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Neonatal Abstinence Syndrome: Information for Parents

During pregnancy the mother and her baby share their blood supply through the placenta. This means that sub- stances a mother takes also may reach her developing baby. This is true for opioids (opium, morphine, codeine, hydrocodone, oxycodone, heroin, and fentanyl) and opioid replacement therapies (methadone, buprenorphine). (Opioid drugs sold under brand names include OxyContin®, Percocet®, Vicodin®, Percodan®, Tylox®, and Demerol®, among others.) When a baby has been exposed to drugs or medication while the mother is pregnant, the baby may experience signs of withdrawal after birth.

Neonatal abstinence syndrome (NAS) is a diagnosis given to a baby when he or she shows signs of withdrawal. Neonatal means “newborn.” Abstinence means “removed.” Babies whose mothers used drugs or medication during pregnancy can show withdrawal signs from 24 to 96 hours after birth. Babies will have discomfort (as do adults) when they go through withdrawal from a drug.

Signs of withdrawal depend on the drug or medication taken during the mother’s pregnancy—the amount, how long she was taking drugs, and her use of other substances like nicotine, alcohol, or marijuana. The most common signs are

* crying that can’t be easily comforted
* bad temper and/or stiffness
* trouble getting to sleep or staying asleep
* vomiting, loose stools (and diaper rash)
* skin scratches (from rubbing face, knees, and elbows)
* uncontrolled movements and shaking
* trouble eating; losing more weight than expected or not gaining weight
* sweating
* rapid breathing, nasal stuffiness, frequent yawning, frequent sneezing
* fever
* mottled skin.

Some babies may have mild signs of withdrawal and will not need medications. Others will have more severe signs that require a prolonged hospital stay in a special care nursery or a neonatal intensive care unit.

If your baby begins to show signs of withdrawal, the nurses may use a scoring and assessment tool to see how to teach your baby. These tools are used to help decide what sort of support, treatment, or medication your baby may need to help them feel better and recover comfortably. There are several tools available to describe NAS symptoms, with the most common one being the Finnegan tool. While the Finnegan is the most commonly used tool, other tools such as the Lipsitz, Neonatal Withdrawal Inventory, and Neonatal Narcotic Withdrawal Index are also reliable. Ask your nurse for a copy of the scoring tool and to explain it to you. This will help you recognize your baby’s withdrawal symptoms. Ask your nurse to show you the baby’s symptoms.

When your baby begins to show signs of withdrawal, the nurses and providers will work to create a care plan for you and your baby. It is important for you to help as much as possible with your baby’s care. You can help in many ways to ease your baby’s discomfort. The hospital staff is here to help.

Here are some things you can do:

* Hold your baby skin-to-skin.
* Talk to your baby in a soft voice. (Even though your baby can’t tell you, he or she knows your touch and your voice, which are very different from those of the staff.)
* Sing or hum softly to your baby.
* Learn how to swaddle your baby in a flexed position with their hands near their face/chin.
* Go slow and be gentle when picking your baby up.
* Keep the room quiet and the lights low.
* Offer your baby a pacifier to suck on.
* Rock your baby gently in a vertical (up and down) direction.

Your baby needs a lot of sleep. Ask the staff when you can come hold and feed your baby. Plan feeding, bathing, and diapering together so that you do them at one time.

Another important part of caring for your baby right now is supporting his or her feeding. Babies who are experiencing NAS symptoms may need more calories (to support healthy growth) and more fluids than other newborns. Breastfeeding is recommended for all mothers who are HIV-negative and clean from street drugs. Even if a mother is on medication to treat their addiction, she can still breastfeed. Breastfeeding your baby is one of the best ways to decrease the withdrawal symptoms, decrease the amount of time he or she is in the hospital, and decrease the amount of medication your baby may need to ease the withdrawal symptoms. You and your medical team will work together to create a plan that is best for your baby. (This may include the use of formula, donor breast milk, or human milk fortifier for added calories and nutrients.)

Many times, babies with NAS have a hard time eating. There are things you can do to make feeding time better and less stressful for your baby. If your baby is extremely irritable or having a hard time eating, the lactation consultants and nurses can help you:

* Position your baby so that he or she is in a flexed, comfortable, swaddled position.
* Position the breast or bottle nipple in your baby’s mouth to make sucking easier.
* Limit distractions that keep your baby from focusing on eating.

Remember, babies can use a lot of energy trying to eat. Sometimes, they can burn more calories eating than they take in. Sometimes calories need to be supplemented by feeding them with a tube that goes through their mouth or nose, directly to their stomach. This helps them get more calories and nutrition because it takes much less effort.

If your baby continues to show signs of withdrawal in spite of doing the above interventions, then your baby’s provider (nurse practitioner or physician) may start your baby on medicine to help decrease your baby’s NAS

symptoms. Morphine and methadone are the most common medications used but there are times when other medicines such as phenobarbital or clonidine need to be added to help. Depending on where your baby is being treated and the medication being used, your baby may go home on medication. If your baby goes home on medication, the nurses will teach you how to give the medicine and how often to give it. It is very important to give the exact amount of drug at the exact time.



You are a very important member of your baby’s care team. The love and care you give to your baby during this time will help him or her recover more quickly. When you are in the neonatal intensive care unit, we encourage you to spend as much time as possible with your baby, holding and getting to know him or her. In most cases, the more you participate in your baby’s care when in the hospital, the greater the chance you will be able to take your baby home. If mom is unable to be there, you can invite your spouse, partner, friend, or other family member to help with holding and caring for your baby.

Once you and your baby are discharged home, it is very important to keep all appointments with your baby’s pediatric providers (nurse practitioner or physician) so your baby can remain healthy by receiving immunizations on time and to monitor your baby’s growth and development. It also is important that you continue in your treatment program and follow up with your physician. The postpartum period can be a difficult time in a parent’s recovery. And your body is changing. Many mothers experience postpartum anxiety or depression. It’s normal to feel tired and overwhelmed. Have a plan and ask for help. Work with your care providers and learn what you can do to limit the risks of relapse and overdose and be as healthy as you can be.

At this point no one knows what long-term problems babies exposed to drugs before birth can have. We do know that babies exposed to opioids during pregnancy can do just as well as other babies who were not exposed. But every baby does better when they get regular medical care and developmental screenings to make sure they are meeting their milestones. Depending on where you live and what your unique circumstances are, your local children’s services may become involved with you and your baby. It is important to remember that they are contacted to ensure your baby has the best possible situation to go home to, not to punish you.

Once your baby is home, you need to pay close attention and look for any withdrawal symptoms—some babies can have symptoms for up to 4 months. Your provider will not send your baby home until they have gotten through the worst of their withdrawal, but remember your baby may be fussier than a baby who was not exposed to drugs before birth. If your baby has signs of the withdrawal or will not eat, has diarrhea and/or vomiting, or cannot be calmed down, please call your nurse practitioner or pediatrician immediately. Call 911 if your baby has a seizure, stops breathing, or turns blue.