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# Neonatal Substance Withdrawal

Parent/Caregiver Information – Neonatal Services

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# Neonatal Substance Withdrawal (NSW)

## What is Neonatal Substance Withdrawal (NSW)

Neonatal Substance Withdrawal (NSW) is a group of different symptoms/behaviours commonly seen in babies of mothers who were taking medications/substances during pregnancy. These include:

- Opioids: Methadone and Buprenorphine (Subutex™) – also called opioid substitute treatment
- Other Prescribed Opioids: Oxycodine (Oxycontin™, Percocet™), Hydrocodone (Vicodin™), Fentanyl, Morphine (Sevredrol™) or Codeine
- Benzodiazepines: Diazepam (Valium™), Temazepam or Alprazolam (Xanax™) which can be used to treat issues such as anxiety or poor sleep
- Psychiatric medications such as Serotonin uptake inhibitors: Prozac™, Citalopram, Escitalopram, Quetiapine or Venlafaxine
- Marijuana
- Barbiturates
- Amphetamines, 'P', Ritalin
- Alcohol
- Nicotine
- Cocaine (rare in New Zealand)
- Others

Some of these are street drugs and others may be prescribed for the mother. Sometimes medications are necessary during pregnancy, even if they may cause the baby to have symptoms of withdrawal after birth. Sometimes prescription drugs are prescribed for a mother by her doctor and other times she may be using drugs that were prescribed for someone else or using the drug in a different way than her doctor meant for it to be taken. Either way, exposure to these drugs in pregnancy may cause the baby to have Neonatal Substance Withdrawal after delivery.

MOST non-opioid drug withdrawal symptoms do not require treatment with medication. Often, the baby will need support as they withdraw from the opioids. This can be some form of medication.

## **What is withdrawal?**

At birth, the baby no longer gets the drug or drugs that he or she was used to getting from the mother's blood during pregnancy. When the drug supply suddenly stops after the umbilical cord is clamped, the baby may gradually start to develop symptoms called withdrawal (or NSW).

Not all babies go through withdrawal in the same way. It is not possible to predict which babies will have withdrawal or how long it will last. The amount of drug that a mother takes does not always predict how severe the baby's withdrawal will be. Withdrawal can also be dependent on how long the mother has been taking the drug(s), genetics and if the mother is on any other medications or drugs. The baby may need to stay in the hospital for a few days to many weeks, depending on how severe the withdrawal is and how difficult it is to treat.

## **How will babies with withdrawal act?**

Each baby will have a different group of symptoms, but there are some common symptoms:

- Irritability
- High pitched cry
- Uncoordinated, frantic/constant sucking
- Sneezing
- Frequent yawning

Other symptoms can be linked to the headings:

### **Eat**

- Poor feeding
- Weight loss/difficulty gaining weight
- Frequent stooling, diarrhoea, severe diaper/nappy rash

### **Sleep**

- Difficulty settling to sleep
- Sleeping only short periods of time (< 1 hour)

### **Console**

- Trembling, shaking, jitteriness
- Ability to settle when cuddled in 10 minutes

### **Other**

- Stuffy nose
- Goose bumps
- Sweating
- Breathing fast

## **How can health care providers tell which babies need treatment?**

Sometimes mothers do not report their drug use or the fact that they are taking more medicine than they are prescribed because they are afraid or embarrassed.

- It is very important that you let your health care providers know exactly what you have taken so that they can choose the right plan of care for your baby.
- Health care providers understand that each person takes medications, drugs or other substances for different reasons, and they can help you to get community resources for help if you need them.

Infants with untreated severe withdrawal symptoms may become very sick and even have seizures if not treated.

If health care providers are aware your baby was exposed to medications during your pregnancy, they can start monitoring for any problems after your delivery.

## **Assessments**

We aim for the first 24 hours for the baby who is well after birth to stay on the postnatal ward with their mother. During that time, baby's behaviour and feeding will be assessed as part of the NEWS (Newborn Early Warning Score) assessment. They will be done every 6 hours or so.

Once on NICU, or if your baby develops signs of withdrawal, we will use the Eat Sleep Console Assessment tool as a way of caring for your baby and assessing whether they may need support during their withdrawal. You are the main treatment for your baby during their stay. Staff will work alongside you when using the tool. Together we will look at the symptoms (as described above) to determine the best plan for your baby.

## **When does withdrawal start? How long will it last?**

All babies will have different patterns of withdrawal depending on the medication(s)/drug(s) that mother was taking and the way that the baby's body metabolises the drug. If mothers are on several different drugs, withdrawal symptoms may be worse (for example, a mother on Oxycodone who smokes cigarettes may have a baby with more withdrawal symptoms than a mother on just one or the other of these substances).

A few babies will have withdrawal symptoms in the first 3 to 12 hours of life, but it is more common to start at 24 to 48 hours. Babies exposed to drugs like methadone/diazepam often don't show symptoms until 72 hours of life or

even longer. Some babies can take up to 10 days to start showing symptoms, dependent on the medication they have been exposed to.

Babies often have symptoms of withdrawal for at least two weeks after delivery and babies who need medication for withdrawal may have symptoms for several months as the medicine given to support them is reduced slowly. Learning how to manage your baby's withdrawal in the hospital will help you during the months after you go home.

## **Neonatal substance withdrawal and your baby in NICU**

All newborns need consistent, loving care. This handout explains what you and your family members can do to help provide the best care possible for your infant in the NICU.

