

A guide for parents

Congratulations on the upcoming birth of your baby!

You have received this handout because your health care provider has determined that your baby may be at risk of developing drug withdrawal symptoms after birth. We hope the following information will help you understand and care for your baby in the first few days and weeks of their life.

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.** With this extended stay, you may be discharged from the hospital prior to the discharge of 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.)

NEONATAL ABSTINENCE SYNDROME (NAS)

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 use a NAS scoring chart to evaluate your baby for any symptoms of withdrawal. This scoring chart assigns points based on each symptom and its severity. Babies with consistently high scores will be evaluated by the neonatology team to determine if the baby needs to be admitted to the Neonatal Intensive Care Unit (NICU) for closer observation

WHAT IS THE TREATMENT FOR NAS?

There are different medications that may be given to decrease your baby's symptoms. The dose of medication needed will depend on your baby's NAS score. This dose will need to be adjusted up or down depending on how your baby responds. If we are not able to control your baby's withdrawal with one medication alone, we may add additional medication.

As NAS scores improve, the medication can be decreased. The process of assessing and decreasing the medication dose continues until the baby has scores low enough to stop the medication. Each baby responds differently to being weaned from their medication.

We will make every effort to avoid medicating your baby by offering continuous supportive care such as holding, swaddling, rocking, massaging and gentle stretching exercises. We also encourage parent-baby skin to skin contact and breastfeeding when possible.



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 your 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