

Caring For Your Baby
With
Neonatal Abstinence Syndrome
(NAS)



Women and Children's Health Program
The Moncton Hospital

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Horizon Health Network
Zone 1, The Moncton Hospital
Women and Children's Health Program

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INTRODUCTION

Congratulations! You have just delivered, or are about to deliver a new baby. The Women's & Children's Health Program of the Moncton Hospital cares about you and your baby, and is pleased to provide services to you.

OUR PHILOSOPHY

We believe that every family is important, and that all parents care about their babies. They want to do their best to help them be healthy and happy. Sometimes parents and newborns can face challenges that require extra support in order to ensure that they thrive. We believe in the uniqueness of every parent and newborn, and providing you with the best possible care. Our health care team includes a variety of specialized professionals who are committed to providing skilled, supportive care to you and your newborn.

OUR GOALS

- To support parents in achieving the healthiest possible pregnancies and outcomes for their newborns
- To help parents adjust to the arrival, hospitalization and treatment of their newborns
- To help parents understand and cope with the medical, social, emotional, and practical issues related to their newborn
- To provide information, guidance, and instruction within a supportive environment
- To assist parents in developing the confidence to care for their newborns and meet their needs

WHAT IS NAS?

The information in this handout is to help you understand how to manage drug withdrawal in newborn babies. This withdrawal is known as Neonatal Abstinence Syndrome (NAS).

Once a baby has been born, the baby will no longer be exposed to the substances taken during pregnancy. This can result in a baby developing signs of withdrawal. It can happen with either prescribed or non-prescribed drugs. It can happen whether you were using or misusing drugs.

It is impossible to predict which babies will experience NAS, or how it will affect them. Every baby and every withdrawal is different.

Normally, every baby will have an unsettled period each day and will tend to have at least one unsettled day per week. We need to keep this in mind so that we do not confuse normal newborn behaviour with NAS signs.

SIGNS OF NAS

NAS is when your baby displays a combination of these signs:

High pitched cry	Irritability
Tremors/Jittering	Sleeping difficulties
Stuffy nose	Sneezing
Tense arms, legs and back	Poor weight gain
Vomiting/Diarrhoea	Increased breathing rate
Convulsions	Skin irritation
Increased temperature, sweating	Excessive sucking
Feeding difficulties due to sucking problems	

Babies may also experience these signs for other reasons, so your baby will be closely monitored to exclude other problems.

Most babies who experience NAS show signs within 24-72 hours after birth. Sometimes, however, signs don't appear until up to 7 days after a baby is born.

The time it takes for signs of NAS to begin to show depends on:

- Substance (drugs/alcohol) consumed in pregnancy
 - Quantity
 - Frequency
 - Method
 - Time of use
 - Combination
- Baby's metabolism

MANAGEMENT AND TREATMENT OF NAS

The nurse will assess your baby for signs of withdrawal on a regular basis approximately a half to one hour after feeding, using the score chart (see page).

The scores recorded against each sign are added up. Based on your baby's score, your baby may require treatment. Treatment may involve comfort measures, medication, or both. If your baby cannot be settled with comfort measures, then he/she may also need to begin medication to treat NAS. You may wish to speak to your baby's doctor if you have not already done so.

Your baby may need to stay in the hospital for a minimum of 96 hours for NAS assessment. Babies requiring treatment for NAS will remain in the hospital throughout the treatment and weaning process. This could take up to 5 weeks. In the hospital, you will be assisted by health care professionals in caring for your baby.

Things you could do for your baby

COMFORT MEASURES

- Your baby needs a quiet environment. If your baby is asleep, allow your baby to rest
- Avoid loud noises, bright lights and excessive handling
- NAS can make your baby very warm. Try not to use too many blankets or clothes on your baby
- Hold your baby close to your body, perhaps wrapped in a light blanket with his/her hands together close to the face
- Humming and gentle rocking may help. Try not to pat your baby, just rub your baby gently
- Lay your baby on his/her back.
- Your baby may be provided with a heated water mattress
- Check to see if your baby has a clean diaper; this may help him/her sleep more comfortably
- If your baby's bottom looks sore, talk to the nurse
- Your baby may require more frequent feedings in small amounts
- Hold your baby in an upright position when feeding. Burp your baby frequently
- Feed in a quiet and calm area
- Your baby may want to suck all the time. This may not mean he/she is hungry, but simply needs comfort. You can offer your breast or a pacifier

Other Things You Can Do For Your Baby

There may be times when hospital staff provides certain types of care for your baby that you cannot (assisted feeding, taking vital signs, some aspects of care for premature babies, etc.). While it may be disappointing or frustrating when you cannot do everything for your baby, nothing replaces the care and attention of a parent.

