

Neonatal Abstinence Syndrome (NAS)

Information for you

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Introduction:

This leaflet provides you with information and advice that will help you prepare for the arrival of your baby and care for your baby if it has drug withdrawal symptoms. Hopefully after reading this, you will feel reassured and confident that your baby can be well cared for and that you can do a lot to help.

If there is anything in this leaflet that you don't understand or would like to talk about further, please speak to your Specialist Midwife (02089708284).

Drug use and newborn babies:

During pregnancy most drugs that are taken (including tobacco and alcohol), pass through the placenta and are absorbed by your baby.

If a mother is dependent (or 'addicted') to certain drugs the baby will be born dependent on these too and can develop what is known as Neonatal Abstinence Syndrome (NAS). This is a condition where the baby shows signs and symptoms of withdrawal. It occurs often when opiate drugs (eg methadone, DF118 or heroin) and benzodiazepine drugs (eg valium or temazepam) are used. At birth, the baby's drug supply stops and the baby goes through a period of withdrawal. Baby withdrawal symptoms can be similar to how adults feel when they suddenly stop taking drugs or go 'cold turkey'.

Baby withdrawal symptoms can include:

- High-pitched crying
- Irritability and restlessness
- Tremor (shakiness)
- Feeding difficulties (the baby is often keen to feed but cannot suck or swallow properly)
- Sleeping difficulties (the baby cannot settle or sleep after a feed)
- Vomiting and/or diarrhoea
- Fever

Occasionally, babies have convulsions (fits) but this is very rare.

Most babies who have been exposed to drugs before birth will have some symptoms after birth. Some babies experience only mild withdrawal symptoms and require no more than the usual care that all babies need. Other babies, however, can have severe symptoms where they cannot feed or sleep properly and they lose weight rather than gain weight. These babies usually need medical treatment, including special nursing and sometimes calming drugs to help them recover.

Unfortunately, there is no way of telling exactly how a baby will react as there are many different factors that affect withdrawal symptoms in babies. The amount of drugs you are taking is only one factor so we like to prepare all parents just in case.

What we can say is that drug withdrawal in babies is now fairly common, so you are not alone. Midwives and other maternity staff as well as Health Visitors and GPs have experience in looking after babies and can offer some good advice and help to parents.

Caring for your baby:

Mothers who are dependent on drugs are asked to stay in hospital with their baby for at least 3 days (72 hours). This is because most withdrawal symptoms in babies appear within this time period. Benzodiazepines (eg valium and temazepam) however, can take longer to leave the baby's system and withdrawal signs may not show up for a week or so.

In the postnatal ward you will be encouraged to breastfeed and bond with your baby. The midwife will use a special score chart to assess the condition of your baby. You will be shown how to use the chart so that you can help the midwives with this.

Most babies are well enough to go home after a few days where they can be cared for by their parents with the help and support of the midwife, health visitor or GP. The baby needs to feed well enough and the baby will be checked to see if it is putting on weight. Occasionally, poor feeding or weight loss can delay transfer home from the hospital and parents should take this into account when making plans for this period, especially where there are other dependent children at home. If the baby has severe withdrawal symptoms they would be admitted to the neonatal unit or special care baby unit. Here they can get tube feeds and calming medicine if necessary. Treatment aims to reduce the baby's distress and to get the baby feeding and sleeping as normally as possible. Babies usually stay in the neonatal unit for about 10-14 days but occasionally for much longer.

Most admissions to the neonatal unit happen when the baby is still in hospital after birth, but babies are also admitted from home if problems become worse later on. If the baby's problems get worse at home then it is better to admit the baby earlier rather than later. We appreciate that babies withdrawal symptoms are difficult to look after and they can require a lot of patience and may be difficult to feed and settle. Some babies can be irritable for months but symptoms gradually improve with time.

Things parents can do to help:

You will have been given this leaflet because your baby may be at risk of developing withdrawal symptoms. Experience has shown us that there are many things that you can do to calm and comfort your baby.

Here are some suggestions:

- Make sure your baby is kept in very quiet and calm surroundings, no bright lights or loud sounds that might upset your baby
- Make sure no one smokes near your baby, keep the air fresh but warm
- Hold your baby as much as you can, the baby will cry less and feed better if they have 'skin-to-skin' contact
- Use a dummy or pacifier ('soothers') ... unless you are breastfeeding
- Move and handle your baby very gently; try giving them a gentle massage
- Change your baby's clothes frequently, especially if they sweat a lot
- Avoid getting your baby too hot
- Regularly check and change your baby's nappy
- Use a barrier cream around the baby's bottom area to help prevent any skin damage
- Feed your baby on demand, frequent small feeds are normally better
- Keep a record of all the feeds your baby takes so that the midwife or nurse can check whether your baby is feeding well enough and putting on enough weight
- If your baby has a convulsion (fit), dial 999 and ask for an ambulance.

Breastfeeding and drug use

All mothers are encouraged to breastfeed their babies and are given help to do so, including mothers who are dependent on drugs. In fact, breastfeeding can sometimes help with your baby's withdrawal symptoms. Only very small amounts of drugs are passed to the baby through breast milk. The benefits of breastfeeding are so great that they outweigh worries about continued drug use. The only exceptions to this would be if the mother is HIV positive (or at risk of infection whilst breastfeeding); if she were drinking alcohol heavily, taking large amounts of stimulant drugs (eg cocaine, crack or speed) or street benzodiazepines (eg valium).

It is important to remember that most women who use drugs have a normal pregnancy, a normal delivery and normal full term baby. Babies born with drug withdrawal symptoms will recover in time.

We hope that this leaflet has given you enough information to help you prepare for the arrival of your baby. We know that it can be difficult to have a baby with withdrawal symptoms and that many mums feel guilty and 'to blame'. Remember that we are always here to provide you with support and to talk to you about any worries or questions that you may have.

Please feel free to speak to your Specialist Midwife (02089708284) or other health care professional about the information in this leaflet.

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