Neonatal Abstinence Syndrome
Family Handbook
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**Introduction**

Congratulations on the birth or upcoming birth of your baby!

Your baby may have signs of withdrawal, which we call Neonatal Abstinence Syndrome (NAS). NAS is similar to medicine or drug withdrawal in adults. Caring for a baby with NAS can have special challenges. When your baby is born, he or she is no longer exposed to the drugs or other substances you took when you were pregnant.

We worked with people who care for babies with NAS to write this book. We hope it helps you know what to expect with your baby and serves as a guide after your baby is born. This guide can also help other people who will care for your baby, including family, friends and foster parents. (Note: We use the word “you” to refer to all caregivers and the words “your baby” refers to the newborn whether or not it is your biological child.)

**This book is broken into three parts:**
- **Part One: What To Expect Before You Deliver**
- **Part Two: Care In The Hospital**
- **Part Three: Transition To Home**

We suggest you read it from the beginning. In the back of the booklet, there is also a diary for you to keep track of your baby’s NAS signs and medications.
PART ONE:
What To Expect Before You Deliver

The days and weeks before the birth of your baby are very exciting, but can be very stressful. Many women have a fear of the unknown. We hope this guide will help answer many of your questions and leave you feeling less afraid. You can also ask questions of your care providers.

We understand that you may feel very emotional right now, but the goal is a healthy delivery and a safe start for your newborn.

I seem to be very emotional. Is this normal?
• Being emotional is normal as you prepare for the birth of your baby.
• It will help to have a support network that includes friends and family as well as trained counselors during this time of change.
• If you think you need more help, please tell your care provider or call 211 (crisis counseling and referral services).
• If you are using alcohol or illegal drugs, we encourage you to talk to your care provider so you can get help right away. Do not try to stop on your own.

Is there something I can do to help?
• Be open with the people who take care of you and your baby. Tell them about your symptoms and cravings.
• Follow the care plan exactly.
• For the health and safety of your baby, continue to take the medications that have been prescribed for you by your care provider. They may have been given to you for conditions like depression, anxiety, or drug dependence. All of these medications can cause NAS in your newborn baby, but it is far worse for you and your baby if you are not treated. Your baby needs a healthy mom.
Signs of NAS
It is hard to know before a baby is born how he or she will be
affected by NAS. After birth, there are things that can help a care
provider determine if your baby has signs of NAS.

How soon will we see any signs of NAS?
Most babies who have NAS will show signs within 1 to 5 days after
birth. Some babies take up to 2 to 3 weeks to show signs.
This depends on:
- How much or what kind of medicine or drugs baby’s mother
took and for how long.
- How fast the baby clears the drug from his or her body.
  All babies are different.
- Whether or not baby’s mother used other substances like
  alcohol, tobacco, or other medications.

What are the signs of NAS?
- high pitched cry
- hard time feeding
- fast breathing
- stiff arms, legs, and back
- vomiting
- skin irritation
- trouble sleeping
- too much sucking
- stuffy nose
- tremors/jitteriness
- poor weight gain
- sneezing
- hard to calm
- diarrhea
- yawning often

What do the doctors look for to be certain my baby has NAS?
- Your baby must have several of the signs previously listed to be
diagnosed with NAS.
- Some of the signs may also be seen in babies who have other
problems so your baby will be closely checked to make sure the
signs are not something else.

How long can the signs of NAS last?
- This is different from baby to baby.
- Signs may last from several weeks to several months.
- You may even take your baby home before signs go away
  completely.

What will happen after my baby is born?
We will watch you and your baby closely after delivery. If your baby
was exposed to substances that may cause NAS while you were
pregnant, he or she will be watched in the hospital for at least
3 to 7 days.

Can my baby stay with me or will my baby need any special care?
- Right after birth, your baby will usually stay with you.
- You and your baby will be taken care of in the same way as we
care for any other new mom and baby, with a few extras.
- Your baby may need to be observed in another unit in the
hospital like the nursery. Your baby’s doctor will decide if,
when, and how long your baby needs to be watched.

