

## **Alcohol Exposure**

Your baby had a screen. This test showed that your baby was exposed to alcohol in the womb. Babies exposed to alcohol can have problems. Some of these problems happen after birth. This can include withdrawal which is called neonatal abstinence syndrome (NAS). Other problems can show up over time as fetal alcohol spectrum disorders (FASD). This fact sheet explains the causes and symptoms you may observe. It also explains what might happen when you care for a baby. We hope these tips can help you and your baby move through this process more comfortably and safely.

## **Fetal Alcohol Spectrum Disorders (FASD)**

FASD refers to a group of conditions. These conditions can occur in a person who was exposed to alcohol in the womb. They can range from mild to severe. They can affect each person in different ways. Some problems affect the body (physical problems). Some problems affect behavior. Some problems affect learning. Problems usually show up as the child grows up. In fact, it is very common for babies to have little to no signs of FASD. Because of this routine developmental screenings can be very helpful.

## **Possible Newborn Effect of Alcohol Exposure**

- Abnormal facial features
- Problems with body size- Small head size, short height and/or underweight
- Problems with temperament- Fussiness and easily over stimulated
- Sleep problems
- Feeding problems- poor suck and spitting up
- Vision or hearing problems
- Problems with the heart, kidneys or bones

## **Possible Effects as your baby grows**

- Poor coordination
- Hyperactive behavior
- Difficulty with attention
- Poor memory
- Difficulty in school
- Learning disabilities
- Speech and language delays
- Poor reasoning and judgment skills

## **Treatment**

FASDs last a lifetime and they have no cure. However, therapies and treatments can help. There are many types of options. Medication may be used. The child can have behavior and education therapy. Parent training may be helpful. No one treatment is right for every child. A good treatment plan is important. It should monitor, change as needed and follow up. As with all children, a stable nurturing environment is key. More information on therapies and treatments can be found online. Visit [www.cdc.gov/fasd](http://www.cdc.gov/fasd).

## **Neonatal Abstinence Syndrome (NAS)**

When a pregnant woman takes substances her baby is exposed. Once born, the baby is cut off from the substance(s). Some babies go thru withdrawal. Newborn withdrawal is called neonatal abstinence syndrome or NAS. Symptoms usually appear 1 to 7 days after delivery. Withdrawal symptoms can be mild to severe. They usually go away by the time the baby is 6 months old. Different substances can cause withdrawal.

- **Opioids** — street drugs such as heroin and opium; medications such as codeine, morphine, methadone, Vicodin, Percocet, Oxycontin, Demerol, Suboxone
- **Barbiturates**—Fioricet and drugs with names ending in “al” or “tal”; common street names include phennies, yellow jackets, and Amytal.
- **Benzodiazepines** — medications such as Valium, Xanax, Klonopin, and Ativan
- **SSRIs (selective serotonin reuptake inhibitors)** — prescription medications for depression and anxiety such as citalopram (brand name, Celexa), escitalopram (Lexapro), fluoxetine (Prozac), paroxetine (Paxil), sertraline (Zoloft)
- **Alcohol**
- **Nicotine**- from cigarettes or e-cigarettes.

## **Will my baby have withdrawal/NAS?**

It is hard to know which babies will have NAS. Experts don't know why some babies get it and some don't (even when exposed to the same amount of substance in the womb). It's also hard to know how bad the symptoms may be. For this reason, if your baby was exposed, keep an eye out for withdrawal symptoms.

## **What are the symptoms?**

- Lots of crying, lots of irritability and difficulty with calming.
- Sleeping trouble, trouble settling down and trouble staying asleep.
- Arms and legs that feel stiff or tremble or twitch.
- Feeding troubles, weak or frantic suck, weight troubles, diarrhea, vomiting, poor weight gain.
- Breathing trouble, fast breathing, long pauses between breaths.
- Sweating.
- Sneezing, stuffy nose.
- Skin problems, face and diaper areas can look raw.
- Seizures are possible but not seen as often.

## **How do we know this is withdrawal/NAS?**

Doctors diagnose NAS based on mom and baby information. Lab tests can see what substances the mom and baby were exposed to. Baby lab tests can be done on stool, urine or the umbilical cord. Babies are watched for withdrawal symptoms. Doctors and nurses often use a scoring sheet for symptoms.

