Care of babies experiencing withdrawal symptoms

Other formats

If you need this information in another format such as audio tape or computer disk, Braille, large print, high contrast, British Sign Language or translated into another language, please telephone the PALS desk on 01271 314090.

Introduction

During pregnancy, almost every substance in your blood can pass to your baby. This means your baby shared the medication, drugs, alcohol and substances you take while you are pregnant. These substances could cause withdrawal symptoms.

Please talk openly with your health care providers about the medications, drugs and other substances you are taking or have taken during your pregnancy, including:

- Prescription medications
- Over-the-counter medications
- Street drugs
- Herbal remedies
- Alcohol
- Cigarettes
- Caffeine
- Drinks – coffee, cola, Lucozade, Red Bull

The aim of this leaflet is to help parents recognise withdrawal symptoms in their baby and give guidance on how to help the withdrawal process.

Babies withdrawing from drugs find a comfort from being able to suck. We recommend that you pack a dummy in preparation for the birth, to help them through this time.

Bringing in thinner clothes for your baby is also advisable, as he/she may get quite hot during the withdrawal process.
After delivery

Except in special circumstances you and your baby will go up to post natal ward after delivery. We always aim to keep mothers and babies together. This will help you to get to know your baby and recognise the ways that you can comfort him or her.

You may have experienced withdrawal yourself and therefore will have a good idea of what your baby is going through.

The nurses and midwives acknowledge that this is a very stressful and emotional time. They will be there to support you and your baby through the withdrawal, helping you to go home as soon as possible.

We ask your permission to take a urine sample from your baby as soon as possible after delivery. This will tell us the level of drugs in their system.

Breast feeding

Breastfeeding is always encouraged if this is in the best interest of your baby. This should be considered along with concerns about the likelihood or degree of drug exposure the baby has if breastfed. Breastfeeding will help comfort your baby. We will offer breastfeeding advice and support if you would like it.

Important notes:

- Some babies will withdraw immediately after birth and other could take days or weeks before withdrawal symptoms may occur.

- Most women who use heroin or other opioid drugs or substitution therapy (methadone) should be encouraged to breastfeed, but not if they use cocaine/crack or high-dose benzodiazepines.

- Mothers should breastfeed immediately before an opioid dose is taken (to avoid peak concentrations of the drug in breast milk).

- Some methadone passes into breast milk, and where a mother continues to use methadone after birth, her fully breastfed baby is likely to develop fewer withdrawal symptoms.

- Alcohol passes into breast milk at approximately maternal concentrations, and a baby’s growth and development may be affected where the breastfeeding mother regularly drinks more than two units a day.

If you are worried at all, please ask and we will try our best to help you.

Scoring charts

The midwives will use a behavioural scoring chart to assess your baby for signs of withdrawal every four hours. This helps to monitor the severity of your baby’s withdrawal symptoms.
These are the things we will be looking for:

- High-pitched cry
- Tremor/jitters
- Stiffness of arms, legs and body
- Feeding difficulties due to sucking/coordination problems
- Poor weight gain
- Vomiting/diarrhoea
- Increased breathing rate
- Irritability
- Wakefulness
- Fever

Other things which may cause a problem are:

- Sneezing
- Stuffy nose
- Scratching

<p>| Prolonged, high pitched cry, irritability | Cuddles and dummies are comforting. Hold your baby close to you. Try to keep his/her arms and legs bent. They may like to be wrapped or carried in a sling. Reduce light and noise. Strong smells may also upset your baby. Bathing your baby in warm water may help. Dry him or her gently. Talk softly to your baby. Try sitting baby up facing you. |
| Sleeplessness | Reduce noise and light. Humming or soft, gentle music may help. Rocking may be soothing. Avoid patting or touching your baby too much. Don’t jiggle or shake baby. |</p>
<table>
<thead>
<tr>
<th>Condition</th>
<th>Advice</th>
</tr>
</thead>
<tbody>
<tr>
<td>Poor feeding or vomiting</td>
<td>Support your baby’s chin and cheeks to increase his/her sucking ability. Feed in quiet, calm surroundings with minimal noise and disturbance. Feed baby slowly, stop several times during a feed to “wind”. Feed baby small amounts more often. And allow time for resting between sucking. Clean any vomit from the skin.</td>
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<tr>
<td>Sneezing, stuffy nose or breathing fast</td>
<td>Keep baby’s nose and mouth clean. Avoid wrapping your baby too tightly.</td>
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<tr>
<td>Excessive sucking of fists</td>
<td>Make sure that your baby is not hungry. Use scratch mitts to prevent baby damaging his/her skin. Give your baby a dummy to suck for comfort, but not instead of a feed.</td>
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<tr>
<td>Trembling or stiffness</td>
<td>Handle your baby slowly and gently. Change baby’s position frequently. A warm bath can help to reduce stiffness. Try lying your baby on his/her side and bring hips and knees forward to reduce stiffness. Place a soft towel between the knees. Always watch your baby if lying on his/her side. To control trembling, hold baby’s hands across their chest, shoulders forward. Reduce light and noise.</td>
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<tr>
<td>Sore bottom</td>
<td>Change your baby’s nappy frequently. Use a barrier cream.</td>
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<tr>
<td>Panicking when woken</td>
<td>Approach baby quietly and calmly. Wake gently by stroking and talking softly. Remove bed covers slowly, holding your baby’s limbs.</td>
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**If your baby seems to be panting (even when asleep), becomes pale or his/her skin colour appears blue, call the nurse or midwife.**

