

Neonatal Abstinence Syndrome



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

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

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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.

What is this book about?

During pregnancy, your baby was exposed to drugs and/or methadone that can cause withdrawal problems. This book will help you learn what to watch for and how to comfort 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.
- It is important to be honest with us and give us an accurate history of substances you took during pregnancy so we can properly take care of your baby's medical needs.

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 methadone, morphine, oxycodone, hydromorphone, dilaudid, fentanyl, tylenol #1, 2, 3 and percocet.

Alcohol, cigarettes and some herbal remedies are also substances that can cause health problems for your baby.

If you are interested in entering a methadone program to help with your addiction and/or manage your pain, the social worker can connect you with the right people. Please talk to your social worker about this.

In this book:

- The word 'drug' is used when referring to these types of medications or substances.

You and Your Baby's Health Care Team

- 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 and we hope you feel that way.

What is withdrawal?

These drugs may cause a problem called withdrawal for your baby. When you took this type of drug during pregnancy your baby also got this drug in your belly. When your baby was born, he or she stopped getting this drug all of a sudden. We watch to see how each baby reacts to no longer having the drug in his or her body.

Your baby is watched for any signs of withdrawal. The type of care your baby needs is decided by the signs of withdrawal. Since 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
- vomiting after some feeds
- loose stools
- weight loss or slow weight gain
- poor feeding
- trembling or tremors – even when sleeping
- seizures
- hypersensitive to touch
- sucking a lot on a soother
- increased crying or irritability at times



We use a scoring tool to track these signs. Members of your health care team will go over the scoring tool with you. You can ask questions any time. This tool is used each time your baby is assessed.

When does withdrawal start?

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

You and your baby are cared for on the Mother-baby Unit and will be watched for signs of withdrawal. Special scoring will be done to measure the amount of withdrawal. Based on the amount of withdrawal and the decision of the team, your baby may have to go to the Special Care Nursery for continued observation, treatment and care.

The length of time your baby spends in the Special Care Nursery depends on the type of drug your baby is withdrawing from and the type of treatment needed. Some babies stay for a few days and some stay for several weeks.

We watch your baby closely for signs of any withdrawal:

- If your baby has 3 scores in a row of 8 or higher on the scoring tool, we consider giving your baby medication to help with the withdrawal and comfort of your baby. The pediatrician may also decide that medication is needed and will talk to you about this.
- If your baby's scores are below 8 on the scoring tool, we provide special care to ease the withdrawal but not offer any medication.
- Our team also teaches you ways to hold and comfort your baby to help with withdrawal.

At St. Joseph's Healthcare Hamilton, it is our standard practice to assess any baby exposed to methadone for at least a few days.

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

In the Special Care Nursery

Your baby has a nurse during the day and 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 the Nursery, we will ask for the 5-digit identification number on your hospital bracelet until we get to know you better. We then 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.

What do we do to help your baby?

There are many things the health care team can do to help your baby.

Each member of the team explains what he or she is doing and why. Feel free to 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 watch your baby closely and use a scoring tool to score your baby's symptoms and to determine the amount of medicine your baby may need to feel well again.



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

Weaning from Medication

If your baby is getting medication for withdrawal, we will slowly reduce the amount of medication. This is called weaning. This is based on the scoring of withdrawal. 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.

A general guideline we follow is to wean by 10% of the current dose of medication every 48 to 72 hours. Weaning always depends on the way each baby handles a change of medication.

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

Comfort Measures

There are many ways to comfort and soothe your baby during this time. When your baby can relax, he or she burns less calories and this helps your baby grow. Members of your baby's health care team can help you. The child life specialist can also spend some extra time with you and show you how to soothe your baby. When you have ideas, please share them with us. We welcome them.

Speak softly and allow baby to sleep

A baby in withdrawal can be very sensitive to light, touch and sound.

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. Sleeping is good for your baby's brain to rest.



Being with your baby

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 swaddling does not calm your baby you can try skin-to-skin care. Ask for help any time you are finding holding, cuddling or skin-to-skin a challenge.

The next few pages show some safe and soothing ways to be with your baby and 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.

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.

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.

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.



Holding and Moving Positions

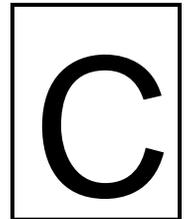
Your nurse will show you how you can do these safely. Make sure you understand how to hold and move your baby with the nurse first before you do this on your own.

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.



Feeding your 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.



Although you may want to breastfeed, if your urine is positive (+) for marijuana or other substance use you will not be breastfeeding. Some of these drugs can make withdrawal worse for your baby. We may ask that you do a drug screen to determine if breastfeeding is safe for your baby. We can help you work through this.

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 by pumping 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.

Please talk to the social worker if you are on Ontario Works, ODSP, or have private insurance as you may be able eligible to get a personal breast pump.

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. Try to feed your baby in a low stimulus environment with no bright lights, music, noise or other distractions.

Some babies suck frantically all the time. This may make it hard for your baby to feed well. Talk to your nurse about ways to help your baby get a bigger drink while feeding. Meeting with a lactation consultant can also be arranged.

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 as we have limited rooms available.

Who do you talk to if you have questions or concerns?

Please feel free to talk to any member of your health care team any time. Doctors' and Team Rounds take place around 10:00 in the morning. After Rounds, your doctor or nurse will inform you of any changes made to your baby's plan of care. You are welcome to be part of your baby's rounds.

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. There is always a nurse in charge that can help you as well.

