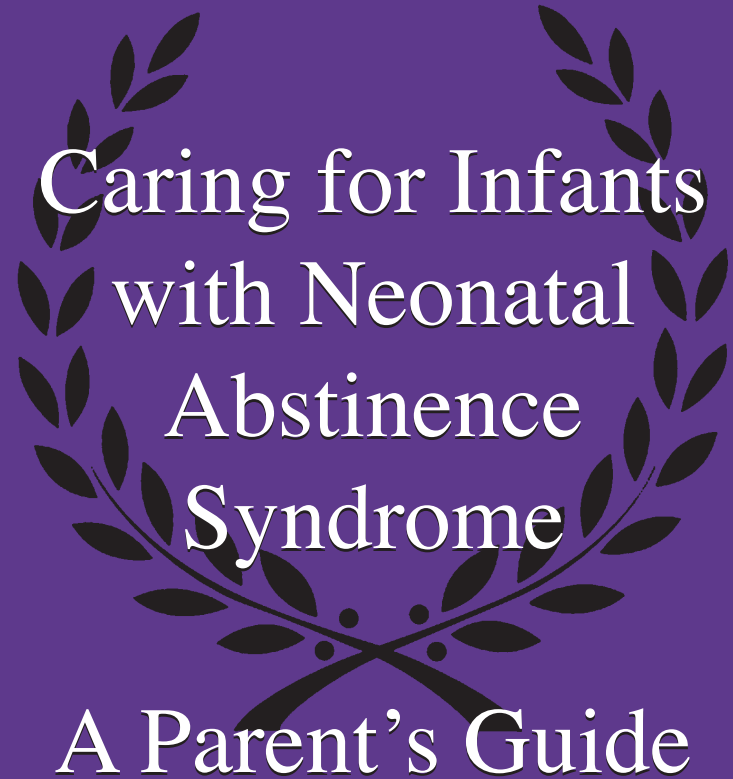




THE WESTERN PENNSYLVANIA HOSPITAL



Caring for Infants
with Neonatal
Abstinence
Syndrome
A Parent's Guide



**THE WESTERN
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What is Neonatal Abstinence Syndrome?

When a baby in utero is exposed to certain medications or drugs that you were taking during pregnancy he/she may develop tolerance and eventually dependence to those drugs; that means that the baby will need the drugs just to function normally. At birth, the baby is suddenly cut off from that exposure and he/she will develop a collection of typical signs and symptoms of withdrawal that we call “Neonatal Abstinence Syndrome”.

What drugs can cause dependence and withdrawal?

The list of medications and drugs that can cause withdrawal symptoms in a baby is extensive. Some of the most common include:

- Opioids/Opiates, such as Codeine, Morphine, Opium, Heroin, Methadone, Fentanyl, Demerol, Percodan, Darvon, and many other pain medications
- Valium, Librium, Xanax and other benzodiazepine derivatives
- Alcohol causes not only withdrawal, but may also cause deformations and mental retardation.

It is extremely important for you to tell your nurse and the baby’s doctors about all drugs used during your pregnancy. This will help the health care team treat your baby with the appropriate medicines, avoid medications your baby does not need, give your baby the best possible care, and discharge your baby home as soon as possible.



What are the symptoms of Neonatal Abstinence Syndrome (NAS)?

The first symptoms of withdrawal will usually appear within the first two to four days after birth. However, depending on the medications or drugs exposed to, some babies will develop symptoms within a few hours, while others will develop symptoms up to a few weeks following birth. These symptoms include tremors, high pitch crying, increased muscle tone, and difficulty sleeping.

As the withdrawal progresses, these symptoms become more severe and new ones appear. Babies often develop nasal stuffiness, poor feeding, excessive sucking, fever, respiratory distress, and sneezing. Eventually, vomiting, diarrhea, electrolyte imbalance and dehydration can occur. Seizures, a serious complication of withdrawal, are also a problem occurring in approximately 5-10% of infants with NAS.

How are withdrawal symptoms treated?

The health care team will monitor your baby's symptoms very closely and score these signs and symptoms at specific time intervals. This will help them determine the severity of the symptoms and the best way to treat them. Your nurse will explain the Finnegan scoring system used at the hospital. The higher the score, the more severe the symptoms.

All babies with NAS will receive supportive treatment. This supportive treatment is the cornerstone of NAS management and includes swaddling, rocking, using a baby swing, frequent feedings and burping, avoidance of loud noises, and most importantly, providing a quiet, dimly-lighted environment with little stimulation. Approximately 20-30% of infants with NAS will respond to supportive treatment and will not require medications.

The majority of babies will need medication to control the more severe symptoms of withdrawal. The type of medication your baby will be given depends on the drugs he/she was exposed to. This information is very important, as it will allow the health care team to select the appropriate medicines, and help control your baby's symptoms without delay.

How long will a baby with NAS stay in the Hospital?

Babies with mild NAS who do not need medication will be observed in the hospital for about a week. Most infants requiring medication will need a three to five week hospital stay to be successfully treated for their withdrawal and to wean them off of their medication. Some babies exposed to multiple drugs will need up to six to eight weeks for adequate treatment. Most babies continue to have mild subclinical symptoms of withdrawal for 4-6 months after discharge.

What to expect during the hospital stay

Many people are part of the team taking care of your baby, and you are a member of that team. You are an important and invaluable part of your baby's treatment. We encourage you to be involved in your baby's daily care by feeding, diapering, and consoling him/her during fussy periods. It can be difficult and frustrating at times to care for a baby who is experiencing symptoms of withdrawal. Do not be afraid to take a break and to ask for help.

Doctors and nurses will be involved in the medical management of your baby. A social worker meets with parents regularly and is involved in all aspects of the baby's hospitalization and discharge planning. The social worker is a tremendous source of information and help.

We will try to schedule team meetings at least once or twice during the baby's hospitalization, but remember that your nurses and doctors are available twenty-four-hours-a-day. If you have any questions, please ask. We are here to help you and your baby.



What are the long-term outcomes for babies with NAS?

The outcome of babies with NAS depends on the drugs they were exposed to during fetal life. Studies have shown that babies exposed to opiates alone (especially methadone, as prescribed by a perinatal clinic) do very well. Their developmental exams at two years of age show no significant difference to controls (babies not exposed to drugs). Methadone maintenance in a setting of comprehensive care has been shown to reduce maternal mortality and lower the rates of fetal problems and pregnancy associated complications. Unfortunately, long-term studies to determine these infants' school performance have been difficult to perform, and many questions remain unanswered.

Overall, infants exposed to illicit drugs and alcohol are at an increased risk of sudden infant death, developmental delay, poor school performance and learning disabilities.

How can you help your baby?

Suggestions for parents

You play a very important role in managing your baby's symptoms. The best way to help your baby is by taking care of yourself. Follow your doctor's orders and remain involved in your treatment program.

You and your baby need quiet time right now. This means letting your baby sleep in a dark and peaceful environment with the TV off and the telephone ringer on low. Nursing care and other activities should be done around feeding times to allow for uninterrupted sleep. When you hold your baby, use gentle soothing movements. Hold your baby close to your body and use a slow rocking motion. Your nurse will show you how to swaddle your baby with a blanket. Pacifiers are very helpful when babies are experiencing excessive sucking. Breastfeeding may be an option, depending on the medications that you are receiving. Breastfeeding is contraindicated when mothers are using cocaine and other illicit drugs. If you are interested in breastfeeding, ask your nurse and your baby's doctors for more information. Lactation consultants are available in the hospital every day.

