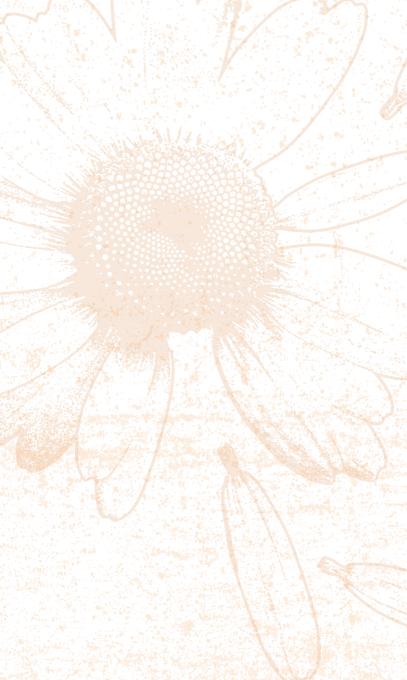
Withdrawal is difficult for babies born with opioid or narcotic exposure. Special care can help them heal and feel better. Helping **Babies** with **Neonatal Abstinence Syndrome** 



# What is Neonatal Abstinence Syndrome?



Neonatal Abstinence Syndrome, or NAS, may happen to a baby when drugs such as opioids or narcotic pain relievers are taken during pregnancy. Babies born with NAS go through withdrawal after birth. These babies are not addicted to drugs, but they need special care. Examples of drugs that may cause NAS include prescription narcotic pain medicines, hydrocodone (Vicodin, Lortab, and Norco), oxycodone (Percocet, OxyContin), morphine, codeine, methadone, tramadol, buprenorphine, Subutex or Suboxone, heroin and fentanyl. Tobacco, alcohol, benzodiazepines, and anti-depressants may make NAS worse.

# Whether these substances are medicines given by a doctor, or street drugs from someone else, they still affect the baby.

When the baby is born, the substances the mother was taking during pregnancy stop entering the baby's body. This can cause the baby to be sick and have withdrawal symptoms. When adults stop taking pain medicines or opioid drugs they may feel sick from withdrawal. Babies may have this same kind of withdrawal sickness.

Other drugs that have proven or possible health risks for pregnant women and their babies include: tobacco, iqmik, alcohol, marijuana, meth, cocaine, amphetamines, benzodiazepines, LSD, and Spice.

It is more common for a baby to have NAS if the mother took a large amount of medicines or drugs or many different kinds of medicines or drugs.

Some babies have NAS even though their mother took very little of these substances during pregnancy.

Not all babies whose mothers took medicines or other substances will be sick with NAS. Most babies with NAS will have withdrawal sickness within four days after birth. Babies with NAS may get better in a few weeks, but it may take longer.



Babies with NAS need to be carefully monitored by trained health care providers. Babies with NAS may need special medicines to help them feel better and heal sooner.



It is important for all women to get prenatal care as early in their pregnancy as possible. Health care providers can help both pregnant women who are using drugs during pregnancy and their babies get good treatment.

One thing health care providers can do is help both the pregnant woman and her baby avoid withdrawal sickness. Health care providers have medicine that is safer for both the mother and her baby. The medicine helps them feel much better.



# A baby with NAS might have:

- High pitched cry
- Jitteriness, trembling
- Trouble sleeping
- Sneezing, stuffy nose
- Poor sucking
- Stiff arms, legs and back
- Vomiting, diarrhea
- Poor weight gain
- Fast breathing
- Blotchy skin
- Seizures
- Fever
- Sweating

# **Helping Babies with NAS**

Every baby is unique, but all babies with NAS get better faster when their families and health care providers care for them together. Health care providers help families know when a baby with NAS is feeling better or when the baby needs something, such as special medicines. Babies with NAS are often more difficult to feed because of poor suck. They may not sleep very well and cry a lot. The baby's health care provider may recommend special support when the baby is ready to go home from the hospital.



