

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 shares the medication, drugs, alcohol and substances you take while you are pregnant. When your baby is born they are no longer exposed to the substance(s) and therefore can develop withdrawal symptoms. The medical name given to this group of symptoms is Neonatal Abstinence Syndrome (NAS).

Some of the substances that cause withdrawal or NAS include opioids, benzodiazepines, some antidepressants, illegal drugs and substitution drugs such as methadone and buprenorphine.

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 – in drinks such as coffee, cola and energy drinks

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.

After delivery

Except in special circumstances you and your baby will go to post natal ward after delivery as normal. We will 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.

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. Please ask your nurse or midwife if there is anything they can do to help.

We may ask your permission to take a urine sample from your baby as soon as possible after delivery. This can help us to determine the level of substances they may have in their system and may help us decide the best way to help them. We are never able to predict how severe your baby's symptoms may be.

Breast feeding

Breastfeeding is always encouraged and helps you to bond with your baby. If you are considering breastfeeding, please discuss this with your midwife or nurse and we will be able to offer ongoing advice and support. Breastfeeding can help to alleviate some of the symptoms your baby may be having. It is important to remember that your current medications may continue to pass on into your breast milk and therefore it is important that we check that this is safe for your baby, your midwife or nurse can discuss this with you.

Important notes:

- Some babies will withdraw immediately after birth and others could take days or weeks before withdrawal symptoms may occur.
- Most women who use prescribed opioid drugs or substitution therapy (methadone) should be encouraged to breastfeed.
- 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. 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. 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 and nurses 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
- Frequent feeding
- Poor weight gain
- Vomiting/diarrhoea
- Increased breathing rate
- Irritability
- Wakefulness
- Fever
- Sneezing
- Stuffy nose
- Scratching

Below are some suggestions which may help you to comfort your baby. Please ask your midwife or nurse if you would like some help; they will be able to help you learn how to comfort your baby.

<p>Prolonged, high pitched cry, irritability.</p> <p>Not settling after a feed.</p>	<p>If possible, keep your baby in a quiet room with no bright lights or noise, and avoid excessive handling.</p> <p>Ask your nurse or midwife to help you learn how to swaddle your baby (this should only be done whilst you are in hospital) – be careful that your baby does not become too warm.</p> <p>Non-nutritive sucking may help to settle your baby and this may be done by using a dummy. On most occasions we would advise that babies who are establishing breastfeeding do not have a dummy. We would recommend that you discuss using a dummy with your nurse if you are considering this.</p> <p>Make sure your baby's nappy is clean and dry.</p>
<p>Poor feeding or vomiting</p>	<p>Feed in quiet, calm environment with minimal noise and disturbance.</p> <p>Feed baby slowly, stop several times during a feed to "wind".</p> <p>Feed baby small amounts more often. And allow time for resting between sucking. Clean any vomit from the skin.</p>

Sneezing, stuffy nose or breathing fast	<p>Keep baby's nose and mouth clean.</p> <p>Avoid wrapping your baby too tightly.</p> <p>If you feel your baby may settle better prone, never leave them unsupervised. Nursing prone is linked to cot death. Do not let your baby overheat.</p>
Excessive sucking of fists	<p>Make sure that your baby is not hungry.</p> <p>Consider using scratch mitts if your baby is scratching their skin or has excoriated / sore skin around their face.</p>
Trembling or stiffness	<p>Handle your baby slowly and gently.</p> <p>Reduce light and noise.</p> <p>If you are concerned about your baby being stiff or having unusual movements, please consult a member of staff or doctor immediately.</p>
Sore bottom	<p>Change your baby's nappy frequently.</p> <p>Use a barrier cream.</p>
Panicking when woken	<p>Approach baby quietly and calmly.</p> <p>Wake gently by stroking and talking softly.</p> <p>Remove bed covers slowly, holding your baby's limbs.</p>

If your baby seems to be panting (even when asleep), becomes pale or his/her skin colour appears blue, call the nurse or midwife.

Although rare, some babies with NAS may have convulsions (seizures). If you suspect your baby is having a seizure, you should keep him/her with you and call for the nurse or midwife immediately, or call 999 if you are at home.

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.

Medication is sometimes given to reduce withdrawal symptoms. The medication will make your baby more settled without becoming drowsy. The medication will be reduced slowly over a number of weeks as the baby's condition allows, until the withdrawal symptoms have stopped.

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

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. The nurses on SCU will be able to give you more information about this if your baby requires admission.

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.

Immunisation

All pregnant women are offered antenatal testing for HIV & Hepatitis B virus. There is a high risk of getting HIV, hepatitis B and hepatitis C if you are using drugs which are injected. During pregnancy these infections can be transferred from mother to baby. We recommend that babies at risk of acquiring Hepatitis B at birth are vaccinated.

All babies in the UK born on or after 1 August 2017 are given 3 doses of hepatitis B-containing vaccine as part of the NHS routine vaccination schedule. These doses are given at 8, 12 and 16 weeks of age. Babies at high risk of developing hepatitis B infection are given additional doses of the hepatitis B vaccine at birth, 4 weeks and 1 year of age.

This should have been arranged and discussed with you before your baby is born. A doctor will come and speak to you about this shortly after your baby is born and will ask your consent for the immunisation.

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 medications 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, or would like some extra support when you go home, please let us know.

Other advice

Once you are home it is important that you do not smoke in the house or near your baby. Always remember to remove your outer layer and wash your hands after smoking before approaching 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 your health visitor. If you require **IMMEDIATE MEDICAL HELP, DIAL 999**. Don't hesitate to call medical help if your baby becomes unwell.

References

National Health Service. (2018). Hepatitis B Vaccination. [Online] Available at: <https://www.nhs.uk/conditions/vaccinations/hepatitis-b-vaccine/> [Accessed 2/3/19]

Northern Lincolnshire and Goole NHS Foundation Trust. (2018). Babies at Risk of Neonatal Abstinence Syndrome (NAS) – Advice for Parents and Carers.

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.

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 staff or the PALS team in the first instance.

'Care Opinion' comments forms are on all wards or online at www.careopinion.org.uk.

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