A guide for parents

Congratulations on the upcoming birth of your baby!

This handout is provided to help families understand how Main Line Health cares for babies that may be affected by drug withdrawal.

WHAT IS NEONATAL ABSTINENCE SYNDROME (NAS)?

NAS is a term for a group of symptoms a baby may experience when withdrawing from exposure to opiate or narcotic substances. These substances may include prescription medications such as: morphine; Percocet (Oxycodone); Oxycontin; fentanyl; Tylenol #3; methadone; Subutex and Subuxone; as well as street drugs such as cocaine, speed (crystal meth), marijuana, and heroin. Some mental health medications (antidepressants and anti-anxiety medications), alcohol, caffeine and nicotine can also cause a baby to have withdrawal symptoms.

WHAT ARE THE CAUSES OF NAS?

Almost every drug/medication a pregnant mother takes will pass from her blood stream to the baby. Drugs/medications that may or may not cause addiction in the mother may lead to withdrawal symptoms in the baby. At birth, your baby may begin to show symptoms of withdrawal and treatment may be necessary.

WHEN MIGHT MY BABY BEGIN TO SHOW SYMPTOMS OF WITHDRAWAL?

We cannot predict which babies will have symptoms of NAS. Some babies will have NAS symptoms with exposure to small amounts of drugs/medications and others will only have symptoms with high exposures. Most babies show symptoms of withdrawal (NAS) within 24-72 hours of birth while others do not until they are several days old. In some cases, **babies may need to be observed for 96 hours or more for symptoms of NAS**. During this observation period you are encouraged to stay in the hospital with your baby.

WHAT ARE THE SYMPTOMS OF NAS?

- **Difficult to comfort**
- **Sneezing/stuffy Nose**
- **High-pitched, excessive crying**
- **Difficult feeding**
- **Tremors/jitteriness**
- **Fever, sweating and diarrhea**
- **Sleeping difficulty**
- **Constant sucking**

(Symptoms of NAS may continue for more than a week and possibly up to several months.)

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HOW IS NAS DIAGNOSED?

This condition is diagnosed based on the baby's medical history, mother's medical history, a physical exam and a test of a sample of urine and/or stool. NAS is diagnosed by observing the baby for symptoms and the severity of the symptoms. Not all babies diagnosed with NAS need to receive medication, **but some babies will need a 96-hour or more period of observation to determine this.**

EVALUATING THE SYMPTOMS OF WITHDRAWAL

The nursing staff will partner with you to teach you the best way to care for your baby if he/she shows signs of withdrawal. The nurses will monitor the baby closely in your room to make sure he/she is able to eat, sleep, and be comforted during this difficult period.

WHAT IS THE TREATMENT FOR NAS?

The best treatment for NAS is keeping the mother together with the baby to provide feeding, soothing, and cuddling. This is called the Eat Sleep Console (ESC) method. If the baby has more severe symptoms and is unable to eat, sleep, or rest comfortably because of the withdrawal symptoms, small doses morphine may be needed to treat the baby's symptoms. If this is necessary the baby will be transferred to the Neonatal Intensive Care Unit (NICU) to start medication. Once the medication is started, mother and baby may be moved to within the Main Line Health system to a room where they can remain together during the baby's recovery.

NAS can last from one to eight weeks or longer, depending on the baby. Babies on medication will need to stay in the hospital until their symptoms improve while off medication.

Take comfort in knowing that we all have the same goal: to help you and your baby through the withdrawal so they can go home as soon as possible.

WHO IS YOUR BABY'S CARE TEAM?

You are the most important member of your baby's care team. Your newborn will depend on you to provide the love and attention they need to achieve and maintain good health. A strong support system of family and friends will also help promote your baby's lasting happiness and good health. The doctors, nurses, specialists and social workers of Main Line Health are committed to helping you attain the best possible outcome for your baby.

PROTECTING YOUR PRIVACY AND PREPARING FOR FAMILY AND FRIENDS

Visiting family and friends may be curious about your baby's treatment or why he or she requires an extended stay at the hospital. Consider what information about your newborn's health you intend to share and be prepared for any questions you may receive.

