

PARENTING A CHILD WHO WAS SUBSTANCE EXPOSED



**Institute for
Health Innovation**

NEONATAL ABSTINENCE SYNDROME

WHAT IS NEONATAL ABSTINENCE SYNDROME (NAS)?



NAS occurs when a baby has withdrawal symptoms from drugs mother took during pregnancy.



During pregnancy, almost every substance in mother's blood passes to baby.

Babies share medicines, drugs, nicotine, alcohol, herbal remedies



NAS describes a spectrum of signs and symptoms

State control and attention
Motor and tone control

Sensory integration
Autonomic functioning



75-90% of exposed babies develop NAS



42-94% require treatment

WHAT DRUGS CAUSE NAS?

Prescription medicines, such as:

- acetaminophen and codeine (*brand name: Tylenol #3*)
- acetaminophen and hydrocodone (*brand names: Vicodin, Lortab, and Percocet*)
- 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*)
- SSRIs
- Benzodiazepines

Street drugs, such as:

- cocaine
- crack
- ecstasy
- heroin
- oxys
- speed
- nicotine

HOW LONG DOES
WITHDRAWAL
LAST?

Depends on:

Drugs taken

Amount and
frequency
taken

How close to
time of birth



Most babies will have at least
mild symptoms of withdrawal
4-6 months after discharge

HOW LONG WILL BABY NEED MEDICATION FOR WITHDRAWAL?

Once Finnegan Score is regularly less than 8 for 2-3 days, doctor will likely begin weaning process



Weaning can last a few days or several weeks

WHAT ARE THE SYMPTOMS OF
NAS?

CNS DYSFUNCTION

High pitched cry

Fussy and difficult to comfort

Tremors and jerkiness, even while asleep

Restlessness

Trouble sleeping

Stiffness/hypertonic muscle tone

Seizures

Very sensitive to light, sounds, and touch

Poor sucking reflex

METABOLIC AND
VASOMOTOR
DISTURBANCES

Excessive sweating

Fever/difficulty maintaining body temperature

Patchy skin color

Frequent yawning

Skin irritation of face, heels

GI DYSFUNCTION

Poor feeding

Increased appetite

Vomiting

Diarrhea or loose stools

Severe diaper rash

RESPIRATORY
SYMPTOMS

Stuffy nose

Frequent sneezing

Irregular breathing

Nasal flaring

OTHER

Crankiness

Dehydration

Poor weight gain

Abrasions

Excoriations

HOW CAN I COMFORT BABY?

BE QUIET AND CALM

Baby may be sensitive to light, sound, or touch

Keep the light dimmed

Turn off the TV/radio

Set phones to vibrate or silent

Touch baby gently

Speak in a low voice

Keep visitors to a minimum

Wake baby only for feeding

Care for baby without a lot of handling

Schedule activities around feeding times to give baby a chance to sleep

Do not overfeed baby

Use a pacifier if baby is sucking between feedings

SKIN-TO-
SKIN/KANGAROO
CONTRACT

Hold baby undressed against
your chest

Cover yourself and baby with
light blanket to stay warm

Helps to regulate baby's
temperature

SWADDLING

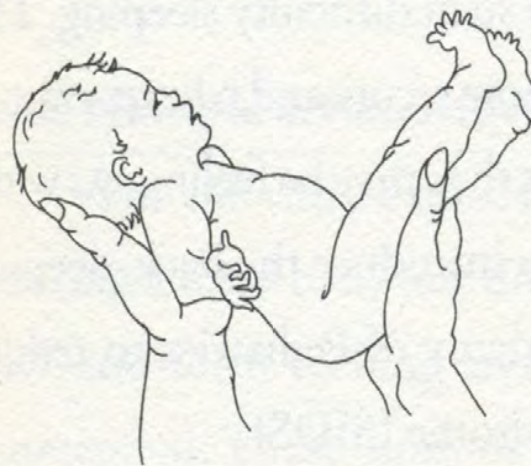
<https://www.youtube.com/watch?v=PjIrhcqQz3Q&feature=youtu.be>

C-POSITION



DO

A C-position is chin down resting near chest, arms forward, back is rounded slightly, legs are slightly bent in an upward position.



DON'T

Infant is working hard to control his own body by stiffening the back, arms, and legs. In doing this, he is increasing his body tone and burning precious calories he needs to grow.

C-POSITION



C-POSITION FACING OUT
Place your infant in C-hold with chin down, legs up, arms forward with back rounded forward. Face the baby away from your body. This hold is good for infants with increased tone using your body to break the baby's tendency to arch backward by molding his or her body forward.

VERTICAL ROCK

When an infant is frantic and hard to calm, hold the baby as little as two inches from your body and rhythmically rock up and down slowly. When doing the vertical movements, make sure your baby is in a C-position and you have a tight grip on the baby. Three or four up-and-down movements generally will be enough, then pull the baby back into your body and hold snugly and sway from side to side rhythmically.



CLAP AND SWAY

When you are trying to calm your infant, hold him or her in a tight C-position with chin down to chest, arms to the center of the body, legs bent slightly and pulled into the body. Cup hand and clap infant's diapered bottom to the beat of the heart. While clapping infant's bottom sway from side to side rhythmically, swaying from the knees rather than from the hips. This method will calm the baby relaxing tight muscles, therefore allowing your baby to go into a deep sleep.



CHANGES TO WATCH FOR



Withdrawal symptoms getting worse



Withdrawal symptoms coming more often



Behavioral changes that are concerning



Failure to eat



Excessive diarrhea or vomiting



Unable to calm baby



Seizures (call 911)

POTENTIAL LONGER-TERM PROBLEMS

OTITIS MEDIA
PROBLEMS
(INFLAMMATION OF
THE INNER EAR)

Severe or
chronic

- Hearing disabilities
- Developmental disabilities
- Learning disabilities

Recurrent

- Hearing loss
- Language delays

VISION PROBLEMS

Strabismus

Nystagmus

Reduced acuity

Refractive errors

Cerebral impairment

Overall visual development is delayed

MOTOR PROBLEMS

Inconsistent evidence about development

Methadone exposed infants tend to develop normally

Buprenorphine exposed infants tend to be significantly delayed

BEHAVIORAL AND COGNITIVE PROBLEMS

Heroin exposed infants

- Poor cognitive skills
- Poor perceptual skills
- Poor memory skills
- Short attention span

Methadone exposed infants

- Hyperactivity
- Poor verbal skills
- Poor memory skills
- Poor perceptual skills
- Short attention span

Buprenorphine exposed infants

- Hyperactivity
- Significant motor skills delay
- Impulsivity
- Poor memory skills
- Short attention span

TIPS FROM CARE-GIVERS

Assemble a team of doctors, social workers, and therapists who understand the unique needs of kids with NAS.

- A fair number of professionals still believe that NAS is temporary.

Learn how to walk away when your stress level is too high.

Learn how to manage idiotic comments from others (including doctors and nurses).

Think through what and when to tell others.

Do not pathologize everything child does.

Remember that sensory overload is a real problem, so do not blame yourself when routine parenting activities are challenging.

Remember that trauma too can be playing a role.

NAS babies can be very demanding and needy.

Early intervention for muscle stiffness and tone is crucial.

Older children can be very impulsive, difficult to discipline, and have problems with transitions.

Behavior and social interactions can be a problem in school.

Substance exposed children are at elevated risk for substance use and abuse.