

Feeding

Considerations

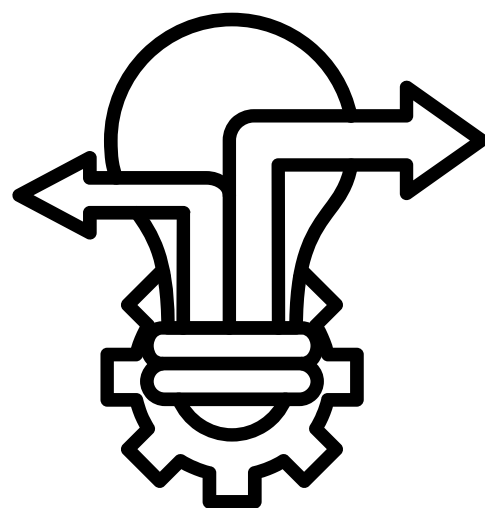
for newborns diagnosed with NOWS

Breast(chest)feeding

- Breast(chest)feeding while prescribed methadone is safe, regardless of maternal dose
 - **Buprenorphine** is considered safe
 - There is no known safe amount of **cannabis** while breast(chest)feeding
 - recommended to abstain
 - Lactmed is an additional resource that can support exploration of medication use and breast(chest)feeding

Optimal Feeding

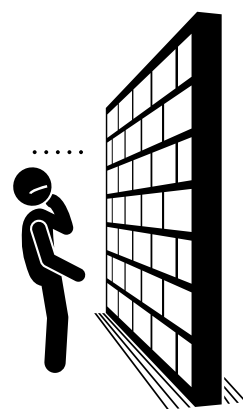
- Informed decision-making on feeding methods is centered around evidence-based information and non-judgmental support of the birthparent/parent.
 - Breast(chest)milk has been shown to decrease the severity of symptoms and support a later onset of clinical signs of withdrawal.
 - Any amount of the birthparent's milk is associated with a decreased hospital stay.



Key Considerations & Challenges

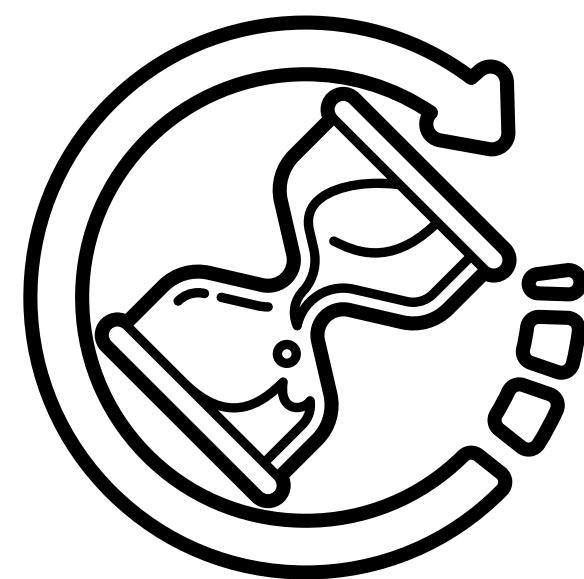
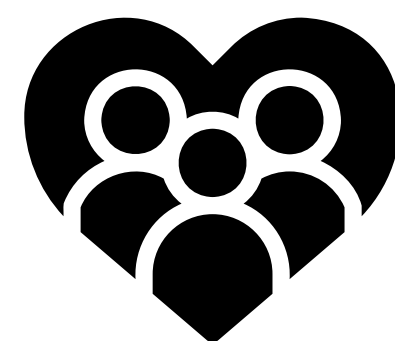
• NOWS symptoms can affect breast(chest)feeding:

- Poor feeding can be due to excessive sucking, hyper-irritability and vomiting.
- Newborns with NOWS often exhibit unclear feeding cues, such as an absence of decreased tension after feeding initiation.



• Rooming-in is the most effective intervention in promoting lactation among birthparents.

