



Newborn Withdrawal

Information for parents

Congratulations on your pregnancy and the birth of your baby! We look forward to caring for both of you. Your baby may be at risk for having some difficulty after birth due to the drugs or medications s/he was exposed to during pregnancy. This information sheet was prepared to answer questions you may have about newborn withdrawal. Please be sure to ask if you have further questions or concerns.

What is newborn withdrawal?

Newborn withdrawal refers to symptoms that some newborns have if their mothers have taken narcotic drugs or other medications or substances (either prescribed by a physician or not prescribed) during pregnancy. When the baby is born and is no longer getting a certain drug or medication from his/her mother in the womb, s/he may start to show signs of withdrawal. This is called Neonatal Abstinence Syndrome (NAS).

What drugs or substances may cause my infant to have withdrawal symptoms?

Here are some examples of narcotic drugs that may cause withdrawal in a newborn infant:

- Darvon (propoxyphene)
- Demerol (meperidine)
- Dilaudid (hydromorphone)
- Fentanyl patch
- Methadone
- MS-Contin (morphine)
- OxyContin (oxycodone)
- Percocet/Percodan
- Suboxone/Subutex
- Vicodin (hydrocodone)
- Heroin

Infants can also have withdrawal symptoms from a variety of non-narcotic drugs or substances. If you are taking any medications or using any drugs, your physician or a member of the health care team can give you information about the risks of withdrawal for your baby.

When indicated, drug screening tests are performed on mothers and their babies to help us identify which infants are at risk of developing withdrawal symptoms. A newborn can still develop withdrawal symptoms even when the drug screen is negative.

What does newborn withdrawal look like?

Some common symptoms of narcotic withdrawal in a newborn infant include:

- difficulty being consoled
- tight or tense muscles (often called increased muscle tone)
- difficulty feeding and poor weight gain
- vomiting and diarrhea

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- ♦ tremors or shakiness
- ♦ high-pitched cry/ crankiness
- ♦ stuffy nose/sneezing
- ♦ skin breakdown, particularly on the face and diaper area
- ♦ seizures
- ♦ difficulty sleeping
- ♦ fast breathing

When does newborn withdrawal usually occur?

An infant may have symptoms of withdrawal within hours, days, or weeks after birth. In some instances, an infant may not have any signs of withdrawal. We can't predict which babies will have newborn withdrawal.

Whether and when a newborn infant experiences withdrawal depends on many factors, such as:

- what drug(s) or substance(s) a mother may have taken during her pregnancy
- the dose, or amount, of the drug or substance
- the period of time it was used during the pregnancy
- whether other drugs or substances were used at the same time, such as nicotine, opiates, or narcotics
- the individual infant's response to the drug or substance exposure

What care and support is provided for withdrawing babies in the hospital, and who will provide that care?

There are many ways that we provide medical and developmental care to infants experiencing withdrawal symptoms. Infants may get medications, physical/occupational therapy, and other treatments depending on their symptoms. A team of experts provides this care, including obstetricians, neonatologists, pediatricians, nurses, physical and occupational therapists, and social workers.

How long will my baby have to stay in the hospital?

A baby may have to be observed for an extended period of time in the hospital to make sure that s/he does not develop withdrawal symptoms. This means that infants at risk may stay in the hospital for an average of 3-7 days for medical monitoring.

After a baby develops withdrawal symptoms, s/he must be treated in a hospital setting until the withdrawal symptoms have resolved and s/he is safe to leave. The treatment may occur at BIDMC or at a rehabilitation care facility.

Treatment can take several weeks, sometimes longer. This depends on many factors and is difficult to predict before birth. Occasionally, medications may be started and stopped a few times during treatment, and the dose may need to be weaned slowly downward.

Once the infant leaves the hospital, s/he will need close monitoring and care through a pediatrician in the community and services such as Early Intervention that provide developmental support to young children and their families.

If my infant develops withdrawal, will the Massachusetts Department of Children and Families be notified?

If an infant shows symptoms of withdrawal, caregivers, including hospital staff, are required by Massachusetts State Law to report to the Department of Child and Families (“DCF”). There may be other circumstances that DCF would be contacted if a child’s health or welfare seems to be at risk.

The goal in notifying DCF is to provide support to families to ensure a safe home environment for children. The BIDMC social work department works closely with parents of infants who are being treated for withdrawal to support and guide them through this process. Please talk to your infant’s doctor, nurse, or social worker if you have any questions or concerns.

How can I help take care of my infant in the hospital if s/he is having withdrawal symptoms?

There are many ways that parents can work with hospital caregivers to provide comfort to infants who have withdrawal symptoms. Your baby will need a lot of attention in the beginning. S/he may be fussy and hard to calm, but here are some things that may help to comfort your baby.

It can be stressful for parents to have a baby who cries a lot. Many parents describe the time their baby spends in withdrawal as an emotional roller coaster. We understand that this is a very stressful and emotional time for you. Take comfort in knowing that we all have the same goal: to help you and your baby through withdrawal so you can go home as soon as possible. Ask friends and family for help so you get the breaks and support you need.

Below are some ways to support and care for your baby. But remember that every baby is different, so some items might be more helpful to your baby than others. Staff members can help you decide what works best:

- Keep your baby’s room quiet with the lights down low. Avoid loud noises.
- Hold the baby close to your body, skin-to-skin, or swaddled in a blanket. S/he may need to be held more than normal to stay comfortable.
- Swaddle your baby snugly. Ensure his/her airway is clear and the blanket is no higher than shoulder level. Ask a pediatric care provider to demonstrate if you need assistance.
- Avoid any excessive handling or stimulation.

- Gently rock or sway the baby.
- Consider “rooming in” to allow you to have close contact with your baby at all times.
- Don’t wake your baby if s/he’s sleeping.
- Try to encourage a quiet, calm environment for feeding and visiting with your baby. Limit visitors to one or two people at a time.
- Feed the baby when hungry and with small frequent feedings.
- Offer a pacifier if the baby wants to suck but isn’t hungry.
- Consider signing up for the Newborn Cuddler Program (we know that it’s difficult to be in the hospital all of the time for parents and we have trained staff to hold babies at various times during the day when parents are not available)

May I breastfeed my infant if s/he has withdrawal symptoms?

In most situations, a mother may breastfeed her infant while the infant is having withdrawal symptoms, and this is usually encouraged. However, in some situations, if the mother is still taking certain medications or drugs after delivery, breastfeeding may pose a health risk to the infant. The pediatric staff and the lactation consultants are available to answer your questions about breastfeeding.

When can my baby come home?

Your baby’s medical team will help decide when it is safe for your baby to go home and will help you learn about caring for your baby.

Your baby is ready to go home when he or she:

- Has had monitoring completed depending on the substance the baby was exposed to in the womb
- Is no longer needing medicine for withdrawal (if it was started)
- Is feeding without difficulty
- Is able to maintain a stable heart rate, breathing rate, and temperature
- Has referrals in place for community support, such as a home visiting nurse or early intervention
- Has a pediatrician and a follow-up appointment has been scheduled

We hope this information has been helpful. We want to work with you to make sure your baby is off to a healthy start. Please let us know how we can help, and please let your obstetrician, pediatrician, nurse, or social worker know if you have any questions or concerns.

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