Kansas Perinatal Quality Collaborative

www.KansasPQC.org
Neonatal Abstinence & Your Baby

An Overview of Care in the Hospital

Kansas Perinatal Quality Collaborative
Health Department

Local Office: ________________________________

Follow-up Services for Infants

• Parents as Teachers: contact made through school district
• Tiny-K Kansas Infant-Toddler Services: 800-332-6262

For a Mom Seeking Treatment

Designated Women’s Treatment Programs: 785-296-6807
• Miracles Inc – Wichita
• DCCCA Women’s Recovery Center – Wichita
• DCCCA First Step Lakeview – Lawrence
• Ashby House – Salina
• Community Mental Health Center of Crawford County – Pittsburg
• Mirror – Newton
• City on a Hill – Garden City

Local Treatment Program

• ________________________________
• ________________________________
Neonatal Abstinence Syndrome (NAS)
What is Neonatal Abstinence Syndrome?

Neonatal Abstinence Syndrome (NAS) is the symptoms that may occur in babies whose mothers have used certain types of medications or drugs during their pregnancy. This is also known as withdrawal.

Types of drugs that can cause NAS:

- Morphine
- Codeine (Tylenol #3, Robitussin AC)
- Hydrocodone (Lortab, Vicodin)
- Oxycodone (Percocet, OxyContin)
- Methadone
- Suboxone/Subutex
- Heroin
- Benzodiazepines (Xanax, Ativan, Valium, Klonopin)
- Tramadol

What types of substances can cause NAS?

Many different medications and street drugs can cause a baby to show signs of NAS. Some of these are prescribed by a mother’s doctor during pregnancy. Others may be bought illegally.

Types of drugs that can increase NAS:

Use of these medications/substances in combination with medications/drugs associated with NAS are known to make withdrawal more severe.

- Alcohol
- Cocaine
- LSD
- PCP
- Ecstasy
- Amphetamines (Adderall)
- Methamphetamine
- THC
- Nicotine
During Your Pregnancy

When you are pregnant, the medications/drugs that you take get into your bloodstream. They can be passed to your baby through the placenta, and the effects of the medication/drug are felt by the baby. It is important to tell your doctor about any and all medications/drugs that you are taking during your pregnancy. This helps us to provide your baby with the best care possible.

This Includes:

- Any prescription medications
- Over-the-counter medications
- Herbal remedies
- Alcohol
- Cigarettes
- Street drugs

DO NOT change your medication/drug routine or stop taking prescribed medications without talking to your doctor. Your health and that of your baby could be affected.
After Your Baby is Born

When your baby is born, we try to keep you together. However, sometimes a baby may need extra support after birth. If your baby needs extra attention, he or she may need closer observation which may require more intensive care.

What Is Withdrawal?

After birth, your baby is no longer being exposed to the medications/drugs in your bloodstream. When this exposure suddenly stops and the medications/drugs wear off, your baby can have withdrawal. Each baby will show withdrawal differently. It is difficult to know how quickly, how severely, or how long your baby will be affected. Because of this, he or she may need to remain in the hospital for a week or more while being monitored or treated.

When Does Withdrawal Start?

Withdrawal will usually begin within 2-3 days after birth. However, some infants can show symptoms in a matter of hours while others may take a week or more. How and when a baby withdraws depends on many things, including:

- What type of drug was taken
- How often it was taken
- How long the drug was used during pregnancy
What Are The Symptoms?

- Trembling or shaking, even when they are asleep
- Fussiness that is difficult to console
- Stuffy nose or a lot of sneezing
- Sensitive to noise and touch
- Diarrhea
- Excessive crying
- Diaper rash due to diarrhea
- Sweating
- Poor feeding
- Yawning
- Spitting up
- Fever
- Vigorous sucking but does not eat well
- Increased breathing rate
**Will My Baby Need Medication For Withdrawal?**

Some babies do well with just comfort measures when dealing with withdrawal. However, there are many babies that may need medication. Your baby will be monitored by the nursing staff every few hours to determine if there are signs of withdrawal. The nurse will assign a number for each symptom they observe. Scoring helps the medical staff decide if your baby needs medication and when they can begin to decrease the medication. See the scoring sheet in the back of this booklet for more information.

