

Neonatal Abstinence Syndrome



**A guide for caregivers with a
newborn withdrawing from
drugs and medications**

**Special Care Nursery
St. Joseph's Hospital**

Notes and Questions:

Gratefully adapted with permission from Peterborough Regional Health Centre

Congratulations on the birth of your baby

Having a baby is an exciting time and there is a lot to learn. Members of your baby's health care team will support and help you learn about how to care for your baby.

During pregnancy, your baby was exposed to methadone or other drugs that can cause withdrawal problems. This book will help you learn what to watch for and how to comfort your baby.

Remember...

- **We are here to teach and support you in looking after your baby.**

What drugs or medications is this book about?

There are many names for the types of drugs we refer to in this book. Some other terms used are narcotics, illicit drugs or street drugs. These include drugs such as cocaine, marijuana and heroin. It also includes narcotics that are obtained illegally or legally prescribed by a health care professional such as morphine, oxycodone, methadone, tylenol #3 and percocet.

Some herbal remedies, alcohol and smoking can also cause health problems for your baby.

We understand that each person takes medication or other substances for different reasons. We are here to support and care for you and your baby. To help your baby, it is important to be honest and give us an accurate history of substances you took during pregnancy.

If you are interested in entering a methadone program the social worker can give you information. Please talk to your social worker about this.

Remember . . .

- For this book, we will use the word "drug" when we refer to these types of drugs, medications or substances.

Remember . . .

- Your baby's health care team consists of many people such as doctors, nurses, social workers, child life specialists and pharmacists.
- You and your baby are important members of our team.

What is withdrawal?

These drugs cause a problem called withdrawal for your baby. When you took this type of drug during pregnancy your baby also got this drug. When your baby was born your baby stopped getting this drug all of a sudden.

Your baby needs to be watched for signs of withdrawal. The type of care your baby needs is decided by the signs of withdrawal your baby has. You will see that each baby's care is different in the nursery. Try not to compare your baby's care with other babies.



What are the signs of withdrawal in a baby?

These are different for each baby and may include:

- irritability that causes lack of sleep or problems feeding
- stuffy nose and sneezing
- unexplained fever
- upset stomach with vomiting after some feeds
- diarrhea that can cause diaper rash
- weight loss or slow weight gain
- overeating
- trembling or tremors – even when sleeping
- seizures
- pain and discomfort
- hypersensitive to touch
- sucking a lot on a soother
- increased crying or irritability at times



When does withdrawal start?

Withdrawal may start in the first few days after birth. Every baby is different. Some babies start to show signs of withdrawal sooner while others may not show symptoms for a few weeks or longer.

Babies stay in the Special Care Nursery for observation, treatment and care. The length of time depends on the type of drug a baby is withdrawing from and the type of treatment needed. Some babies need to stay for a few days and some stay for several weeks.

How long does withdrawal last?

The length of withdrawal is also different for each baby. Withdrawal may last anywhere from 1 week to 8 weeks or longer.

What do we do to help your baby?

There are many things your baby's health care team can do to help your baby. Each member of the team will explain what he or she is doing and why. You can ask questions and learn how to help. This section reviews what your baby's health care team can do to help. There are medicinal and non-medicinal treatments to help your baby. The next section reviews what you can do to help.

We will watch your baby closely and use a form called the '**Finnegan Score**' to score your baby's symptoms and to determine the amount of medicine your baby needs to feel well again.



A higher score means your baby has more or stronger symptoms of withdrawal. A score of less than 8 means that your baby is:

- showing less signs of withdrawal **or**
- the treatment or medication is working to ease the withdrawal

Remember...

- Your baby may be given medication such as morphine or a combination of morphine and phenobarbital.
- This helps make the symptoms from withdrawal less painful and your baby more comfortable.

If your baby is getting medication for withdrawal we will slowly reduce the amount of medication. This is called weaning. Every few days your baby will be assessed by the doctor and members of the team to see if he or she is ready to wean.

For your baby's safety, weaning is a slow process. It is important to be patient during this process. We know that this may be overwhelming and frustrating but we will help you during this time.

What can you do as a parent?

A baby in withdrawal can be very sensitive to light, touch and sound. You can learn ways to help comfort and soothe your baby.

Speak softly around your baby and encourage your baby's visitors to speak softly as well. Do not wake your baby when he or she is sleeping. This may bother your baby.



Feed your baby when he or she is hungry. For most babies, breastfeeding is still the healthiest way to feed your baby. Your health care team will tell you if you can breastfeed at this time.

Hold your baby when he or she is fussy. Your baby will be comforted by the sound of your voice and the smell of your skin. Cuddling your baby can help your baby feel in control of his or her movements. It also helps your baby feel loved and secure. If bundling does not calm your baby you can try skin-to-skin care as described in next section.

Members of your baby's health care team can give you more ideas on how you can comfort your baby. The child life specialist can also spend some extra time with you and show you how to soothe your baby. You can read more about ways to help your baby starting on Page 10.

If you have your own ideas on how you may help, please share them with us.

