

# Newborn Withdrawal: Guidelines for Families In the Hospital and At Home

Your baby has been diagnosed with newborn withdrawal or neonatal abstinence syndrome (NAS). This fact sheet explains the causes and symptoms of newborn withdrawal. It also explains what might happen when you care for a baby in withdrawal. We hope these tips can help you and your baby move through this process more comfortably and safely.

## Newborn Withdrawal

**Newborn withdrawal** refers to a group of symptoms that are sometimes seen in a baby whose mother has taken certain drugs or medications during her pregnancy. You may hear newborn withdrawal referred to as neonatal abstinence syndrome or NAS.

Symptoms usually appear 1 to 7 days after birth. Symptoms can be mild or severe, but they usually go away by the time a baby is 6 months old.

### What causes it?

Newborn withdrawal can happen after a baby has been exposed to certain substances before birth. Symptoms arise as the baby's body adjusts to life outside the womb and is cut off from the drugs or medicines the mother took in pregnancy.

Many different substances — including many prescription medications — can cause withdrawal in a newborn. The most common substances linked to withdrawal are:

- **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**

**Not every baby born to a mother who has taken one of these substances in pregnancy will go through withdrawal.** Experts aren't sure why some babies are affected, and others not. It's also hard to know how bad the symptoms will be. For this reason, parents and caregivers of newborns should be aware of the symptoms that you might see and what you can do to help.



## What are the symptoms?

In withdrawal, your baby may have some or all of these symptoms:

- **Unusual irritability, continual crying.** Compared to other newborns, your baby may be more **cranky** and **fussy**. Your baby may cry often — and the **cry is high-pitched**. It may be hard to **soothe, calm, and comfort your baby with usual measures like feeding, diapering and holding**.
- **Sleeping trouble.** Your baby may **sleep less** than other newborns. In general, your baby may have **trouble settling down** for sleep — and **may sleep only for short stretches** of time. Your baby may **yawn a lot**.
- **Unusual stiffness, startling.** Your baby's **arms, legs, and back may be unusually stiff or rigid**. Your baby may **startle easily** and in **an exaggerated way**.
- **Trembling, twitching.** Your baby may tremble or twitch — or seem **jittery** or **shaky** overall.
- **Trouble feeding, sucking.** Your baby's **suck may be weak, frantic, or both**. This makes it hard for your baby to get enough milk at feeding times. Your baby may have a constant need to suck.
- **Diarrhea and vomiting.**
- **Poor weight gain.** After the first week of life, your baby may gain weight slowly or not at all.
- **Unusual breathing.** Your baby may breathe fast or has irregular or long pauses between breaths.
- **Sweating.**
- **Sneezing, stuffy nose.**
- **Skin problems.** Your baby's skin may look raw in places. The face and the diaper area are often affected by this skin breakdown.
- **Seizures.** Seizures are possible but not seen as often.

## How do we know this is withdrawal?

Medical providers diagnose withdrawal based on the symptoms they see in your baby. To help with diagnosis, providers often use a scoring sheet, in which symptoms and their seriousness are noted. In some cases, they may order tests of you, your baby's umbilical cord, bowel movements or urine. These tests may identify the substances the baby was exposed to.

## How is newborn withdrawal 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. Depending on the symptoms the care team sees, your baby may need tests and may stay in the hospital longer.
- **Medication.** Some babies need medication to manage symptoms or to help their bodies adjust to life without the substance they were exposed to in pregnancy.
- **Sensitive care.** All newborns need good care. However, a baby in withdrawal needs special care to help them rest, eat and develop normally.

## **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.

## Baby soothing tips for mom or dad

| What you may see   | Things you can try   |
|--|--|
| <p><b>Fussiness, crying.</b><br/>Your baby <b>seems upset</b>, is having <b>trouble settling</b> down, has been <b>crying for 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>Gently sway from side to side. Rock in a rocking chair. Hum or sing quietly as you move. Make a “shhhhh” sound — this sound comforts many babies.</p> <p>Dim the lights and take away any extra noise or stimulation in the room.</p>  |
| <p><b>Sleep problems.</b><br/>Your baby <b>can’t get to sleep</b>, can’t <b>stay asleep</b> for very long.</p>   | <p>Try the soothing moves listed above — close holding, swaying or rocking, “shhhh”-ing — in a quiet room.</p> <p>Check your baby’s diaper to see if it needs changing.</p>  |
| <p><b>Feeding and sucking problems.</b><br/>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 shee seems hungry and until your baby seems satisfied.</p> <p>Feed your baby slowly. Allow for rests during feedings.</p> <p>If your baby sucks on his or her fists a lot or seems to have a strong need to suck (and isn’t hungry), 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><b>Stuffy nose, sneezing, breathing trouble.</b></p>  | <p>Keep your baby’s nose and mouth clear of mucus by wiping 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 of the serious breathing problems listed in the “When to call the baby’s doctor” section.</p>  |

### Common questions

- **Will my baby always be affected?**

Withdrawal is a process, with symptoms that are expected to be temporary. In this respect, withdrawal is different from a birth defect that can be caused by exposure to substances during pregnancy.

From the very beginning, you should have open and ongoing talks with your baby's doctor. Tell the doctor about withdrawal symptoms or any other behaviors or signs that you might wonder about. Share your baby's milestones and ask any questions about care. Reach out for support. In the days, weeks, and months to come, your baby's doctor can guide you as your baby grows and develops.

- **Can I breastfeed my baby?**

Breast milk is almost always the best choice for a newborn. Even if you're taking prescribed medication, the small amount of medication that passes to your baby in your milk is usually considered safe. However, you should talk to your doctor about breastfeeding and your prescription medication — and **don't take any other, nonprescribed medication or drugs without first checking with your baby's doctor to make sure it's okay for your breastfed baby.**

- **Is it okay to play with my baby?**

Gentle, loving interaction is always okay. But as long as your baby is having symptoms or seems easily upset, stick with low-key things like humming, holding, smiling, swaying. Over time, your baby's calm periods should increase and you can try more stimulation. Start slow. When your baby is alert and peaceful, try dancing together to a little soft music. Show your baby a toy. Help your baby experience and explore new touches, smells, and sounds. If you pay attention to your baby's cues, you'll find a good pace for playing and learning together.

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

Yes. Every baby needs to see the doctor regularly, in the first year of life and beyond. Your baby's doctor needs to check that your baby is growing and developing well. So be sure to **keep all of your appointments with your baby's doctor — and call with any questions.** Also follow the advice in the "When to call the baby's doctor" box.

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

It's hard to predict this. Withdrawal symptoms begin and end at different times in different babies. The process seems to depend on several factors, including which substance the baby was exposed to. Most of the time, withdrawal symptoms ease after a few weeks and go away by the time the baby is 6 months old.

## **Before You Go Home**

- Take time to learn your baby’s cues
- Make sure you understand the discharge plan
- Make sure your baby has his or her own doctor before you take your baby home from the hospital.
- Think about who can help you at home with daily tasks or who can help you keep track of appointments, etc

**What if I can’t handle it?**

Caring for a newborn can be emotional and stressful — even more so if your baby is in withdrawal. Don’t try to do it alone. Ask a friend or relative to be your “go to” person anytime you need a break from your baby. Consider seeing a counselor or attending a support group. Being kind to yourself helps you take better care of your baby. If you can’t find any other help, call the hospital where your baby was cared for and talk to the hospital social worker or the nurse in the nursery.

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

*Indiana Perinatal Quality Improvement Collaborative (IPQIC)*