NEONATAL ABSTINENCE SYNDROME (NAS)

CAN I BREASTFEED MY BABY?

Breastfeeding is best for your baby. If you are now on a medication that your doctor prescribed for you, the baby will get small amounts of your medication through the breast milk. This is generally considered safe and may help reduce withdrawal symptoms, however, there are instances when breastfeeding would not be recommended. You should discuss this with your baby's doctor.

HOW CAN I COMFORT MY BABY?

A quiet setting, free of excess stimulation and disturbances is the optimal environment for babies being observed and/or treated for NAS. Your baby will need a lot of attention. They may be fussy and hard to calm. Many parents describe this time as an emotional roller coaster. It is important that you take care of yourself, sleep when your baby sleeps and make sure you are eating and drinking. **Swaddling and rocking are two of the best things you can do for your infant experiencing NAS.**

See the last page of this handout for additional tips.

WILL MY BABY HAVE PROBLEMS AFTER WE GO HOME?

When your baby is feeling well enough to go home, it's critical for you to understand your baby will still require comforting and additional consoling.

Close contact between you and your baby will promote bonding and help put your newborn at ease. Allow your baby to self-soothe by sucking on a pacifier. Use other calming methods such as:

- Swaying your baby from side to side and in an up/down motion
- Swaddling your baby in a lightweight blanket
- Holding your baby close and making a loud shushing sound in the ear to reduce agitation

Keeping appointments to check your baby's growth and development is important to the overall health and wellness of your baby.

GETTING HELP If you are currently struggling with substance abuse, you don't have to fight it alone. The following resources offer help.

MAIN LINE HEALTH OBSTETRIC/NEONATAL INTENSIVE CARE SOCIAL WORK CONTACTS

Lankenau Medical Center
Maternity 484.476.2280
NICU 484.476.8020
OB/GYN Care Center 484.476.7150

Bryn Mawr Hospital 484.337.4616

Paoli Hospital 484.565.1580

Riddle Hospital 484.227.3340

WHAT CAN I DO TO COMFORT MY BABY?

PROLONGED OR HIGH-PITCHED CRYING

- Hold your baby close to your body, skin-to-skin or swaddled in a blanket
- Decrease loud noises, bright lights, and any excessive handling
- Turn off TV, play soft gentle quiet music
- Gently rock your baby while humming, shushing or singing

SLEEPLESSNESS (PROBLEMS SLEEPING)

- Reduce noise, bright lights
- Turn off TV, play soft gentle quiet music
- Gently rock your baby while humming, shushing or singing

(Symptoms of NAS may continue for more than a week and possibly up to several months.)

EXCESSIVE SUCKING ON HANDS OR FISTS

- Feed your baby when hungry and until content
- Offer a pacifier or finger if your baby wants to suck but is not hungry
- Cover hands with mittens or sleeves if skin becomes reddened
- Gently file your baby's fingernails
- Keep areas of damaged skin clean

DIFFICULT OR POOR FEEDING

- If your baby is having problems spitting up, feed smaller amounts more often
- Feed in a calm quiet area
- Limit visitors so that you baby does not get handled too much
- Feed your baby slowly
- Allow your baby to rest during and after the feedings
- Help your baby to feed by supporting his or her cheeks and lower jaw (if needed)

SPITTING UP

- Burp your baby frequently
- Hold your baby upright awhile after feeding
- Keep the baby's nose and mouth clean with a soft cloth

BREATHING TROUBLES

- Avoid over dressing or wrapping your baby too tightly
- Always have your baby sleep on their back, never tummy
- Alert the nurse if your baby is having breathing trouble (breathing that is too fast, labored, noisy, and/or if there is a bluish tinge to the skin)

TREMORS

- Keep your baby in a warm quiet room
- Avoid excessive handling during routine care or when people come to visit
- Do not over dress or over bundle your baby
- Report any temperature greater than 100°F to your baby's nurse

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