Will my baby be tested for drugs?
Yes. Most babies who have risk factors for NAS will have
drug testing.
Is Child Protective Services Involved?
We want to make sure you and your baby are safe after leaving the hospital. Child Protective Services is involved on a case-by-case basis. Child Protective Services will investigate if they have concerns about the safety of your home.

What will happen to my baby?
- If you or your baby has a positive drug screen for any illegal substance or non-prescribed medication the following may occur:
  - an abuse report will be filed with the State of Florida.
  - an investigator from the Child Protection Unit will contact you.
- There may be other reasons to make a report even if you are in treatment and your medications are prescribed.
- We know that involvement with Child Protective Services can be very stressful. Someone from social work with talk to you while you are in the hospital to give you an update and answer any questions.
- The medical team at the hospital does not decide if your baby will be sent home with you. If there is a concern, the state will make this decision.

Special Considerations For Your Baby

Why do you need to watch my baby?
We will watch for NAS signs in your baby and how your baby is feeding. We will check his or her weight carefully.

How will my baby’s weight be different than a baby who does not have NAS?
Most babies will lose 6-8% of their birth weight after birth. We expect most babies to be back to their birth weight in 2 weeks. Babies with NAS may lose more than this and have a hard time putting the weight back on.

Why do babies with NAS have a hard time putting weight back on?
- Babies with NAS are very active and use a lot of energy.

Can I breastfeed my baby?
- Breastfeeding is an excellent way for a mother to feed and bond with baby.
- Talk to your baby’s care team to decide if it is safe for you to breastfeed. It is important that you are open and honest with your baby’s health care provider about your drug use.
- Breastfeeding is safe and recommended for mothers who are currently receiving medically assisted treatment and doing well.
- Research shows that infants with NAS who are breastfed have shorter hospital stays.
- Breastfeeding is not safe for mothers who are not in a treatment program or who are using illegal drugs.

Is there anything about the stools I need to watch?
- Babies with signs of withdrawal can have very loose or watery stools.
- Babies with NAS are more prone to diaper rash.
- Watch the diaper area closely. Please let the baby’s care team know if you see redness at a diaper change.
**NAS Scoring**

**How often will my baby be checked for signs of withdrawal?**
- Beginning soon after birth, your baby’s nurse will check for signs of withdrawal every 2 to 4 hours and give him or her a “score.”
- The scoring helps the care team decide which types of treatment your baby needs to get better.
- Hospitals use different types of scoring. The care team will explain the scoring to you. Make sure to ask questions if something is not clear.
- All hospitals are different. Your baby may need to be moved to another area of the hospital to be watched more closely.

**Medications**

Some babies need medications if they have strong signs of NAS even after doing other things to keep them calm. Medications are used to keep your baby comfortable as the drugs are slowly cleared from his or her body.

**How much and what medication will my baby be given?**
- The dose given will depend on your baby’s withdrawal signs, including how well your baby is eating and gaining weight.
- The most common medications used are methadone and morphine. Sometimes other medications may need to be added to help your baby during this time. The care team can explain all your baby’s medication in more detail.
- The amount of medication may need to be increased to help your baby be comfortable and reduce the risk of having seizures.
- The dose of medicine will slowly be lowered as your baby gets better. This is called “weaning.” Every baby is different. Some babies take longer to come off medication. The care team can explain the weaning plan for your baby.

**How long will my baby have to stay in the hospital?**
- If your baby is on medicine, he or she may need to stay in the hospital for 2 or 3 weeks, sometimes longer.
- Your baby may need to be off medications before going home from the hospital.
- In some cases, babies can be sent home with medications.

**Visitation**

We encourage you to spend as much time with your baby as possible. Rooming-in is recommended for you to know your baby and start to bond. Spending as much time as possible with your baby helps you learn how calm him or her. Research shows that infants with NAS who room-in with their caregivers have shorter hospital stays. In fact, you are part of the baby’s treatment. Loving and caring may be some of the best medicine!
PART THREE:
Transition To Home

Will my baby still have signs of withdrawal when he or she goes home?
• Most babies have an amazing ability to recover from early problems. This includes babies with NAS.
• Once at home, your baby may have mild signs of withdrawal for several weeks or months. The signs slowly become less severe.