## **How is newborn withdrawal/NAS treated?**

The treatment for a newborn in withdrawal depends on the symptoms. Your baby's care may include the following:

- **Extra monitoring.** Your baby will be checked frequently in the hospital. Your baby may need tests. Your baby may need to stay in the hospital longer.

- **Medication.** Some babies need medication. Medicine helps manage symptoms. It helps the baby adjust after the supply is cut off after birth.
- **Sensitive care.** All newborns need good care. However, a baby in withdrawal needs special care. This care helps them rest, eat and develop.

## Sensitive Care

A baby in withdrawal is sensitive — and requires sensitive care. **The next section of this handout describes how you can provide sensitive care in the hospital and at home.** It offers ideas for responding to specific symptoms you may see in your baby. These strategies also promote bonding and help you and your baby learn to enjoy each other.

**Keep in mind that a big part of sensitive care is learning your baby’s cues for comfort and needs.** Cues are certain behaviors that you can learn to interpret. They can include things like crying, smiling, arching the back, staring, and turning the head. It may help to write down your baby’s cues and how you respond to help your baby eat well, settle down, rest, grow, and engage. Use the Notes section on the back page of this handout to write down what you’re learning from your baby.

**Basics of sensitive baby-care. In the hospital and at home, give your baby the following:**

### Closeness.

- Spend as much time as possible with your baby. Hold, sing or talk softly to your baby and just keep your baby close.
- Sleep in the same room with your baby (**not in the same bed**). This makes it easier to check on your baby. Always put your baby to sleep on his or her back, in their own crib or bassinet, on a firm mattress with no stuffed animals, blankets or pillows. Keep the room at a temperature that’s comfortable for you — that’s the right temperature for baby, too.
- Hold your baby skin-to-skin, during breastfeeding or any time. This closeness comforts your baby — and may ease some symptoms of withdrawal.

### Quiet, calm, and consistency.

- Limit visitors. Your baby will do better with fewer people and less stimulation.
- Keep things quiet. Voices, music, and phones should be soothing and low.
- Avoid too much of anything: bright lights, heat and cold, lots of “fun” toys or games. A baby in withdrawal needs rest, not excitement. Save the peek-a-boo surprises for later.
- Stick to a routine. Your baby will feel reassured by a regular schedule of feedings, naps, and cuddles.

### Comfort positions and pressures.

- Try different ways of **holding** your baby. A baby may feel more secure and comfortable held over your shoulder, curled in a C-shape, or with his side or tummy along your thighs as you sit. The hospital nurses may show you positions that work well with your baby.
- Experiment with massage and touch. Many babies are soothed by firm, rhythmic strokes and pats. Try patting your baby’s back and bottom as you walk, sway, or rock. (Avoid light, feathery touch — this irritates many babies.) Every baby responds differently so watch your baby’s reaction. If your baby doesn’t like something you are trying, stop and try something else. If nothing seems to work, call your health care professionals for help.

**Patience and attention.**

- Notice your baby’s behaviors and symptoms. Write down what you see. Discuss these things with your baby’s doctor. Many things you notice about your baby are cues to what your baby likes or needs.
- Be responsive. As you learn how your baby communicates, you will learn how to respond to what your baby is telling you.
- **Be patient with your baby — and with yourself.** The newborn period can be intense, and withdrawal can pose an additional challenge. Reach out for support as you and your baby move through this process together.

**What can I do to help my baby with withdrawal/NAS?**

There is a lot that you can do to help your baby but it may not be easy. Caring for a baby in withdrawal can be challenging. It can be frustrating and exhausting. Please make sure you check in with yourself. Please make sure you take care of yourself. Know when you need a break from your baby. Reach out for support. Ask a friend or relative to be your “go to” person anytime you need a break. The hospital social worker is a good place to go to for support. Consider seeing a counselor or attending a support group. Remember to be kind to yourself. This helps you take better care of your baby.

Caring for your baby can also be rewarding. The more time you spend with your baby the easier it will be for you to learn your baby’s cues. Cues can be things like crying, arching the back, staring, etc. The cues tell you when your baby needs comfort. Closeness is a good way to comfort. The chart below shows ways to be close to your baby.

