# UNM HOSPITALS

| | |
|---|---|
| | **Applies To:** UNM Hospitals<br>**Responsible Department:** FNS<br>**Effective Date:** TBD |

| Title: **NAS infant feeding protocol** | **Procedure** |
|---|---|

| **Patient Age Group:** ( ) N/A ( ) All Ages (X) Newborns ( ) Pediatric ( ) Adult |
|---|

**PROCEDURE STATEMENT**

Neonatal Abstinence Syndrome (NAS) protocol should be implemented in term infants (infants born ≥37 weeks gestation) who are diagnosed with NAS using a facility-approved neonatal abstinence scoring tool. This includes the Modified Finnegan Neonatal Abstinence Scoring System or the Eat, Sleep, Console, Assessment.

This feeding protocol should be used in conjunction with University of New Mexico Hospital (UNMH) Neonatal Abstinence Syndrome patient care protocol.

**IMPLEMENTATION PROCEDURES**

1. Breastfeeding:
   1.1 Should be encouraged and supported with all mothers when medically appropriate.
   1.2 Mothers who desire to breast feed NAS infants should be encouraged and supported in breastfeeding if:
      1.2.1 Mother is adhering to and is stable in an opioid maintenance program
      1.2.2 Infant custody remains with mother
   1.3 Mother should not breastfeed or provide expressed breast milk (EBM) if:
      1.3.1 Contraindications to breastfeeding exist:
         1.3.1.1 Mother is diagnosed with human immunodeficiency virus (HIV)
         1.3.1.2 Infant is diagnosed with classic galactosemia
         1.3.1.3 Mother is infected with human T-cell lymphotropic virus type one or type two
         1.3.1.4 Mother is using illicit street drugs
         1.3.1.5 Mother takes prescription medication that is contraindicated in breastfeeding.
         1.3.1.6 Mother has suspected or confirmed Ebola virus disease
         1.3.1.7 Mother is infected with brucellosis
         1.3.1.8 Mother is undergoing diagnostic imaging with radiopharmaceuticals
         1.3.1.9 Mother has an active herpes simplex virus (HSV) infection with lesions present on the breast
         1.3.1.10 If infant will not be discharged in the care of mother.
   1.4 If no contraindications exist and mother elects to breastfeed.
      1.4.1 Medical personnel to provide mother with education on benefits of breastfeeding.

      1.4.2    Mother should be taught how to pump and/or breast feed within 6 hours of birth by qualified hospital staff.

2. Formula feeding:
   2.1 Should be used if:
   - 2.1.1    Mother has contraindications to breastfeeding
   - 2.1.2    Mother elects not to breastfeed
   - 2.1.3    Mother is not able to produce sufficient breast milk for adequate growth velocity and requires supplemental formula
   - 2.1.4    Infant will not be discharged in the care of birth mother

   2.2 Term milk-based infant formula (Gerber Gentle, Similac Advance, Enfamil Infant, or available ready to feed formula)
   - 2.2.1    Should be provided at the caloric concentration at 22 kcal per ounce or concentrated based on physicians or registered dietitian recommendation (20 kcal/ounce, 24 kcal/ounce, 26 kcal/ounce).
   - 2.2.2    Should be offered every 2-3 hours
   - 2.2.3    Should be discontinued if:
     - 2.2.3.1 Cow's Milk Allergy (CMA) suspected or confirmed

   2.3 Term Mild intolerance/Low Lactose Formula (Gerber Soothe, Similac Sensitive, Enfamil Gentlease, or available ready to feed formula)
   - 2.3.1    Provide if patient shows signs of intolerance to term milk-based formula.
   - 2.3.2    Should be provided at the caloric concentration at 22 kcal per ounce or concentrated based on physicians or registered dietitian recommendation (20 kcal/ounce, 24 kcal/ounce, 26 kcal/ounce).
   - 2.3.3    Should be provided ever 2-3 hours
   - 2.3.4    Should be discontinued if:
     - 2.3.4.1 CMA suspected or confirmed

   2.4 Term Elemental formula (Elecare, Neocate, Puramino, Alfamino)
   - 2.4.1    Should be provided if infant does not tolerate, suspected intolerance of term milk-based formula or term mild intolerance/low lactose formula, or suspected CMA – Per GI or physician
   - 2.4.2    Should be provided at the caloric concentration at 22 kcal per ounce or concentrated based on physicians or registered dietitian recommendation (20 kcal/ounce, 24 kcal/ounce, 26 kcal/ounce).
   - 2.4.3    Should be provided every 2-3 hours