There are many other things you can do in addition to the comfort measures described, and the daily aspects of care such as bathing, diapering, dressing, and feeding:

- Discuss your substance use history with your baby's health care team. Be as open and honest as possible in giving information about the type(s), quantity, frequency, and method of substance use. This information can assist the team in understanding and treating your baby.
- Be available to meet with the health care professionals. Babies who are exposed to substances in pregnancy face a greater risk of challenges in their long term development. We know that the earlier these issues are addressed, the better it is for your baby. The information the health care professionals give you will help you understand your baby's mental, physical, and emotional needs. It will prepare you with the tools to help your baby grow and develop.
- Spend as much time as possible with your baby. It is a great opportunity to help your baby's development. Talk and sing to your baby. Smile at him/her, and make eye contact often. All of these things help your baby's brain develop in positive ways. By watching how your baby responds to things, and what signals (cues) he/she gives, you will learn important information that will help you know what he/she needs.

The time you spend in the hospital with your baby is a chance to get off to a good start. It can build your confidence as a parent and help your baby feel secure. We will support you as you learn about each other.

MEDICATION

The medications that are used to treat NAS are morphine and phenobarbital. They are used either separately or in a combination.

Morphine

Morphine is an opiate-based medication and a depressant. Morphine may be prescribed to treat your baby for opiate withdrawal. The amount of morphine given is very small and safe for your baby and will be gradually increased/decreased according to your baby's needs.

Phenobarbital

Phenobarbital is an anticonvulsant and a barbiturate. Phenobarbital also may be prescribed to treat your baby for withdrawal. Some babies need a combination of morphine and phenobarbital to settle their symptoms.

YOUR HEALTH CARE TEAM

There are many health care professionals on your baby's team who may be involved in providing care and treatment. They include doctors, nurses, physiotherapists, occupational therapists, social workers, audiologists, speech language pathologists, lactation consultants, respiratory therapists, and many others.

Each one has specific training, and together they can help with many issues, such as:

- Care and treatment for your baby
- Information to help you understand your baby's health/treatment
- Techniques that will assist you/baby with positioning, feeding, wrapping your baby, massage, bathing, and other comfort measures
- Assistance with daily issues that make it challenging for you while your baby is hospitalized
- Support to help you cope and manage during your baby's stay
- Encouragement for your efforts and successes in caring for your baby

You are encouraged to ask questions of your baby's health care team.
You may want to use the space below to write their names.

Name	Title

YOUR FEELINGS

Having a baby with NAS can often put you on an emotional roller coaster. The arrival of your new baby may bring many positive feelings such as happiness, joy, excitement, and hope. When your baby has NAS, you may also experience some negative feelings or reactions. Depending on your situation, you may find yourself thinking some of these things:

I feel badly for my baby.

I wish my baby wasn't experiencing difficulties.

Is my baby uncomfortable?

Are there going to be any short or long term effects of my drug use on the baby?

Can I offer my baby what he/she needs to get through NAS?

What do others think of me?

Am I in trouble if I misused drugs?

Am I a good parent?

Can I be a good parent?

Will I be able to cope?

I wish my baby didn't have to start treatment.

I wish I could do more for my baby.

I wish my baby didn't have to go to the NICU.

I wish I didn't have to be away from my other children/partner at home.

I wish I didn't have to be away from my new baby at times to look after my other children and responsibilities.

I wish I hadn't used/misused drugs during my pregnancy.

I know my methadone treatment was the best choice, but now my baby has NAS.

I don't understand my baby's treatment.

I have so many questions. Does the hospital staff mind?

Am I doing things well?

Can I manage getting well myself and looking after my baby?

Does my baby know I love him/her?

If you have some of those thoughts, you may be feeling sadness, fear, anxiety, anger, guilt, disappointment, loss, or grief. These are all normal feelings. Your health care team understands that this can be a very stressful and emotional time. We encourage you to share your feelings with us, so that we can help you. You are important to us, and we know you want to be a good parent. Together we can help your baby.