### **How can I help my baby?**

As a parent you have a very special role.

- Your baby needs your love and comfort during this time more than any other.
- When you care for your baby, closely watch your baby's behaviour. If you notice any symptoms, tell your nurse or another member of the health care team. We want to know your concerns and what you notice.
- Spend as much time as you are able with your baby. Babies whose families are with them consistently, learning how to calm them, will often find their baby comes off medications more quickly.
- Remember this can be a long and frustrating process. Make sure you take time to get the support you need.

### **What will be done for my baby?**

Initially the health care team will provide 'supportive' care for your baby and show you how to do this also.

- Keep the baby's environment as quiet and calm as possible
- Keep lighting dim
- Limit the number of people coming to visit or hold your baby
- Use gentle hands when caring for your baby and try not to interrupt sleeping
- Swaddling can help your baby to feel secure
- Use a pacifier to soothe

- Gently rub your baby's back instead of patting
- Swaying or rocking your baby can be soothing. Avoid jiggling or rapid movements
- Breastfeed your baby if possible. A Lactation Consultant can tell you whether breastfeeding is the best thing for your baby based on what medications are in the breastmilk.

### **Where can I get help, information and support?**

Parents often describe the time that their baby is in withdrawal as an emotional roller coaster. Often parents feel overwhelmed, guilty or angry.

Remember that the hospital staff understands that this is a very stressful time. We have the same goal which is to get you and your baby through withdrawal and to get you home with a healthy baby as soon as it is safe.

- It is okay for you to take a break. You are recovering too, and it is important you get sleep and good nutrition.
- Take short breaks and let the staff know you need a break so that we can help coordinate your baby's care.
- Encourage the people who support you to help you through this difficult time.
- We offer you the support of a social worker to help you find ways to care for yourself and your baby. Please ask and we will make sure you can speak with someone. Our Social Workers can help you find ways to care for yourself and your baby. They can also help you find resources and services in the community to help you with issues you might be worrying about.

### **When can my baby go home?**

Your baby will be discharged when they are feeding, sleeping well and gaining weight.

If your baby is started on medication, you will need to feel confident managing this at home.

### **What care does my baby need at home?**

Your baby will need the same calm, gentle care that he or she had in the hospital. It is important for you and your family to have regular routines and respond to your baby's needs consistently. Try to keep your baby's surroundings quiet and soothing. You may need to limit the number of visitors in your home until all the withdrawal symptoms have stopped.

If your baby is discharged home on medication to support them during their withdrawal, you will have the support of the Neonatal Outreach Nurses until the medication has been stopped. They will discuss the process with you prior to your baby's discharge. You will also be encouraged to choose a health care provider to see you and your baby in the community after discharge.

### **Who can I contact if I have concerns about withdrawal once home?**

If your baby is discharged home, either with or without medication, and you have concerns that your baby's symptoms may be getting worse, there are people you can contact to discuss this with.

***If your baby is on medication*** – contact the Neonatal Outreach Nurses on 027 221 1515 or 027 221 0894 if you are concerned your baby's symptoms are getting worse. If you need to speak with someone after office hours you can contact the Neonatal ACNM at Christchurch Women's Hospital for advice or present to the Emergency Department at Waipapa Hospital.

***If your baby isn't on medication*** – if you feel your baby is starting to have withdrawal symptoms once you have been discharged home, you can contact your midwife or GP to discuss your concerns.

### **You and your baby in the NICU**

All newborns need consistent, loving care. This is what you and your family can do to help provide the best care possible for your infant in NICU.

Your baby will be comforted by having you at the bedside. You are welcome to stay in NICU 24 hours a day with your baby, but if you can't please come in often. ***If you can commit to coming to the NICU at a regular time, please share your schedule with the NICU staff.*** This helps the team to plan and provide care. It also helps to establish a routine for feedings, nappy changes, skin-to-skin, etc.

Make sure things are calm. Babies are very sensitive to any stimulation including light, noise and touch, so here are some things you can do to help your baby:

**Remain calm** – since babies in withdrawal are often jittery and fussy it helps if you can remain very calm. Take deep breaths and try to radiate comfort and security.

**Talk before you touch** – use a soft, calm voice to greet your baby before you touch him or her.

**Turn it down** – help create a soothing environment by keeping the lights low. Keep any music or voices soft.

**Respond calmly and immediately to your baby** – it is easier to soothe a baby who is just starting to fuss than when they are crying.

**Use gentle hands and swaddle your baby** – swaddling helps your baby to feel safe, making them feel reassured and soothed. Your nurse can show you how to swaddle your baby with a sheet or blanket should you wish. Encouraging your baby's hand-to-mouth sucking or use of a pacifier can also be soothing.

**Hold your baby skin-to-skin** – holding your baby closely, with bare skin touching, is good for you and your baby.

**Keep movements slow and rhythmic** – when you are holding your baby, try gently swaying rather than jiggling or bouncing.

**Volunteers** – we have volunteers who, with your consent, can help cuddle your baby or mind any siblings if needed.

***If your baby's nurse suggests you turn down the lights or speak more softly***, remember that the NICU team's job is to make sure your baby is as comfortable and as well cared for as possible.

We are here to help you know just what will work the best for your baby while in NICU and when you take them home. You are part of your baby's care and part of the NICU team.