What is skin-to-skin care?

This is a great way to love and comfort your baby. You hold your baby against your bare skin, relax and enjoy time together. Skin-to-skin care works best if the snuggle time is more than ½ an hour. Enjoy this time together.



To do skin-to-skin care, follow these steps:

- Wear a loose shirt that buttons up the front.
- Take off all of your baby's clothes only leaving the diaper on.
- Place your baby on your bare chest against your skin.
- Put one hand on your baby's back and use your other hand to support the head. Your shirt should be supporting the baby's bottom.
- Snuggle your baby in an upright position with his or her face turned to the side. Place a blanket over both of you for privacy.

When you first start skin-to-skin care, your baby may or may not like actions such as stroking, talking, singing or rocking. Sit together quietly and give your baby time to relax and enjoy the feeling of being with you. As your baby gets used to being close, you can add one new movement at a time. Try stroking your baby's back slowly and gently. If your baby seems to like it continue. If not, stop and try again at another time. Members of the team are always available to help you and give you suggestions as well.

The Special Care Nursery

The length of stay in the nursery is different for each baby. Your baby's length of stay will depend on the symptoms he or she may be having.

Your baby has a nurse during the day and one during the night. If you are out of the hospital and want to ask about your baby, you can call the Special Care Nursery and speak to your baby's nurse at any time. When you call, a nurse will ask for the 5-digit identification number on your hospital bracelet. We will match this number to your baby's bracelet number. This is for your baby's protection, for security and confidentiality reasons and to make sure that we give information to the correct family. Please do not share your unique identification number with anyone.

Members of your health care team are available to talk to you every day about your baby's progress and answer any questions you have.

Baby Sleeping in the Special Care Nursery

Health Canada and the Canadian Pediatric Society recommend that babies be placed on their backs to sleep. “Back to Sleep” is the safest sleep position for your baby.



Sometimes, babies in the Special Care Nursery are placed in other sleep positions such as on the side or tummy. This may be for several reasons, such as prematurity or breathing problems. If a baby is placed in different sleep positions, he or she is always connected to a monitor so we can watch the heart rate and breathing very closely.

Your nurse will talk to you about your baby’s sleep positions. When your baby is getting ready to be discharged home, we will begin to place baby on his or her back to sleep. By doing this, your baby can get used to sleeping this way before going home.

What about feeding my baby?

All mothers are encouraged to breastfeed and we will provide you with help and support to do this.

Breastfeeding may also help with your baby’s withdrawal symptoms. Only very small amounts of drugs are passed to the baby through breast milk. The benefits of breastfeeding are so great that they usually outweigh worries about continued drug use.



Some women should not breastfeed. Women who should not breastfeed include mothers who are HIV positive; mothers who drink alcohol; mothers who use cocaine, heroin, ecstasy, and street benzodiazepines such as valium or angel dust (PCP) and other drugs. Some infants of mothers who use marijuana show a delay in motor development at 1 year of age. You should not breastfeed if you smoke marijuana.

Members of your health care team will talk to you about whether you can breastfeed or not.

Breastfeeding can comfort your baby. You will be encouraged to breastfeed and bond with your baby. It is important to feed your baby or empty your breasts often in the first few days to help build a milk supply large enough to feed your baby.

If you are not able to stay with your baby, ask your nurse about pumping your breasts at home. You will be encouraged to pump at least 8 times a day – every 3 hours during the night. The more breast milk your baby gets the greater the benefits.

Every baby is different in how he or she behaves when withdrawing. Begin feeding by holding your baby in a position he or she enjoys. When your baby is relaxed, he or she can learn to suck better. Always try to feed your baby in a low stimulus environment with no bright lights, music, noise or other distractions.

Some withdrawal babies suck frantically all the time. This may make it hard for your baby to feed well. Talk to your nurse about ways you may help your baby get a bigger drink while you feed. A meeting with a lactation consultant can also be arranged. You can talk to your nurses about this.

You may be able to stay in the Bunk Room near the Special Care Nursery to be able to breastfeed and to learn to care for your baby. Please talk to your nurse to arrange this. However, you cannot stay in a Bunk Room for the whole time your baby is in the hospital.

Who do I talk to if I have questions?

Please feel free to talk to any member of your health care team. Doctors' and Team Rounds take place around 10:00 in the morning. Your nurse will inform you of any changes made to your baby's plan of care.

The nurses report to each other about all of the babies in the nursery between 7:00 and 7:30 in the morning and evening. During these times you will be asked to leave the nursery if you are visiting or to wait outside the NICU.

If you are out of the hospital and want to ask about your baby, you can call the Special Care Nursery and speak to your baby's nurse.

What can you do if you are feeling overwhelmed?

This can be a hard time for parents who are separated from the baby for any reason. Sometimes a baby in withdrawal can be fussy and hard to cuddle.



Every baby is different and your baby may need different things at different times. Learning your baby's special body language and signals will make you feel more confident.

It is alright to ask your baby's nurse to take over. Remember to take breaks, go for a walk or have a rest.