**If your baby should have a fit you should put him/her in a safe place and call for the nurse or midwife immediately.**
Special Care Unit

Your baby may need to transfer to the Special Care Unit (SCU) if his/her withdrawal symptoms become severe and need medication. This will be necessary if your baby is at risk of dehydration due to feeding problems or diarrhoea.

Oral morphine is given to reduce withdrawal symptoms. The medication will make your baby more settled without becoming drowsy. The oral morphine will be reduced slowly as the baby’s condition allows, until the withdrawal symptoms have stopped.

Sometimes we start another medication called Chlorpromazine, which is also given to reduce the withdrawal symptoms. The medication will also make your baby more settled, but slightly drowsy. It will again be reduced slowly as your baby’s condition allows, until the withdrawal symptoms have stopped.

They will also need medical and nursing supervision if they are at risk of convulsions. Phenobarbitone is used to treat convulsions.

If your baby is admitted to the SCU you will be encouraged to be with your baby and care for him/her in the same way as on the postnatal ward.

Babies on medication will need to stay in hospital for at least a week, often longer, and will require follow up at the baby clinic.

If you would like to look around the SCU before delivery, please ask one of the midwives to arrange this for you.

Hepatitis B immunisation

All pregnant women are offered antenatal testing for HIV & Hepatitis B virus. During pregnancy Hepatitis B can be transferred from mother to baby. We recommend that babies at risk of acquiring Hepatitis B at birth are vaccinated. This is a course of injections given at birth, one month old and six months old. The later two injections will be given through your GP practice.

If you are known to be Hepatitis B positive, your baby may be given an additional injection at birth to protect them immediately, in addition to vaccine at birth, one, two and twelve months. This should have been arranged before the baby is born. A doctor will come and speak to you about this shortly after your baby is born.

Going home

After you have given birth you will need to stay in hospital for at least three days. Most babies who are experiencing withdrawal show signs within 24-72 hours after birth. This will depend on what drugs you have been taking and the dose. Symptoms can be delayed especially if you have been taking methadone. We will not let the baby go home if there is a risk that he/she will withdraw at home.
If you have a social worker we will let them know that your baby has been born. Before going home we may need to have a special meeting with them and other health care specialists who will be in contact with you eg. your GP, health visitor, drugs worker or midwife. Occasionally there will already be a plan for supporting you once you go home. This will be made between you and other professionals caring for you. If you do not have a social worker and feel that you would like to talk to one, this may be able to be arranged.

Other advice

Once you are home it is important that you do not smoke in the house or near your baby.

We also advise you not to sleep with your baby.

You will need to take your baby to be weighed regularly to make sure that he/she is gaining weight well.

Further information

If you are worried about your baby’s health once you are home, contact your GP or health visitor. Don’t hesitate to call medical help if your baby becomes unwell.

PALS

The Patient Advice and Liaison Service (PALS) ensures that the NHS listens to patients, relatives, carers and friends, answers questions and resolves concerns as quickly as possible. If you have a query or concern call 01271 314090 or e-mail ndht.pals@nhs.net. You can also visit the PALS and Information Centre in person at North Devon District Hospital, Barnstaple. Alternatively, it may be possible for us to arrange an appointment in your area.

Have your say

Northern Devon Healthcare NHS Trust aims to provide high quality services. However, please tell us when something could be improved. If you have a comment or compliment about a service or treatment, please raise your comments with a member of the ward staff or the PALS team in the first instance.

‘Patient Opinion’ comments forms are on all wards or online at www.patientopinion.org.uk.