Will my baby be on medication when I take him or her home?
• Some babies may go home on medicine. The nurse will show you how to measure and give the medicine properly.
• Please give the medicine close to the same time it was given in the hospital. Continue to give this to your baby until your baby’s health care provider tells you to stop.
• You can use the diary in the back of this book to help track your baby’s NAS signs and medicines. This will help your baby’s doctor decide if the medicine can be weaned or stopped.

Is my baby fussy because of NAS?
• There are many things that all babies have in common, such as a fussy time. Most babies have a fussy time during a particular time of day or night.
• The love and care you provide is the most important way you can help your baby.

Are there special things I need to do to care for my baby?
Babies with NAS need the same things as babies who were not exposed to drugs. They also have some special needs. We cover these special needs on the next several pages.

How can you help your baby?
• Rooming-in allows you to quickly respond to help calm your baby. Friends and family can help, too. You may want to make plans before your baby is born if you are going to need help.
• Make skin-to-skin contact with your baby and practice Kangaroo care. Your baby may enjoy soft touch or infant massage.
• Swaddle your baby. The care team can show you how to do this.
• Feed or breastfeed your baby whenever he or she is hungry.
• Keep things calm and quiet around your baby (few visitors, no loud noise, dim lights).
• Comfort your baby with gentle rocking.

Pay close attention to your baby’s cues.
• Observe how your baby reacts to certain sounds, sights, touches, movements, tastes, or smells.
• If your baby gets fussy, stop or limit whatever might be bothering him or her. If your baby is calm and alert, watch for what he or she enjoys.
• The care team can help you understand your baby’s cues.
**Establishing a Routine**

Is getting my baby into a routine a good thing?

- NAS babies need a good routine.
- You may already know what your baby likes. Please ask your baby’s nurse about any routines your baby may already have.
- Most parents of small children have busy lives, full of appointments and errands. Try to work these activities around your baby’s schedule. Well-rested babies eat better and are usually happy, alert, and ready to learn about their world.

**Feeding**

What should I know about feeding my baby?

- Feeding time is a happy time. Babies like to eat!
- Follow your baby’s lead. Look for cues of hunger, which include sucking on hands, munching, increased movements, and crying.
- Look for cues while feeding your baby that he or she may be getting tired or needs to burp. Cues could include pulling away from the bottle or breast.
- The American Academy of Pediatrics recommends breastfeeding if a mother is in medically assisted treatment and doing well. Research shows that infants with NAS who are breastfed have shorter hospital stays.

How often should my baby eat?

- Bottle fed babies eat about every 2 ½ to 4 hours. Breastfed babies may eat every 1 ½ to 3 hours (8 to 12 times in 24 hours).
- Babies will take more at some feedings than at others. Ask the nurse what your baby has been taking. If your baby seems to spit up often, try not to feed too much at one time. Smaller, more frequent feedings are better.
- As your baby grows, he or she will take larger feedings less often.

Is there anything special I should do when feeding my baby?

- All babies like to be in a comfortable position while eating. This is especially true for a baby with NAS.

- Some babies with NAS like to be swaddled or held closely. Others like their arms free. Some NAS babies like to be reclined, others more upright. Your baby will let you know what he or she likes best. Ask your nurse how your baby likes to be held while feeding.

**Sleep**

How long should my baby sleep?

- Most babies with NAS will go home from the hospital when they are 2 to 6 weeks old. At this age, babies usually sleep 16 to 20 hours a day.
- Falling asleep and staying asleep are important things for your baby to learn. Getting into a routine for daytime naps and nighttime sleeping is an important developmental step for your baby.

How can I help my baby sleep better and be safe during sleep?