What you may see	Things you can try
<p><b>Fussiness, crying.</b></p> <p>Your baby <b>seems upset</b> and is having <b>trouble settling</b> down. Your baby has been <b>crying a long time.</b></p>	<p>Hold your baby skin-to-skin or wrapped up close to your body. If the hospital nurses have shown you how to swaddle your baby, try that.</p> <p>Try holding your baby in different positions.</p> <p>Gently sway from side to side. Rock in a rocking chair. Hum or sing quietly as you move. Make a “shhhh” sound — this sounds comforts many babies.</p> <p>Avoid too much of anything: bright lights, heat and cold, lots of “fun” toys or games, visitors. A baby in withdrawal needs rest</p>

<p><b>Sleep problems.</b></p> <p>Your baby <b>can't get to sleep</b>, can't <b>stay asleep</b> for very long.</p>	<p>Try soothing moves listed above — close holding, swaying or rocking, “shhh”ing — in a quiet room.</p> <p>Check your baby’s diaper to see if it needs changing.</p> <p>Remember the <b>ABCs</b> of baby sleep. <b>A</b>lone, on the <b>B</b>ack in a <b>C</b>rib.</p> <p>Sleep in the same room with your baby but not the same bed.</p>
<p><b>Feeding and sucking problems.</b></p> <p>Your baby has a <b>weak suck</b> or <b>eats poorly</b>. Your baby has a <b>frantic or continual need to suck</b>. Your baby <b>spits up</b> a lot.</p>	<p>Feed your baby whenever he or she seems hungry. Feed your baby until he or she seems satisfied.</p> <p>Feed your baby slowly. Allow for rests during feedings.</p> <p>Your baby may want to suck even if he or she isn't hungry. Your baby may suck on the hands a lot. Offer a pacifier or your finger. Protect your baby's hands by covering them with sleeves.</p> <p>For spitting up, keep your baby upright for a bit after every feeding. Gently burp your baby.</p> <p>Breast milk is the best choice for a newborn. Ask your doctor if it's safe to breast feed.</p>
<p><b>Stuffy nose, sneezing, breathing trouble</b></p>	<p>Keep your baby’s nose and throat clear of mucus. You can wipe with a wet cloth or using a bulb syringe.</p> <p>Don't overdress or swaddle too tightly.</p> <p>Always put your baby to sleep on his or her back — and get medical care if you notice any serious breathing problems.</p>

**When will my baby stop having withdrawal symptoms?**

It’s hard to predict this. Withdrawal symptoms begin and end at different times in different babies. Most of the time, withdrawal symptoms ease after a few weeks. For most babies, these symptoms go away by the time the baby is 6 months old.

**Does my baby need continuing medical care?**

Yes. Every baby needs to see the doctor. Babies need at least 6 visits in the first year of life (3-5 days, 1 month, 2 months, 4 months, 6 months, 9 months and 12 months). Your baby’s doctor needs to check that your baby is growing and developing well. Be sure to **keep all of your appointments with your baby’s doctor. Call your doctor with any questions.** Also follow the advice in the “When to call the baby’s doctor”.

**When to call the baby’s doctor**

- Crying that lasts longer than 3 hours and isn’t helped by any of the soothing techniques described in this handout.
- Intense jerking of arms and legs, even when you try to gently hold them still. (This could be a seizure.)
- Vomiting or diarrhea (more than occasional).
- Poor feeding – such as baby feeding less or sleeps through several feeding times.
- NO dirty diapers in a 24-hour period, or fewer than 4 wet diapers per day after the 4th day of life.

**Helpful Information**

**CUES that my baby is...**

**Calm:** \_\_\_\_\_

**Upset:** \_\_\_\_\_

**Hungry:** \_\_\_\_\_

**OTHER THINGS I notice about my baby:** \_\_\_\_\_

**TO RELAX AND COMFORT MY BABY, I can:** \_\_\_\_\_

**IF I FEEL FRUSTRATED OR OVERWHELMED, I can call:** \_\_\_\_\_

**MY BABY’S DOCTOR:**

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

**MY BABY’S INSURANCE INFORMATION:**

Name of Health Plan: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Phone Number: \_\_\_\_\_