered treatment". That is a legal requirement. Unfortunately, some but not all DOH licensed BHAs, that can meet these legal requirements, have MOUD medical providers onsite. What we are saying is an individual with an opioid use disorder should always be told about MOUD and recommended to engage with a MOUD provider first.

Question 7: It is the act of a child putting their fingers in their mouth, after touching HPSO, that could cause an overdose?

Answer: Yes, for example, if a child touches powdered fentanyl on a table or floor, and then puts their fingers in their mouth, an opioid overdose is possible.

Question 8: If a doctor approves a mother to breastfeed while on opiates and the infant overdoses is the mom at fault?

Answer:

Breastfeeding is not a known cause of overdose, even in the context of opioid use. When opioid use is prescribed and supervised, it is generally safe. When opioid use is not prescribed, breastfeeding decisions must be guided by careful clinical assessment and harm-reduction strategies. In either case, blaming a parent—especially one acting in good faith—reflects a failure of the healthcare system, not the individual. The focus must remain on safety, dignity, and compassionate care.

If an infant experiences a medical emergency that appears to resemble an overdose, it is highly unlikely that breastfeeding alone is the cause. Other contributing factors should be carefully evaluated, such as:

- Polysubstance use, especially sedatives like benzodiazepines
- Medical vulnerability of the infant (e.g., prematurity or liver immaturity)
- Unintentional ingestion
- Unregulated or contaminated drug supply in the case of non-prescribed opioid use

Breastfeeding while using non-prescribed opioids introduces more uncertainty and potential risk—**not necessarily because of the breast milk** itself but related to absences of coordinated medical oversight. As with all breastmilk feedings, if an infant becomes ill, the response should be clinical, not punitive.

Question 9: Any chance of Ibogaine getting some traction in WA/US?

Answer: There was a bill proposing funding a study at UW of ibogaine for treatment of OUD, but it did not pass the legislature in this last session. I can't speak to the larger likelihood of ibogaine getting traction in WA or the US.

Question 10: When will the lactation guide be updated?

Answer: The 6109 guidance has been [updated](#). DOH Lactation Guidelines for Substance Use will be fully updated by January 2026. It's important to note that existing guidance related to lactation and medications for opioid use disorder (MOUDs) have not changed. Breastfeeding is encouraged for individuals on MOUDs, such as methadone or buprenorphine, as it offers important health benefits for both parent and infant and has been shown to reduce the severity of neonatal opioid withdrawal symptoms.

Question 11: I keep thinking about your first slide. Why is the State of Washington's overdose rate higher than the national average?

Answer: Illicit fentanyl came to our state later in the overdose crisis, so we are experiencing high rates of overdose later than much of the rest of the country.

Question 12: I am hearing there is not risk of overdose from fentanyl when smoking around the child(ren). However, there is public health guidance around smoking cigarettes around children. Children do not "overdose" by being around cigarettes, yet there are many studies that show the harm of second hand and third hand smoke. Are there any studies being done around children being exposed to fentanyl smoke? Is there going to be public health guidelines regarding smoking fentanyl in a vehicle with a child that is similar to smoking cigarettes in vehicles with children?

Answer: Any smoke, whether it is tobacco smoke, wildfire smoke, or fentanyl smoke, is not good for human health. I am not aware of any studies specifically about fentanyl smoke and children. This is DOH's guidance about fentanyl secondhand smoke <https://doh.wa.gov/community-and-environment/opioids/fentanyl-exposure-public-places>

Question 13: You mentioned the American Bar Association and a tool/guide a person can walk through when questioning safe parenting and HPSO. Where would I be able to find that?

Answer:

[ABA Child Safety Guide](#)

Question 14: To clarify, are you saying it is ok for mom's using opioids to breastfeed, they just need to know the signs of drug effects and have Naloxone with them?

- Yes, breastfeeding can be safe—and even beneficial—for parents using opioids, especially when prescribed and used as directed. The decision depends on several factors, including how the opioids are being used, the infant's health, and the support systems in place. Breastfeeding isn't automatically ruled out, even for those using non-prescribed opioids. The focus should be on informed decision-

making, provider guidance, infant monitoring, and having naloxone on hand as a precaution. With the right support, many families can safely breastfeed while navigating opioid use or recovery.

- Key components of a safe breastfeeding plan include:
 - Ongoing provider guidance
 - Monitoring the infant for signs such as failure to gain weight, unusual sleepiness, or breathing changes. **Monitoring the infant's health is standard for all breastfed babies.**
 - Access to naloxone (one brand name is Narcan) as a general safety precaution—not because problems are expected, but to be prepared in case of an emergency
- This balanced, supportive approach helps protect infant safety while promoting the many emotional and health benefits of breastfeeding and parent-infant bonding.