If your baby’s withdrawal scores increase, even with comfort measures, they may need medication. Withdrawal can be physically uncomfortable and can become severe enough to cause seizures. Rarely, it can also result in death.

If your baby needs medication to help manage withdrawal, they will be monitored more closely which may require more intensive care.

**How Long Will My Baby Be In The Hospital?**

Monitoring for withdrawal symptoms may require at least a 5-7 day stay in the hospital. If your baby requires medication, the stay can be several weeks. Every baby is different. It is possible you will be discharged from the hospital before your baby is ready to go home. We encourage parents to stay with their baby in the hospital to provide comfort and feedings. Please ask about the boarding policy.
What Can I Do To Help My Baby?

Your role in your baby’s healthcare is very important. There are many things you can do to help, including:

• Provide a quiet and calm environment—too many visitors, bright lights, loud noises, and a lot of handling may be too much for your baby.

• Hold your baby swaddled in a blanket or skin-to-skin.

• Let your baby sleep, only waking when it is time to feed.

• Consider using a pacifier. Your baby may need a way to calm down.

• With the use of many medications, it is safe and even beneficial to breastfeed.

• With exposure to some drugs, breastfeeding may be harmful. Breastfeeding is not allowed if the baby will be exposed to cocaine, LSD, heroin, or PCP due to severe risk to the baby. There is some concern with the use of marijuana. Recommendations continue to be updated about drugs/medications and the safety of breastfeeding. Be sure to discuss this with your baby’s doctor.

• When you are ready to wean from breastfeeding, let your baby’s doctor know. Withdrawal symptoms can become worse during this time.

• If you choose to formula feed, feeding smaller amounts more often may help.
# Neonatal Abstinence Scoring System

<table>
<thead>
<tr>
<th>System</th>
<th>Sign</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>CNS</td>
<td>No CNS Disturbance</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>Excessive high pitched cry</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>Continuous high pitched cry</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>Sleeps less than 1hr after feeding</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>Sleeps less than 2hr after feeding</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>Sleeps less than 3hr after feeding</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Hyperactive moro reflex</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>Markedly hyperactive moro reflex</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>Mild tremors disturbed</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Moderate severe tremors disturbed</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>Mild tremors undisturbed</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>Moderate severe tremors undisturbed</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>Increased muscle tone</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>Excoriation</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Myoclonic jerks</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>Generalized Convulsions</td>
<td>5</td>
</tr>
<tr>
<td>System</td>
<td>Sign</td>
<td>Score</td>
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<tr>
<td>------------------------------------</td>
<td>----------------------------------------------------------------------</td>
<td>-------</td>
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<tr>
<td>Metabolic/Vasomotor/Respiratory</td>
<td>No Metabolic/Vasomotor/Resp. Disturbance</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>Sweating</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Fever less than 101°F (99, 100.8°F, 37.2, 38.2°C)</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Fever greater than 101°F (38.4°C)</td>
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</tr>
<tr>
<td></td>
<td>Frequent yawning (3-4 times in exam period)</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Mottling</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Nasal stuffiness</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Sneezing (3-4 times in exam period)</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Nasal ßaring</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>RR&gt;60/m in</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>RR&gt;60/m in with retractions</td>
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</tr>
<tr>
<td>GI Disturbance</td>
<td>No GI disturbances</td>
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</tr>
<tr>
<td></td>
<td>Excessive sucking</td>
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</tr>
<tr>
<td></td>
<td>Poor feeding</td>
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</tr>
<tr>
<td></td>
<td>Regurgitation</td>
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</tr>
<tr>
<td></td>
<td>Projectile vomiting</td>
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</tr>
<tr>
<td></td>
<td>Loose stools</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>Watery stools</td>
<td>3</td>
</tr>
</tbody>
</table>

Adapted from L.P Finnegan (1986)

**Explanation of Signs**

- 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
Acknowledged and obtained from Advent Health Shawnee Mission
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