The things listed below are good for all babies but are especially important for parents caring for babies with NAS:

- When you are feeling tired or overwhelmed or aren't sure what your baby needs, ask for help from a trusted friend, family member or your health care provider.
- Gently hold your baby as much as possible.
- Hold your baby close, skin to skin.
- Swaddle your baby in a blanket.
- Gently rock or sway as you hold your baby close, never shake the baby.
- Keep the room quiet.
- Dim the lights.
- Feed your baby according to your health care provider's advice. Breastfeeding is best for nearly all babies, including babies with NAS. When breastfeeding is not possible, health care providers will get the best formula for your baby.
- Offer a pacifier between feedings.
- Keep your baby's diaper clean and dry.
- Take care of any diaper rash right away.
- Avoid use of lotion or cream on your baby's hands, so that they can suck on them for comfort.
- Always put your baby to sleep on their back, never on their stomach or side.

Babies with NAS can get better when their families and healthcare providers care for them together.

# Babies have ways of letting parents know what they need. Learning to understand what your baby is trying to tell you is very important.

Babies actually have ways other than crying to let us know what they need. Caregivers can learn from the baby by carefully watching and getting to know their baby's "cues". A baby gives cues to let us know what they need by making body motions and noises. It may be hard to notice or understand baby's cues, especially if the caregiver is tired. The Resources page of this booklet lists places where caregivers can get more information about baby cues. The next page in this booklet may be helpful for you to keep track of things that help your baby. This might be helpful for other trusted people who help you care for your baby. Your health care provider may have more ideas and be able to help with baby cues.

When my baby is not feeling well, he/she does this:
I help my baby by doing this:
When my baby is tired and needs to sleep but cannot, he/she does this:
I help my baby by doing this:
When my baby is uncomfortable, he/she does this:
I help my baby by doing this:
When my baby is lonely, he/she does this:
I help my baby by doing this:
When my baby is hungry, he/she does this:
I help my baby by doing this:
When my baby is, , he/she does this:,
I help my baby by doing this:

### Resources



### Alaska 211

Online and telephone listing of resources in communities across Alaska. Locate emergency food and shelter, counseling, healthcare, child care, drug and alcohol programs, legal assistance and transportation in your community. Call 211 toll free from anywhere in Alaska or online at: www.alaska211.org

# **Alaska Region of Narcotics Anonymous**

www.akna.org





### Alaska Alcoholics Anonymous

www.area02alaska.org

### **Crystal Meth Anonymous**

https://crystalmeth.org





Drug abuse/addiction and/or mental health services locator from SAMHSA 1-877-SAMHSA-7 or online at: https://findtreatment.samhsa.gov

# **Alaska Cocaine Anonymous**

www.usrecovery.info/CA/Alaska.htm





# National Council on Alcoholism and Drug Dependence

https://www.ncadd.org/

# Information about NAS from the March of Dimes

http://www.marchofdimes.org/complications/ neonatal-abstinence-syndrome-(nas).aspx





# **Alaska Tobacco Quit Line**

1-800-784-8669 or online at: http://alaskaguitline.com

# **Alaska Breastfeeding Coalition**

http://alaskabreastfeeding.org





# **Secrets of Baby Behavior**

https://wicworks.fns.usda.gov/wicworks/ Sharing Center/CA/SelfLearningModules/ SecretsBabyBehaviorEng.pdf

# **Baby Behavior**

https://www.zerotothree.org/early-development





# Alaska Children's Trust: Strengthening Families

https://www.alaskachildrenstrust.org/ strengthening-families/

# **Notes**







To order copies of this booklet go to: http://dhss.alaska.gov/dph/wcfh/Pages/perinatal/publications.aspx or email hssperinatal@alaska.gov

Please use this link to send an email sharing your thoughts about this booklet with us.



This booklet was created for the
Alaska Perinatal Task Force whose partners are:
Alaska Native Tribal Health Consortium
Alaska Regional Hospital
Bartlett Regional Hospital
Fairbanks Memorial Hospital
Mat-Su Regional Hospital
Providence Alaska Medical Center
South Peninsula Hospital
State of Alaska Department of Health & Social Services, Division of Public Health

November 2017