METHADONE AND NAS

(If you are pregnant and currently have a dependence on opioids, or are already in methadone maintenance treatment, the following section applies to you.)

Opioids and pregnancy

Newborns can experience NAS as a result of withdrawing from various drugs—both prescribed and unprescribed. Opioids are one type of drug that is prescribed for medical reasons (pain relief), but also misused in the community. Examples of opioids include Dilaudid, Oxycontin, and Percocet. Misuse of opioids during pregnancy can have many negative effects on the mother and baby. These effects can be indirect or direct.

Effects on mother and baby

Indirect

Women who are dependent on drugs may not be sleeping or eating properly, and they may be very stressed. They may sometimes be living in unhealthy/unsafe environments because of reduced income, inadequate housing, difficult relationships, or violence associated with drug use. Those things can all have an effect on the health of the pregnant woman and her newborn.

Direct

Opioids, when misused, can also have direct effects. This family of drugs is known as “depressants”, which means they slow down the central nervous system. The central nervous system affects the way many parts of the body function. If the unborn baby is exposed to constantly changing blood levels of opioids and other drugs, those fluctuations can also be harmful. The mother and unborn baby may be exposed to infections related to injection. Some of the effects of opioid misuse may include poor growth of the unborn baby, long term problems with the baby’s development, premature delivery, pregnancy complications for the expectant mother, and pregnancy loss.

What is methadone?

Methadone is a synthetic (manufactured) opioid. It is a controlled drug that is prescribed to treat people who are dependent on opioids. It does not treat addictions to other drugs such as cocaine, benzodiazepines, and marijuana. Methadone maintenance treatment is the most widely used form of treatment for people who are dependant on opioids.¹ Treatment may also include support, counselling and medical follow-up. Research shows that treatment with methadone works best when combined with counselling. We encourage you to ask about counselling.

1) Health Canada. (2002) Best Practices: Methadone Maintenance Treatment. Page 6

How does methadone work?

Methadone is a long-acting opioid that helps by reducing the symptoms of withdrawal, reducing cravings for other opioids, and reducing the pleasurable effects of other opioids if they are used. When prescribed and used properly, methadone is considered a safe medication.² A specially licensed physician prescribes the methadone and the patient receives one oral dose daily, as well as ongoing care from a variety of health care providers.

Is it safe during pregnancy?

Methadone maintenance treatment is considered the best treatment for pregnant women who are dependent on opioids.³ Pregnant women are given priority to enter treatment programs. You may ask “Why is one drug used to treat a dependence on another drug?” or “Why would use of a drug be recommended during pregnancy?” These questions are normal. Research has shown that the benefits of taking methadone during pregnancy far outweigh any risks.

How can it help?

Methadone treatment is an opportunity to deal with opioid addiction. As a result, the pregnant woman is more likely to:

- avoid exposure to infections related to drug use
- avoid the use of other street drugs
- avoid pregnancy complications
- be getting regular medical care
- be eating and sleeping well
- be able to organize and improve other aspects of her life (finances, relationships, housing, emotional well-being, etc.)
- be able to successfully breastfeed her newborn
- provide a safe, nurturing environment for her newborn
- feel confident in her own abilities

Those things all benefit her newborn. In addition, the mother’s methadone treatment helps the newborn directly by:

- reducing infections to the unborn baby caused by drug misuse
- ensuring that the unborn baby is exposed to pure and stable amounts of opioid
- ensuring that the unborn baby is no longer exposed to constantly changing blood levels of opioids or other drugs
- increasing the chance that the pregnancy will go to full term
- decreasing the chance that the unborn baby will experience complications in the womb, resulting in better growth of the unborn baby

(2) Health Canada. (2002)(b) Methadone Maintenance Treatment. Page 3

(3) Health Canada. (2002) Best Practices: Methadone Maintenance Treatment. Page 66

If I'm receiving methadone maintenance treatment, is my baby at risk for NAS?

Just as with some other prescribed and unprescribed drugs, using methadone during pregnancy means that your newborn may experience NAS when he/she is no longer exposed to it. This may seem confusing or concerning to you, however you should also be aware of several things: If you do not receive methadone treatment, and continue to misuse opioids, your baby may still experience NAS. As well, continuing to misuse opioids, or quitting suddenly can both cause more serious harm to your baby than methadone treatment. We encourage you to discuss your concerns with your doctor and your methadone treatment provider.



