

# Understanding Neonatal Abstinence Syndrome:

A Guide for Families



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As a parent, you have many decisions to make to keep your baby safe and healthy. Our Monument Health team will work with you to provide the best care possible. The information in this guide is to help you learn how to best care for your baby who is at risk for Neonatal Abstinence Syndrome (NAS).

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## **What Is Neonatal Abstinence Syndrome (NAS)?**

Neonatal Abstinence Syndrome (NAS) refers to symptoms of withdrawal that a baby may develop after birth if his/her mother has taken substances such as addictive medications or street drugs during pregnancy.

### **Why a Baby May Have NAS Symptoms:**

- Many substances (including addictive medication/drugs) used by mothers can reach the baby through the umbilical cord while in the womb.
- Once baby is born, he/she no longer gets the substance (including addictive medication/drugs) from their mother's body.
- The baby's body may begin to react to the loss of the substance (including addictive medication/drugs).
- This reaction includes symptoms (listed on page 4).
- This is known as withdrawal. Babies that have withdrawal symptoms use a lot of energy that should otherwise be used to help them grow and develop normally.

**Many medications/drugs can cause this reaction but some of the most common are:**

**Benzodiazepines:** (Medications used short-term for severe anxiety) Alprazolam (Xanax), Lorazepam (Ativan) and Diazepam (Valium)

**Opioids:** (Both as pain prescription and those obtained without a prescription) Fentanyl, Hydrocodone (Percodan/Oxycontin), Hydromorphone (Dilaudid), Morphine (MS Contin), Oxycodone (Vicodin/Lortab) and Tramadol (Ultram).

**Substitution medications used to treat addiction:** Buprenorphine (Suboxone)

**Other addictive street drugs:** (Also referred to as narcotics/illicit drugs) Cocaine, ecstasy, heroin and methamphetamine (meth).

## Honest and Open Sharing

Due to the serious nature of NAS, it is very important that you let your nurse and doctor know about any drugs used during your pregnancy. It is important to be honest and open when the health care team is discussing your medication/drug use with you. Being honest and open will help you and your baby's health care team take the best care of you and your baby which includes:

- Administering appropriate medications to you and your baby.
- Monitoring baby for any NAS symptoms.
- Discharging baby home as soon as safely possible after delivery.

Unfortunately, we cannot predict which babies will have NAS. The amount of drugs or medicines that the baby gets during pregnancy does not always match the symptoms that the baby may have once born.

## Symptoms of NAS

Babies that have NAS usually have several symptoms, not just one.

**For this reason, it is important to discuss all of your baby's symptoms with your doctor or nurse.**

We ask that you and your family, as well as the team taking care of your baby, watch for the symptoms of NAS which may affect many of your baby's body systems:

- **Gastrointestinal (GI) system symptoms:** difficulty or poor feeding, poor weight gain, loose or watery stools, vomiting, dehydration.
- **Metabolic system symptoms:** fever, sweating
- **Neurological system symptoms:** extreme distress (agitation), fussiness, trouble being calmed down (consoled); crying a lot, high-pitched cry, hyperreactive reflexes, vigorous or constant sucking on a pacifier or uncoordinated sucking; trouble sleeping, and stiff arms/legs, spasms, tremors, or seizures.
- **Respiratory system symptoms:** fast breathing, stuffy nose, frequent yawning, sneezing
- **Skin changes:** blotchy skin
- Seizures and severe breathing problems are possible but very rare.



## **Expected Hospital Care and Treatment for Babies with NAS**

### **How will I work with the hospital staff to care for my baby?**

- Your baby will stay with you after delivery, as long as your baby is medically stable
- Even after mom is discharged, parents may be able to stay on the post-partum unit in a room to be close to baby (as long as there is a room available).
- Research has shown that babies need less medication and go home faster when their parents are with them all the time.
- While in the hospital, you are your baby's primary caregiver. When you provide care, your baby does the best. We are here to support and help you take care of your baby.

### **Together we will:**

- Monitor your baby for problems eating, sleeping, or calming down (consoling)
- Learn how to help your baby with problems eating, sleeping, and consoling
- Determine if your baby needs medication for problems eating, sleeping, consoling or with any of the other problems related to NAS, such as breathing.

### **What if My Baby Has Problems?**

Your baby may be admitted to the Neonatal Intensive Care Unit (NICU), if your baby has problems such as:

- Being premature (not all premature babies have to be admitted to NICU)
- Having difficulty breathing
- Showing signs of infection
- Needs medications for NAS

## **How does the team know that the symptoms my baby is having are due to NAS?**

- A sample of your baby's umbilical cord, and possibly urine or stool will be sent to the lab to check for drugs/medications.
- Signs of withdrawal usually appear within the first 5 days.
- Your baby will be watched in the hospital for 4-7 days before being discharged home.
- Nurses and doctors will check your baby for signs of withdrawal every 3-4 hours.
- If treatment is needed, your baby will stay longer.

## **What is the treatment for NAS?**

- If your baby needs treatment but does not receive it, they may fail to sleep or eat well, fail to gain weight and can become sick.
- Some babies can also have very serious symptoms such as seizures.
- Our hospital uses screening tools to assess babies for signs of withdrawal. The screening tool used may require parents participate 24/7 to assist in screening your baby for withdrawal.
- If the baby has high withdrawal assessments, despite comforting measures, the baby will be admitted to the NICU for medicine.
- The most common medicine used to treat NAS is morphine. Sometimes other medications are also used to help treat NAS.
- Your baby may be ready to go home once they no longer need medications (Morphine) for NAS and they are no longer showing any signs/symptoms of NAS. This may take 2 or more weeks, depending on the severity of your baby's withdrawal symptoms.
- A social worker (along with the other staff) will support you throughout your stay. They can connect you to community resources for your family. We encourage you to talk openly with the social workers, so they can do their best to meet your family's needs.
- We have provided a list of resources for you as you care for your baby. The list is on the last page of this booklet.



