

Eat Sleep Console Pathway

Includes: Newborns at risk for NAS due to substance exposure in utero, whether prescribed opioids (methadone, buprenorphine, or pain meds), benzodiazepines, illicit opioids, or other illicit substances (but not THC alone)

Excludes: Neonates exposed to ONLY nicotine, THC, or non-opioid prescription medications

RN initiates E/S/C protocol if newborn meets inclusion criteria, automatic addiction counselor (LAC) consult

Mom in established substance use treatment program (MAT)

Mom with suspected illicit substance use in pregnancy

- Review maternal history / speak with OB
- Send CordSTAT
- If mom visibly intoxicated or history of illicit substance use in the past week, recommend NO breastfeeding (physician must order this)

Non-pharmacologic care (skin-to-skin, swaddling, holding, rocking, pacifier, low stim environment), parent or support person encouraged to stay with infant

Assessment:

- Infant able to sustain feeding for 10 minutes OR take 10 mL via bottle
- Infant sleeps > 1 hour after feeds
- Able to console within 10 minutes

Breastfeeding guidance

- Verify HIV negative (can breastfeed if Hep C+ regardless of viral load)
- Encourage breastfeeding for patients on prescription opioids or in established MAT program with no illicit substance use in past week
- If mom THC +, advise we recommend abstaining from THC while breastfeeding
- Use Lactmed
<https://www.toxnet.nlm.nih.gov/pda/lactmed.htm> for guidance on other maternal medications

ANY parameter not met due to NAS

All 3 parameters met

- **Team huddle**
- If known opioid exposure: **Give morphine 0.05 mg/kg**, continue to assess and give morphine Q3 PRN if not meeting all criteria
- If no known opioid exposure: Reassess for possible opioid use, consider alternate causes of irritability (sepsis, etc), continue aggressive non-pharmacologic care

- LAC, neonatal therapists (PT), SW continue work with family
- CPS report for illicit drug use (not if THC alone or if adherent to MAT program) **OR** if abuse or neglect is known or suspected
- Home visiting & CDC referral prior to discharge (by SW or RN CM)

NICU consultation recommended if:

- Morphine being administered every 3 hours and withdrawal symptoms not controlled
- Oversedation
- Temperature instability, respiratory distress, or other signs/symptoms of alternate disease process

Discharge criteria:

- If opioid exposed but no severe NAS symptoms: After **5 days** for non-methadone opioids, after **7 days** for methadone
- If requires morphine, >48 hours after last dose
- Recommend monitoring & counseling for 5 days for meth, cocaine, other illicit substances
- Safe discharge plan in place