

A Guide for Parents of Babies with Neonatal Abstinence Syndrome

Reading this booklet can help you:

- learn how certain drugs and medicines can affect your baby during pregnancy and after being born
- understand what comfort measures can help your baby
- learn how to take care of your baby.

What is neonatal abstinence syndrome?

During pregnancy, almost every substance in your blood can pass to your baby. This means the baby shares the medicines, drugs, nicotine, alcohol, herbal remedies, and other substances you use while pregnant. Neonatal abstinence syndrome (NAS) is when a baby has withdrawal symptoms if his or her mother took certain drugs or medicines during pregnancy.

If your baby gets withdrawal symptoms, you and your support person can help by comforting your baby, because comfort measures can help lessen the symptoms. This booklet describes comfort measures and how to use them.

What drugs can cause NAS?

Prescription medicines, such as:

- acetaminophen and codeine
(*brand name:* Tylenol #3)
- acetaminophen and hydrocone (*brand names:* Vicodin, Lortab, and Peruset)
- acetaminophen and oxycodone hydrochloride (*brand name:* Percocet)
- buprenorphine (*brand names:* Suboxone and Subutex)
- fentanyl
- hydromorphone (*brand name:* Dilaudid)
- methadone
- morphine
- oxycodone (*brand name:* OxyContin)
- oxymorphone (Opana).

Street drugs, such as:

- cocaine
- crack
- ecstasy
- heroin
- oxys
- speed.

What is withdrawal?

After being born, your baby no longer gets the drug that he or she was used to getting from your blood when you were pregnant. When the supply of the drug suddenly stops (at birth), your baby's body has withdrawal from the drug.

When does withdrawal start and how long will it last?

The withdrawal symptoms usually show up within the first few hours or days after birth. The timing of the symptoms depends on:

- the drug you took while pregnant
- how much of the drug you took and how often you took it
- how close to the time of birth you took the drug

Not all babies have withdrawal the same way. It isn't possible to know ahead of time which babies will have withdrawal or how long the symptoms may last. Your baby will need to be watched closely in the hospital for at least 5 to 7 days. Babies who need medicine to help with the withdrawal symptoms may need to stay in the hospital for several weeks or more. Most babies continue to have mild symptoms of withdrawal for 4 to 6 months after leaving the hospital.

What are the symptoms of NAS?

The most common symptoms of NAS are:

- crying a lot
- being fussy and difficult to comfort
- trembling or shaking (tremors), even while asleep
- trouble sleeping
- stuffy nose
- sneezing or yawning a lot
- having a hard time feeding and sucking
- very sensitive to light, sounds, and touch
- throwing up, diarrhea, or both
- fever and sweating.

If NAS is not treated or gets really bad, it may lead to more serious symptoms, such as seizures.

When your baby is born

We consider you an important part of your baby's health care team. Your love and care are very important to your baby. We want you to be involved in your baby's care by:

- watching for symptoms and letting your baby's nurse know of any changes
- comforting your baby to lessen symptoms.

Our goal is to keep mothers and babies together as much as possible. When you are discharged from your hospital stay, it may be possible for you to stay in your baby's room day and night. This depends on which hospital unit your baby is in at Vanderbilt.

Who else is on my baby's care team and when will I meet with them?

We want you to be involved in your baby's care, ask questions, and help plan for your baby's needs at discharge. Throughout your baby's hospital stay, many health care team members will come in to care for your baby.

Some of your baby's health care team members are:

Social Workers _____

Doctors _____

Nurses _____

Morning rounds

Your baby's health care team will make morning rounds. We encourage you to participate in rounds to learn and ask questions about the plan for the day.

Nurse shift change

At shift change, nurses share information about your baby's care. We encourage you to join in the conversation at shift change, which is typically at 6:45 a.m. and 6:45 p.m.

Can I breastfeed?

Breastfeeding may be an option, depending on the medicines you are taking. If you want to breastfeed, ask your health care team about it. The decision to breastfeed your baby will be made by you and the health care team.

To check if the medicines you take are safe for breastfeeding, ask your baby's nurse, doctor, or lactation consultant.

Our lactation consultants can also help you successfully breastfeed your baby.



How can I comfort my baby?

You may already have experience with caring for a newborn. However, it may not be easy to soothe your baby because of the withdrawal symptoms. You may need to try several different things to find out what works best. We are here to help you.

Quiet and calm

Your baby may be very sensitive to light, sound, and touch. Try these methods to help:

- keep the lights low
- turn off the TV
- set any phones to a low ring or silent
- touch your baby gently and speak in a low voice
- keep visitors to a minimum
- wake your baby only for feeding
- care for your baby without a lot of handling or touching. Nursing care and other activities should be scheduled around feeding times to give your baby a chance to sleep better.

Use skin-to-skin

Snuggle and hold your baby with your baby undressed, against your chest. This is called skin-to-skin. Skin-to-skin supports early breastfeeding and helps regulate baby's temperature. Cover yourself and baby with a light blanket to stay warm, but be sure not to cover your baby's face.