## **Breastfeeding My Baby with NAS**

- Every situation is different.
- Breastfeeding provides the best source of nutrition for your baby.
- Breastfeeding is not always easy.
- Lactation consultants can help you and your family determine if breastfeeding is an option.
- Breastfeeding may also decrease symptoms of maternal depression.
- There are situations when it is not safe to breastfeed, including recent use of the medications/drugs listed on page 1 of this booklet.
- It is usually safe to breastfeed your baby if you are in a program receiving a stable dose of prescribed opioids.
- Once at home, stopping breastfeeding suddenly may increase your baby's withdrawal symptoms. Discuss with your doctor how to safely wean your baby.

## **How You and Your Family Can Help Your Baby with NAS**

The hospital staff is here to help you and your baby. Ask about ways to help your baby calm down. The nurses can help you learn how to best calm (console) your baby.

Pay attention to what makes your baby feel calm. You can help your baby feel safe and comfortable by doing the following:

### **Baby Rooming In**

- Baby rooming in with caregiver (parents, family, etc.) throughout the entire hospital stay will allow you to respond quickly to your baby's crying or hunger cues.
- Baby rooming in has been associated with decrease in NAS treatment and fewer days in the hospital

### **Being Present (also called Parental Presence)**

- Parents provide all cares for baby.
- Parents are involved in the assessment of NAS symptoms and assist in optimizing non-medication interventions

### **Skin to Skin Contact**

- Encouraging skin to skin contact. Have lots of skin to skin contact with your baby while you are awake.
- Skin to skin contact helps babies make smooth transitions from one state to another (sleeping to awake).
- Skin to skin contact has been shown to reduce agitation and enhance comfort
- Skin to skin contact is associated with decreased hormonal signs of stress (lower cortisol levels)
- Skin to skin contact helps to buffer the environmental stimuli

### **Holding by a Caregiver or Cuddler**

- Encouraging holding, gentle rocking or swaying by a caregiver or cuddler

### **Swaddling**

- Swaddling or flexed positioning
- Swaddling provides support in helping the newborn to control their bodies and allows them to focus on breathing and feeding with greater comfort



## **How You and Your Family Can Help Your Baby with NAS continued**

### **Quiet and Calm Environment**

- Ensuring a quiet environment
- Low light
- Talk in a soft, quiet voice.
- Avoid loud noises
- Avoid stimulation in room (TV off, Short quiet conversations etc.)

### **Limiting Visitors**

- Limiting visitors to one at a time. Having more visitors may make your baby fussy or not sleep as well.
- Limit visitors to only those that will be quiet and supportive
- Routine is beneficial

### **Grouping Baby Cares**

- Give your baby time to sleep undisturbed between feedings. The best time for your baby's team to assess them is when they are awake and fed.
- Group baby cares. For example, bulb suction baby's nose if needed, change diaper if needed, swaddle, & feed. Then provide for a rest period for baby.
- Follow the baby's cues; the baby may need to be fed before changing the diaper

### **Optimal Feeding & Use of Pacifiers**

- Keep baby swaddled during feeding
- Small and frequent feedings with high calorie formula/breastmilk helps to compensate for excessive caloric use.
- May require frequent burping.
- Non-nutritive sucking on a finger or pacifier, ensuring baby is well-fed first
- Pacifiers are very useful because rhythmic, non- nutritive sucking behavior has a soothing and state- organizing effect
- Babys may display head thrashing or excessive rooting when the pacifier is close to mouth; therefore, helping the baby stabilize their head and facilitate ability to latch on to pacifier may be needed

## **Safe Sleep**

Make sure you are always wide awake when holding your baby. Ask someone else to hold or calm your baby when you are sleepy or need a break. Make sure you follow the instructions for safe sleep that the nurse will go over with you.

## **Caring for Yourself**

Stay well rested so you can care for your baby. Ask for help when needed. Take breaks and ask family or a nurse to help when you need a rest. Share your concerns with your family and care team.

## **Preparing for Successful Discharge from Hospital**

We want to assure you our goal is a safe and successful discharge for you and your baby. Your baby's care team will help decide when it's safe for your baby to go home. We will need to watch your baby for at least 4 -5 days in the hospital to make sure there are no significant signs of NAS.

### **If your baby was admitted to the NICU, you will be ready to take your baby home:**

- When your baby can take all feedings orally (breast or bottle.)
- When your baby is gaining weight.
- When your baby has minimal to no signs of withdrawal. When your baby is free of other medical complications.
- When you have a follow up healthcare provider identified for your baby.
- When you have a follow up appointment scheduled in 48 hours (2 days) for your baby after discharge.
- When you have identified reliable support system to help you care for your baby.
- Please do not hesitate to ask questions and let the team know if you do not understand. We are here to help you and your baby. The last page of this document contains a list of local resources to help.



## **Resources**

Monument Health Lactation Services - 605-755-8494  
(For help with breastfeeding)

Addiction Recovery Center - 605-716-7841

<https://www.avoidopioidsd.com/>

Crisis Care Center (RC) - 605-391-4863

Face it Together (SF) - 605-539-9375

Full Circle (RC) - 605-721-2916

Project Recovery (RC) - 605- 340-1234

South Dakota Resource Hotline - 1-800-920-4343





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