PARENTING A CHILD WHO WAS SUBSTANCE EXPOSED
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?

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

Depends on:

- Drugs taken
- Amount and frequency taken
- How close to time of birth
HOW LONG WILL BABY NEED MEDICATION FOR WITHDRAWAL?

Once Finnegar 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

<table>
<thead>
<tr>
<th>Symptom</th>
</tr>
</thead>
<tbody>
<tr>
<td>High pitched cry</td>
</tr>
<tr>
<td>Fussy and difficult to comfort</td>
</tr>
<tr>
<td>Tremors and jerkiness, even while asleep</td>
</tr>
<tr>
<td>Restlessness</td>
</tr>
<tr>
<td>Trouble sleeping</td>
</tr>
<tr>
<td>Stiffness/hypertonic muscle tone</td>
</tr>
<tr>
<td>Seizures</td>
</tr>
<tr>
<td>Very sensitive to light, sounds, and touch</td>
</tr>
<tr>
<td>Poor sucking reflex</td>
</tr>
<tr>
<td>METABOLIC AND VASOMOTOR DISTURBANCES</td>
</tr>
<tr>
<td>--------------------------------------</td>
</tr>
<tr>
<td><strong>Excessive sweating</strong></td>
</tr>
<tr>
<td><strong>Fever/difficulty maintaining body temperature</strong></td>
</tr>
<tr>
<td><strong>Patchy skin color</strong></td>
</tr>
<tr>
<td><strong>Frequent yawning</strong></td>
</tr>
<tr>
<td><strong>Skin irritation of face, heels</strong></td>
</tr>
</tbody>
</table>
GI Dysfunction

- Poor feeding
- Increased appetite
- Vomiting
- Diarrhea or loose stools
- Severe diaper rash
Stuffy nose
Frequent sneezing
Irregular breathing
Nasal flaring
<table>
<thead>
<tr>
<th>OTHER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Crankiness</td>
</tr>
<tr>
<td>Dehydration</td>
</tr>
<tr>
<td>Poor weight gain</td>
</tr>
<tr>
<td>Abrasions</td>
</tr>
<tr>
<td>Excoriations</td>
</tr>
</tbody>
</table>
HOW CAN I COMFORT BABY?
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
https://www.youtube.com/watch?v=PjlrhcqQz3Q&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.

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)

- Hearing disabilities
- Developmental disabilities
- Learning disabilities

Severe or chronic

- Hearing loss
- Language delays

Recurrent
VISION PROBLEMS

- Strabismus
- Nystagmus
- Reduced acuity
- Refractive errors
- Cerebral impairment
- Overall visual development is delayed
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.