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 every 2 weeks	
Baby's Nurses 2 different nurses each day – one on day shift and one on night shift		905-522-1155 ext. 33255 or 33254
Hospital Social Workers	Jodi Pereira or Sarah Simpson	905-522-1155 ext. 35077 or 33933
Child Life Specialist	Mary Kay Genesiee	905-522-1155 ext. 33141
Nurse Manager	Kimberley Ross	905-522-1155 ext. 33582

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.

We know it can feel stressful for you.

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 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.



At Home

When your baby is ready to go home, the withdrawal symptoms will be stable. You are given the time to care for your baby on your own to make sure you and your baby are confident and comfortable.

You will meet with the team to talk about follow-up care that will include your family doctor and our pediatric clinic at St. Joseph's. We will give you the times for all of your appointments.

Your baby will not go home on morphine but may need to go home on a medication called phenobarbital.

When you are 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 a baby is also created by the soothing and calm presence of the caregiver. Routine is very important. Your 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.

Websites:

Motherisk is a website operated by the Hospital for Sick Children in Toronto Ontario. Their motto is 'Treating the mother - Protecting the unborn'. This website is full of great information on many topics including Neonatal Abstinence Syndrome:

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

The Provincial Council for Maternal and Child Health (PCMCH) is a resource for health care providers, organizations and the general public to lead and guide maternal-child health care needs:

- <http://www.pcmch.on.ca>



Follow-up

- Your baby is followed to monitor his or her growth and development after discharge. There are some guidelines for growth and development on the next few pages.
- Clinic appointments are arranged before you leave.
- We would like to see your baby after discharge to make sure your baby is thriving and developing appropriately.
- Your family doctor or primary health care provider also arranges to see you and your baby in his or her office for regular baby visits and immunizations.

Things to look for and do to help your baby grow

What to expect when your baby is around 1 month old:

- Baby learns to focus on your face and recognize your voice
- Baby sometimes turns head at the sound of your voice
- Most babies can lift head when lying on stomach, respond to sounds and stare at faces
- Most babies sleep a lot



Some babies:

- follow objects briefly with eyes, vocalize oohs and aahs and see black and white patterns
- smile, laugh and hold head at 45 degree angle



As a baby I like...

- when you talk, sing or coo as you change my diaper, give me a bath, feed or dress me
- when you respond to my crying – crying is my way of telling you I hungry, tired, warm, need a diaper change or I am in discomfort. Hold me close, you will not spoil me
- when you put me on my tummy for tummy time when I am awake and you are watching me
- to suck
- to listen to music or hear you hum or sing
- to be cuddled
- to look at faces, moving things, mirrors, bright colours, different shapes
- to look at mobiles and dangling things that are safely out of my reach
- to have my position changed
- to grab items
- to look at and grab my hands and my feet

What to expect when your baby is around 2 months old:

- Baby learns to smile
- Baby experiments with noises other than crying
- Baby vocalizes gurgles and coos
- Baby likes changes in your voice and hearing high and low pitch sounds
- Baby follows objects across field of vision, sees own hands
- Baby holds head up for short periods



Some babies can:

- smile, laugh, hold head at 45 degree angle and make smoother movements
- hold head steady, bear weight on legs, lift head and shoulder when lying on tummy(mini push up)
- hold head up when held at your shoulders

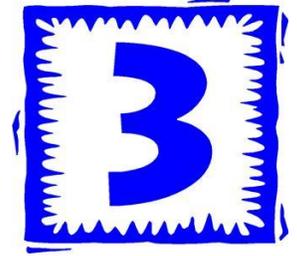


As a baby I like...

- to hold a rattle or safe toy
- to watch mobiles safely out of my reach
- my position changed when I am awake
- to coo using vowel sounds such as a, e, i, o, u
- to follow objects with my eyes
- some things and do not like other things - I start to get fussy
- when you move toys around so I have new things to look at

What to expect when your baby is around 3 months old:

- Baby grows and changes fast
- Baby can hold head steady when supported at the chest or waist in a sitting position, kicking legs and clenching toys and rattles
- Baby mimics sounds, track objects and recognizes familiar people from a distance
- Baby can recognize your face and smell
- Baby lifts head and chest and use own arms for support when placed on tummy
- Baby reaches for an object when supported sitting
- Baby follows a moving toy or person with eyes



Some babies can:

- Squeal, gurgle, coo, blow bubbles, recognize your voice, do mini push ups
- Roll over from tummy to back, turn toward loud noises, bring hands together, bat at a toy
- Bring both hands to chest and keeps head in midline when lying on back

As a baby I like...

- to look at new things and watch a mobile safely out of my reach
- when you move my hands in front of my face so I can see them
- when you clap my hands together and play pat-a-cake
- to put my fingers in my mouth
- change and get tired easy so change my position often throughout the day
- when you place me on my tummy, prop me up safely in a sitting position, place me on my back, or hold me at your shoulder
- when you give me time to practice looking, reaching and touching. Put a variety of toys of different textures in my hand. Crib gyms or other suspended objects also help me to practice these skills.
- when I am on my tummy, move bright coloured toys in front of me. This encourages me to lift my head and push up with my forearms to get my chest off the floor.
- when you talk to me face to face and say my name often
- when you change your voice from time to time using a high voice, low voice and soft voice
- when you imitate my speech sounds(sighs, coos, jabbering) and my actions (facial expressions, movements). Wait for me to respond and react to me by smiling and laughing.
- your voice saying nursery rhymes and singing lullabies and songs
- a nap in the morning and afternoon