- Always place your baby on his or her back to sleep in a safety-approved crib or bassinet. Remove all bumpers, pillows, quilts and toys.
- Babies should always sleep alone. Sleeping with others puts babies at risk of suffocation and strangulation.
- You can help your baby set a sleep routine by providing a place that is always safe and quiet.
- A bedtime routine helps all babies and can be as simple as reading a story or singing a lullaby. Then, place your baby down – always on the back – when he or she is still drowsy.
- Remember to keep nighttime feedings a time for “business only,” not playtime.
- You may want to offer a pacifier as needed. Many babies with NAS like a pacifier because sucking comforts them.
- If you are using music to calm the baby, play it for at least 20 minutes (try a tape or CD player instead of a wind-up). This can give baby time to fall into a deep sleep before the music stops.
**Awake Time**

**What should I do when my baby is awake?**
- Sometimes between naps your baby will cry and other times your baby will be awake and alert. This is a time to offer some beginning play activities.
- Babies need to be in different positions during the day to learn about their world and strengthen their muscles. Try things like holding your baby facing you or facing out, on your shoulder or on your hip, or secured in a swing or seat. Many babies like swings and vibrating seats, but some babies with NAS may find them too stimulating.
- “Tummy time” is very important. Your baby should always sleep on his or her back. When awake he or she should spend 10 to 20 minutes on the tummy on a firm surface (a blanket on the floor is best) while you are watching. This will make the back and shoulder muscles stronger.
- Cuddle up with a book or a song. Rhythmic, soft music can be soothing for both of you, especially when your baby is restless or tired. Reading to your baby has the same effect.

**Daily Schedule**

**How should I touch my baby?**
- Babies with NAS can be very sensitive to touch. However, touch is one of the ways all babies learn and become more aware of their bodies.
- Gentle, slow massage is a wonderful, soothing way to interact with your baby and to give loving care. Make time for massage as part of your regular routine, such as at bath time. Your baby will begin to look forward to and enjoy this activity.

**Crying**

**Why does my baby cry?**
Crying is your baby’s way of talking to you. Some babies cry more than others.

**What should I do when my baby cries?**
- Check the diaper to see if it needs to be changed.
- See if baby needs another burp or is hungry.
- Try holding your baby in a blanket so he or she feels more secure.
- Look around for things that could be bothering your baby.
  - Is he or she too warm or cool?
  - Is the TV on or is music playing? These activities could be too much for your baby rather than soothing.
  - Is light shining in your baby’s eyes?
  - Has your baby been in the same position for a long time?
  - Has it been a busy day, and your baby needs to nap?

**What if I can’t stop my baby from crying?**
- If your baby seems to be crying more than you would expect, please call your baby’s doctor. This could be a sign that something is wrong. Your health care provider may be able to suggest some other helpful techniques or resources.
- If your baby continues to cry, safely place him or her in a crib on his or her back to cry it out. Be sure to check on your baby every 5-10 minutes to make sure he or she is safe.
- It is ok to ask for help. Call a trusted friend, relative or neighbor and ask them to watch the baby and give you a break.
- Do not let yourself get too upset by the crying before you ask for help. **REMEMBER TO NEVER SHAKE A BABY.** Shaking a baby can cause serious brain damage.
Taking Care Of You
This emotionally stressful time can have an impact on your overall health and wellness. Your baby is depending on you for your love and support, which is much harder to provide when you are not well.

What can I do to stay well so that I can best care for my baby?
- Washing your hands is one of the best ways to prevent the spread of infection and illness.
- Try your best to eat regular healthy meals that include fruits and vegetables.
- A quick walk, making time for regular exercise activities, or taking a break can help you clear your mind, boost your energy, and sleep better.
- Think about what you can do to feel refreshed. Allow yourself to relax and not feel guilty for needing some personal time.
- Get into a routine to help you balance work, family and your baby’s needs and be sure to make time for you.
- Visit your doctor because your health is very important. Go to your postpartum check up and discuss your family planning options. You want to be sure you are able to heal properly and give your baby the time and attention he or she needs before having another baby.
- Stay organized. Keep a folder with all of the information about your baby — both medical care and your notes. The diary in the back of this guide can be helpful once your baby is discharged to help you keep track of signs.
- Accept your feelings. It is perfectly normal for you to have ups and downs. Be aware of the signs of depression. Be sure to accept the help and rest you need.

