

In collaboration with the pediatricians and neonatologists from

Neonatal Abstinence Syndrome: A Parent Guide for Management

Congratulations on the upcoming birth of your child! This handout will help you learn how to best care for your baby and what you can expect during your time in the hospital. As a team, we will care for you and your baby during your prenatal care through your baby's hospitalization. Our healthcare team includes OBs, Midwives, Pediatricians, Neonatologists, Nurse Practitioners, Nurses, Social Workers, Lactation Consultants, and most importantly, you and your baby.

WHAT IS NEONATAL ABSTINENCE SYNDROME?

The medications and substances that you take during pregnancy pass to the baby and can affect the baby after he/she is born. Neonatal Abstinence Syndrome (NAS) is the signs that a baby can show when they are withdrawing from exposure to certain medicines during pregnancy. This can happen if they have been exposed in the womb to opioids (which include Heroin, Methadone, Morphine, Suboxone, Subutex, Oxycodone, Percocet, and Vicodin), benzodiazepines (Ativan, Valium), stimulants (amphetamines), cocaine, antidepressants, and tobacco. Not all babies react the same way. Some babies have NAS even if the mother was on a low dose of medication.

WHEN YOU ARE PREGNANT

You should have regular check-ups during your pregnancy and should discuss the plan for your baby's birth with your health care team. Please talk openly with your health care providers about the medications, drugs and other substances you are taking or have taken during your pregnancy. Sharing this information helps your health care providers choose the right plan of care for you and your baby. Changes in your medications or drug habits can affect your baby's health. Talk with your health care providers before changing your medications or drug habits. We encourage you to have a consultation with a pediatrician before giving birth to discuss how medications you are taking may affect your infant after birth. This can be arranged through your OB.

WHAT HAPPENS AT BIRTH?

Your baby will stay with you after delivery if he or she is medically stable. Parents can room-in with the baby in a private room even after mom is discharged from her OB's care, space permitting. Research has shown that babies need less medication and go home faster when their parents are there with them all the time. If there is a problem, such as prematurity, difficulty breathing, infection or the baby needs medicines for NAS, your baby will be admitted to the Neonatal Intensive Care Unit (NICU).

A sample of your baby's urine and stool, and possibly blood from the umbilical cord will be sent to check for drugs/medications.

A social worker will support you throughout your stay. They can connect you to community resources for your family. We encourage you to talk openly with the social workers, so they can do their best to meet your family's needs.

As mandated by the Massachusetts Department of Public Health, a report called a 51A will be filed with the Department of Children and Families (DCF). A DCF worker will support you and the newborn during your hospital stay and after discharge from the hospital.

HOW IS THE BABY MONITORED FOR NAS?

Nurses and doctors will check your baby for signs of withdrawal every 3-4 hours. Our hospital uses the Modified Finnegan Scoring Tool to assess babies for signs of withdrawal, including the following:

1. Feeding and digestion: problems sucking or feeding; vomiting, diarrhea
2. Breathing and temperature: fast or labored breathing, high temperature, sweating, nasal congestion, sneezing
3. Nervous system: excessive crying, stiffness, tremors, trouble sleeping

Signs of withdrawal usually appear within the first 5 days. Your baby will be watched in the hospital for 4-7 days before being discharged home. If treatment is needed, your infant will stay longer.

HOW CAN YOU HELP YOUR BABY?

During your baby's time in the hospital, you will be the primary caregiver for your baby. We will be here to help you, but we need you to help take care of your baby in the following ways:

Help comfort your baby in a calm setting

- Hold and gently sway your baby
- Talk to and sing to your baby
- Feed your baby when hungry
- Keep the room quiet and dim the lighting

Be with your baby as much as possible

- Babies with NAS do not do as well in a nursery with bright lights and loud noises.
- If you need to leave, have a friend or family member stay with your baby in your private room.
- Help us monitor your baby by using the newborn care diary which will be provided to you.

Make a plan to stay with your baby for as long as he or she needs to be in the hospital.

- While we can't predict exactly how long you will be in the hospital, prepare to stay at least 2 weeks in case your infant needs medication
- Arrange childcare for other children
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WHAT IS THE BEST WAY TO FEED YOUR BABY?

We encourage breastfeeding when it is safe for your infant as this can help reduce the need for medications. Breastfeeding is permitted for mothers receiving prescribed medications and mothers with hepatitis C. The use of illegal drugs as well as certain other conditions such as HIV are reasons when breastfeeding can be harmful to the infant and is not recommended.

WHAT HAPPENS IF THE BABY HAS HIGH SCORES?

The nurse and doctor will assess the baby. If the baby still has high scores despite comforting measures, the baby will be admitted to the NICU for medicine. The most common medicine is morphine although occasionally other medications or two medications are required. Our goal is to continue to allow the parents to room-in in the NICU but our NICU has limited availability. If we are unable to have a parent room-in, a sleep room on the same floor is available for the parent to use for rest. The team will work closely with the family and newborn to optimize the infant's calm environment. Once your baby is off of morphine and showing no signs of NAS, your baby is ready to go home. This may take 2 or more weeks.

WHAT HAPPENS AT DISCHARGE?

Every infant is unique, and over time you will learn what works best to comfort your baby. Your baby can have symptoms of withdrawal for a few months. These symptoms gradually decrease with time.

Infant Follow-ups after discharge:

Pediatrician: You will need a pediatrician visit within 1-3 days of discharge.

Developmental Follow-up Clinic: You will be set up with a NICU follow-up appointment for a few months of age to monitor the baby's development.

DCF: your case worker will continue to support you in the community.

- Early Intervention (EI): a state program to support the baby's development. EI will call you after you are discharged from the hospital to set up a home visit within a few weeks.