**How to use this example guideline**

This document is an example to hospitals of a written guideline from which content can be borrowed and applied to individual hospital guideline templates. Not all information needs to be included in a guideline or the body of a guideline. Hospitals must still use their internal approval process for publishing practice documents.

**Newborn feeding and lactation**

1. The following principles apply to all patients and newborns, including those affected by substance use.
   1. Past experiences of sexual abuse or trauma can impact decisions made around chest/breastfeeding.
   2. Lactation support will center the birth parent’s choice.
   3. All birth parents will receive information on breast/chest and formula feeding benefits and considerations.
   4. Parents will receive lactation support per their choice and needs.
2. Pumping and discarding milk:
   1. It is not necessary to permanently discontinue lactation after substance use.
   2. Substances that do not require pumping and discarding milk:
      1. Medications for opioid use disorder (buprenorphine, buprenorphine-naloxone, methadone, or naltrexone)
      2. Tobacco and nicotine
      3. Cannabis
   3. Recent substance use that requires pumping and discarding milk after last use:
      1. Heroin
      2. Fentanyl
      3. Methamphetamine
      4. Cocaine
      5. Current alcohol intoxication
   4. Use or misuse of the following substances may or may not require pumping and discarding. Notify a newborn provider to document an individualized feeding plan, ideally determined in collaboration with the patient.
      1. Other opioids
      2. Benzodiazepines
      3. Other stimulants use
   5. Refer to this reference for detailed information on pumping and discarding based on substance, including polysubstance use: <https://waportal.org/sites/default/files/2024-01/141-087%20Lactation%20and%20Substance%20Use%20Guidance%20for%20Health%20Care%20Professionals.pdf>
3. Provide education to parents and caregivers of neonates exposed to substances:
   1. Provide the following education to lactating patients about pumping and discarding milk:
      1. Pumping and discarding milk can:
         1. Protect infants from substance exposure
         2. Help maintain their milk supply following substance use
      2. After using substances:
         1. Pump as often as they usually feed their baby.
         2. They can feed their baby infant formula, donor milk or milk they pumped when they weren’t using a substance.
      3. How long they need to pump and discard their milk based on exposure.
   2. Lactation is safe and recommended when medications for opioid use disorder (MOUD) are taken as prescribed.
      1. Benefits include reduced initiation of pharmacologic treatment for neonatal opioid withdrawal syndrome (NOWS), reduced duration of pharmacologic treatment for NOWS, and reduced length of stay for NOWS.
   3. Harm reduction education and strategies (versus abstinence only messages), that may include:
      1. How to keep their baby safe if caregivers return to use.
      2. Always get a babysitter for the time they are intoxicated.
      3. Don’t drive while under the influence of substances.
      4. Avoid sleeping with their baby.
      5. The safest sleep arrangement is to share the same room with their baby in their own crib.
      6. It is not safe to nurse their baby while combining downers like opioids, benzodiazepines and alcohol.
      7. They can protect themselves and their baby from secondhand smoke by not smoking/vaping substances near their baby or in their home, and by asking other people not to smoke/vape substances near their baby or in their home.
      8. They can protect their baby by taking lower amounts of substances, taking substances less often, and waiting until their milk doesn’t have substances in it to nurse their baby.
      9. Store all substances securely. This is especially important if toddlers or other children are in the house.
      10. If they think their baby has swallowed any substance, call Poison Control at 800-222-1222.
          1. Call 911 if their baby has difficulty breathing, is difficult to wake, has skin or lips that look blue, is lethargic, too sleepy, has a seizure, or has vomiting and/or diarrhea that won’t stop.
   4. Use the following website for detailed patient-facing education based on substance: <https://waportal.org/partners/pregnant-parenting-children-families-and-substance-use-workgroup/lactation-guidance-and-patient-education>