- Skin-to-skin and closeness supports identifying early cues



• Ineffective breast(chest)feeding impacts milk supply:

- Lactation is maintained with consistent and regular removal of milk, along with stimulation of the nipple.
- We recommend early colostrum removal
 - 8-12 times in 24 hours
 - Does not have to be in regular intervals
 - Newborn at breast(chest) or manual expression

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for newborns diagnosed with NOWS

Responsive cue-based feeding

- Weight loss can lead to a regiment of an every three-hour feeding schedule, this interrupts sleep.



We recommend:

- Cue-based feeding
- Small & frequent feeds
- Swallow and breathing (effective latch)
- Feeding and being responsive to the cues of the newborn

Positioning & Techniques

- Following newborn cues is critical to successful feeding because each newborn responds differently to the techniques and what works or changes over time with changes in the newborn's pattern of withdrawal.

Optimal Position

- The asymmetric latch with the importance of the newborn skin to skin, tummy to tummy with birthparent.
- Nose to the nipple and the newborn with a slight head tilt so that the chin touches the breast(chest) first.

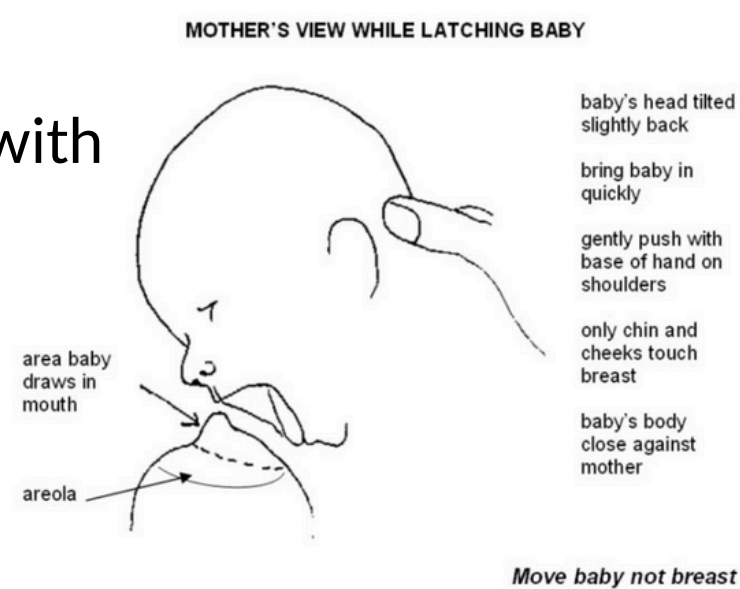


Image Retrieved from: <https://www.lactation-911.com/how-to-asymmetrical-latch/>

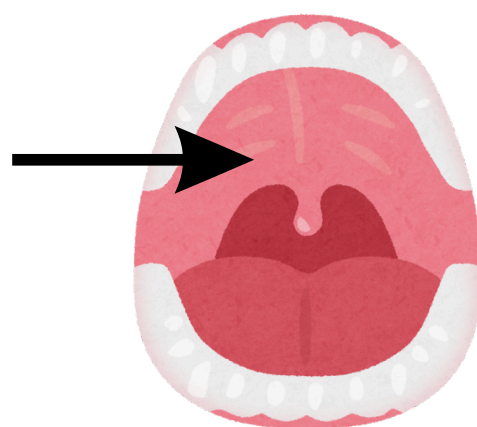
Chin & Cheek Support

- Placing the thumb on one **cheek** and the third finger on the other, gently squeezing cheeks together while balancing the bottle between thumb and first finger.
- **Chin support** is placing one of your fingers under the newborn's chin while feeding with gentle upward pressure. This can be done at the breast(chest) or with a bottle.



Finding the “sweet spot”

- Found on the newborn's palate to encourage sucking, whether using a bottle or nipple shield.



Calm before a feed

- Rocking the newborn vertically to support comfort.
- Adding in a soother while burping
- Create a calm environment



Bottle Feeding

We recommend:

- Paced bottle feeding
- Feeding the newborn in a seated or side-lying hold, supported on the caregiver's lap
- Trying different bottles/nipples as needed