Mental Health
The following types of depression are possible after giving birth. You may be more likely than other women to experience some sort of depression. Be aware of the signs and symptoms and please ask for help.

What are the Baby Blues?
- Baby Blues is the name given to the sadness that mothers feel in the first few days or weeks after giving birth.
- This occurs in about 80% of women and is believed to be caused by a combination of stress and hormone changes associated with having a new baby.
- Symptoms often include: mood swings, sadness, loss of appetite, irritability, restlessness, trouble sleeping and feelings of loneliness.
- These symptoms usually go away within 2 weeks.
- If they last longer, talk to your doctor. You may have a more serious condition called Postpartum Depression.

What is Postpartum Depression?
- Postpartum Depression (PPD) is a condition that can occur anytime within the first year after giving birth.
- Symptoms are similar to the Baby Blues, but do not go away within a few weeks.
- Contact your doctor if you are experiencing any of these symptoms for a longer period of time.
Additional Resources

If you find that you need any help during this time, please ask. You are not alone. There are services available. Speak with your care team about resources and referrals for additional support.

All babies are followed by their doctor. There may also be a special clinic or program in your community to help your baby. We recommend that all babies with NAS have the following community support after going home from the hospital.

Healthy Start Coalitions
Healthy Start Coalitions are private, non-profit maternal and child health organizations dedicated to reducing infant mortality rates and improving the health of pregnant women. Programs include: Healthy Start, Healthy Families, Nurse-Family Partnership, and Parents As Teachers.

Healthy Start Coalitions Provide:
- Prenatal Education and Support
- Newborn Care Instruction
- Parenting Education and Support
- Breastfeeding Education and Support
- Help to Quit Smoking
- Stress Management and Counseling Services
- Nutritional Education
- School Readiness Programs
- Child Development Education and Support
- Family Planning Education
- Car Seat Safety
- Infant Safety

Early Steps
Research shows that a child’s first three years are the most important time for learning. Early Steps provides services during this very important time. Services are specific for your baby’s needs and your family’s concerns, priorities, and goals.

Early Steps Provides:
- Services where the child lives, learns, and plays. This way you can use what you learn during everyday activities and routines.
- Development and participation in community life.
- A consistent team for evaluation and services.
- Choices in services.
- Encourages active partnerships with families.
- A primary service provider to work with your family, other caregivers, and the team.
Your baby’s care team may prepare a Plan of Safe Care in order to help you and your baby stay healthy and thrive. This Plan of Safe Care will connect you with community resources and additional supports. If you have any concerns when you get home, be sure to contact your baby’s care team.

Baby’s name _________________________________________________________

Your name ___________________________________________________________

Baby’s Doctor ________________________________________________________

Doctor’s phone # _____________________________________________________

Emergency contact name ___________________________________________

Emergency contact phone # ___________________________________________
**NAS Signs and Medication Diary**

While at home you will need to watch your baby for any signs of withdrawal. The signs of NAS will be different for every baby. Your baby may continue to have mild signs for a while, but they will go away over time. If your baby is on medicine, give it to your baby at the same time every day. Also, give your baby a lot of hugs and kisses.

This diary will help you and your baby’s care team see how your baby is doing after going home. At the end of the day, write down in the diary if the signs are a problem for your baby. Always look back at the times when your baby is most calm and comfortable, which is usually ½ hour to 1 hour after feeding. Bring this diary to your baby’s first doctor appointment. Ask if you should continue keeping the diary. If your baby is on medicine, bring the bottle to the appointment.

**Signs to watch for daily:**
- Difficulty feeding
- Vomiting
- Diarrhea
- Shakiness when resting
- Cranky behavior

**Place a check under each sign if your baby is:**
- Having no problems with that sign
- Having some problems with that sign
- Having a big problem with that sign

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<th>Diarrhea</th>
<th>Shakiness when resting</th>
<th>Cranky behavior</th>
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**Comments:**

### Week 5

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