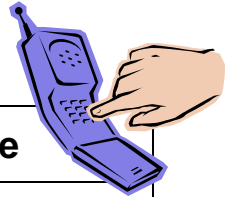
If you are feeling stressed, it may be helpful for you to talk to a support person. We have a social worker who supports new families going through this experience. The social worker can work with you and your support person to deal with issues you have both in hospital and at home.

Keeping connected . . .

To help connect you and your new baby with the right services in the hospital and community, members of the health care team may meet with you to discuss your special needs. You can also ask for a meeting to talk about your baby.

Please feel free to bring a support person to any of these meetings. Also bring your questions, concerns and ideas so that we can all make the best plan of care for you and your baby.

The team members you may see at these meetings include:



Team Member	Name	Telephone
Baby's Doctor	Pediatrician changes each month	
Baby's Nurses	You will probably have 2 different nurses each day – one is on day shift and one on night shift	905-522-1155 ext. 33255 or 36050
Hospital Social Worker	Jodi Pereira or Sarah Simpson	905-522-1155 ext. 35077 or 33933
Child Life Specialist	Mary Kay Genesiee	905-522-1155 ext. 33141
Breastfeeding and Newborn Assessment Clinic (BANA)	You may have a different Lactation Consultant each day	905-522-1155 ext. 34998
Nurse Manager	Kimberley Ross	905-522-1155 ext. 33582
Public Health Nurse		905-546-3550 (Health Connections)

Fill in the blanks above as you get to know members of your health care team.

Ways to Hold Your Baby and Keep the Environment Quiet and Calm

The next few pages show some safe and soothing ways to hold your baby. If your baby seems to like something, continue to do it. If your baby does not seem to like something, stop and try again at another time. Your baby needs time to get to know you and new positions.

When your baby can relax, he or she burns less calories and this helps your baby grow.



Reminder...

- Your nurse will help you learn safe positions to hold your baby.
- Do not try to hold your baby alone, until you are sure you know how to do it safely.

Swaddling

At first, your baby will only be able to do one thing at a time. He or she will not be able to control his or her body, breathe and suck at the same time. You can help by wrapping your baby snugly to control his or her movements. Your baby will then be able to focus on feeding or sleeping.

Follow these steps:

1. Put the blanket down in a diamond shape.
2. Fold the top corner down.
3. Place your baby on the blanket with the turned down corner at the level of your baby's ears.
4. Gently bend your baby's arms close to his or her body so that the hands are near the mouth.
5. Tuck one side of the blanket snugly around your baby.



6. Turn up the bottom corner.



7. Tuck the last side around your baby.

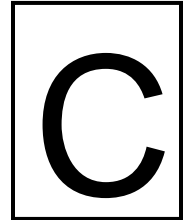


C-Position

The C-position helps your baby relax and have a sense of control.

Laying baby down in a C-position:

1. Put your baby on one side.
2. Wrap a blanket into a roll.
3. Ring the rolled blanket around your baby's body to make sure your baby stays in this position.



Holding upright in the C-position

1. Hold your baby securely and curl the head and legs into a letter C.
2. Your baby's chin should be resting near his or her chest with arms in the middle.
3. Your baby's back is slightly rounded and the legs are bent in an upright position.



Head to Toe Movement

Your baby may relax and settle with slow, rhythmic movements.

To do this:

1. Swaddle your baby.
2. Hold your baby in a C-position.
3. Begin to slowly move your baby up and down. Follow a line from your head to toe.
4. Keep your movements slow and rhythmic.



- ✘ Avoid back and forth rocking and bouncing your baby. These motions are jarring and provide too much stimulation.

Clapping Baby's Bottom

This may help calm your baby:

1. Make sure your baby is wearing a clean diaper. You can swaddle your baby in a blanket if you want.
2. Cup your hand and gently and slowly clap or pat your baby's bottom. You may be able to feel your baby's muscles relax.



At Home

At home, continue to do gentle touch with your baby. Limit the number of caregivers and offer a calm surrounding. Loud noise and bright lights increase your baby's stress.

Here are some ways to help offer a calm environment:

- Turn the TV, stereo or radio down or off.
- Ask people to talk quietly.
- Limit the number of caregivers around your baby.
- Decrease lighting overhead – back lighting from a floor lamp is preferred.



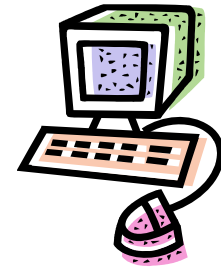
An environment that is comfortable for an infant is also created by the soothing and calm presence of the caregiver. Routine is very important. The baby will respond more positively when caregivers use soft voices and speak and move slowly.

Community Resources

You may be referred to a specialist in your community that can help you and your baby adjust when you are home.

Some good websites are:

- <http://www.sickkids.ca>
- <http://www.motherisk.org/women/index.jsp>



Remember . . .

- **Enjoy your baby.**
- **Talk to any member of your baby's health care team.**
- **We are here to help you through this journey.**