SAFE SLEEPING

It is important that your newborn baby has a safe place to sleep. Bed sharing with your baby or nursing your baby in your arms while being affected by any substance could put your baby at risk of dying from either suffocation or overheating. It is important to provide a crib for your baby to sleep in to prevent the risk of sudden infant death syndrome (SIDS).

To further reduce the risk of SIDS:

- place your baby on his/her back on a firm flat surface to sleep
- don't smoke around your baby
- put your baby in clothes that may prevent overheating
- don't cover your baby's head

These are some things you can do as a parent to reduce the risk of SIDS. For more information on Sudden Infant Death Syndrome (SIDS) call 1-800-363-7437 or visit the website: www.hc-sc.gc.ca/hppb/childhood-youth.⁴

HELP

If you are pregnant and misusing drugs, or think you have an addiction, there is help. We encourage you to contact one of these resources to talk about treatment:

Addiction Services (Moncton) at 506-856-2333

Alcohol & Drug Prevention Services (Elsipogtog) at 506-523-8320

Health & Wellness Centre (Elsipogtog) at 506-523-8227

For further information about pregnancy and drugs, we also encourage you to speak with your doctor or the outpatient medical social worker for the Women & Children's Health Program, The Moncton Hospital at 506-860-2344

GOING HOME

When your baby is ready to go home, you will be given a list of instructions that may include appointments for your baby. It is very important that you keep these appointments to ensure successful development of your baby.

BEST WISHES

Information, support, patience, and practice can help you manage the challenges of NAS with your baby. We hope this booklet has given you a better understanding of NAS, and assists you in knowing what you can do to help your baby. We wish you health and success!

(4) Health Canada. (1999) Back to Sleep: Sudden Infant Death Syndrome.

Neonatal Handbook



Neonatal Abstinence Scoring System

Infants at risk of narcotic withdrawal are assessed for signs of withdrawal ½ to 1hr after each feed. Infants who display signs of withdrawal will score from signs in each of the three sections of the scoring chart. The scoring chart is designed for term infants who are fed 4 hourly. Allowances must be made for infants who are preterm or beyond the initial newborn period.

SYSTEM	SIGN	SCORE												
C.N.S.	Excessive cry	2												
	Continuous cry	3												
	Sleeps <1hr after feed	3												
	Sleeps <2hrs after feed	2												
	Sleeps <3hrs after feed	1												
	Over active Moro reflex	2												
	Very over active Moro reflex	3												
	Mild tremors disturbed *	1												
	Mod/severe tremors disturbed *	2												
	Mild tremors undisturbed *	3												
	Mod/severe tremors undisturbed *	4												
	Increased muscle tone	2												
	Excoriation *	1												
	Myoclonic jerks	3												
Generalised convulsions	5													
G.I.T.	Excessive Sucking	1												
	Poor Feeding *	2												
	Regurgitation *	2												
	Projectile Vomiting	3												
	Loose Stools	2												
	Watery Stools	3												
OTHER	Sweating	1												
	Fever 37.3 to 38.3 C	1												
	Fever 38.4 C and above	2												
	Frequent yawning (>3-4 in 1/2hr)	1												
	Mottling	1												
	Nasal Stuffiness	1												
	Sneezing (>3-4 in 1/2hr)	2												
	Nasal flaring	1												
	Respiratory rate >60/min.	1												
	Respiratory rate >60/min. & retraction	2												
TOTAL SCORE														

Adapted from L.P.Finnegan (1986)

Explanation of Signs

- Tremors – infants should only get one score from the four options in this category
- Excoriation –score when presents, rescore only if it increases or appears in another area
- Poor Feeding – score if slow to feed or baby takes inadequate amounts
- Regurgitation – score if it occurs more frequently than usual in a newborn

References

- (1) Health Canada. (2002) Best Practices: Methadone Maintenance Treatment. Page 6
- (2) Health Canada. (2002)(b) Methadone Maintenance Treatment. Page 3
- (3) Health Canada. (2002) Best Practices: Methadone Maintenance Treatment. Page 66
- (4) Health Canada. (1999) Back to Sleep: Sudden Infant Death Syndrome.
- (5) NSW Department of Health Australia. (2006) Appendix 11- Caring for your baby with NAS