Swaddle your baby

For most newborns, it is safer to not swaddle baby for naptime or bedtime. However, because of the withdrawal symptoms, some babies with NAS feel more comfortable feeding and sleeping while swaddled. We will show you how to safely swaddle your baby while he or she is still in the hospital.

Be sure not to overdress your baby or use too many blankets.

Important: We recommend using a sleep sack for naptime and bedtime after withdrawal symptoms are gone. When your baby leaves the hospital, swaddling will no longer be needed.

Soothe your baby

- Try holding your baby in an upright position; rocking your baby with smooth up-and-down motion. Do not pat your baby's back, but you can gently rub it. Keep your baby's arms tucked into his or her chest.
- Try giving your baby a pacifier, especially if your baby is fussy and sucking a lot between feedings.
- Give your baby a pacifier during care times like during diaper or clothing changes.

Comfort measures my baby likes best

Write down the ways your baby responds best to comfort measures.

Medicine for withdrawal symptoms

Comfort measures can help your baby cope with withdrawal symptoms. But, some babies need medicine, too.

To decide if your baby needs medicine, we rate your baby's symptoms using the Finnegan Scoring Tool. For example, we look at the withdrawal symptom of tremors to see how bad the tremors are and if your baby has tremors while he or she is asleep, as well as when awake. We rate all the symptoms this way and then add up the ratings; we call this the **Finnegan Score**.

The total Finnegan Score helps us decide:

- whether your baby needs medicines to help with the withdrawal symptoms
- how much medicine to give your baby
- when your baby needs less medicine
- when medicine can be stopped.

Finnegan Score

We look at the Finnegan Score on a scale. A score of "8" or higher is a sign that the baby needs medicine for withdrawal symptoms. Think of the Finnegan Score looking something like this:



A Finnegan Score below 8, means:

- your baby has few symptoms of withdrawal and may not need medicine or may not need as much medicine
- the medicine your baby has been taking is helping with the symptoms.

A Finnegan Score of 8 or higher means your baby:

- has many symptoms or the symptoms have gotten worse
- needs to start medicine or needs more medicine to help with the symptoms.

How often do you rate my baby's symptoms using this scale?

We look at your baby's symptoms using the Finnegan Scoring Tool many times a day. The best time to rate your baby's symptoms is after feeding and in a quiet room. Let your baby's nurse know when you are going to feed your baby, so we can rate his or her symptoms.



How long will my baby need medicine for withdrawal?

The amount of medicine will be slowly reduced over time until your baby no longer needs medicine for the withdrawal symptoms. This slow reduction of medicine is called weaning.

If your baby's Finnegan Score is less than 8 for two to three days, your baby's health care provider may decide to reduce the amount of medicine and thereby start the weaning process.

Weaning can continue as long as your baby's Finnegan Score stays below 8 and your baby:

- sleeps between feedings
- gains weight.

Weaning can take a few days or several weeks.

Can I stay with my baby?

You are likely to be discharged from the hospital before your baby. We don't want you to be separated from your baby and encourage you to stay with your baby at Monroe Carell Jr. Children's Hospital at Vanderbilt as often as possible. Depending on which type of room your baby is in, you may be able to stay overnight at Children's Hospital; either in the room with your baby or in a hospital sleep room. Talk with your baby's health care team about opportunities for overnight stay.

If you cannot stay with your baby, be sure to give us a phone number where you can be reached.

When can my baby go home?

The amount of time your baby stays in the hospital depends on:

- his or her withdrawal symptoms
- whether he or she is feeding well and gaining weight.

If your baby is getting medicine for withdrawal symptoms, this can take several weeks.

We want you to be involved with making plans for when your baby leaves the hospital. Part of the preparation to go home may include some time we call 'rooming in.' During rooming in, you will stay with your child in the hospital (including overnight hours) and handle your child's medical care, feeding, and personal care needs. This will help you get ready to care for your child at home, knowing that help is close by if you need us.

Caring for my baby at home

What kind of care will my baby need at home?

Your baby will need a calm, gentle environment at home just like in the hospital.

Make sure your baby:

- has a regular routine for sleeping and feedings
- has quiet and soothing surroundings.

You may need to limit the number of visitors.

Before your baby leaves the hospital, we will make a follow-up appointment in our clinic to check your baby's health and to be sure your baby is growing and developing.

You should choose a pediatrician for your baby's regular care.

Use the checklist at right to help you decide if your baby is ready to leave the hospital and you are ready to take care of your baby outside the hospital.

Leaving the hospital checklist

In the hospital:

- I know the signs that my baby is hungry and can feed him or her safely.
- I respond to my baby's needs and care for my baby in a safe and gentle way.
- I feel a healthy bond with my baby.

At home:

- I know what I need to do for my baby to take care of him or her everyday.
- I have someone who can help and support me.
- My baby has a crib and a safe place to sleep.
- My baby has a smoke-free home and car.
- If my baby takes medicines, I know how to give it to him or her, and have a safe place to store it.
- I know what warning signs to look for in my baby and know who to call for help.

Follow-up plans:

- I will take my baby to his or her doctor's appointments.
- I have a car seat for my baby and know how to use it correctly.
- I agree to a home visit by a public health nurse.
- I will share my baby's health information with my baby's health care team.