

## TOPIC: Neonatal Abstinence Syndrome (NAS)

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Micro Training Course Developed by  
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### INSTRUCTIONS FOR FOSTER PARENT TRAINING CREDIT:

*\*Read through this self-study.*

*\*Fill out the "CHECK YOUR UNDERSTANDING" Questionnaire*

*\*Return to ACRF for 1.0 hour of training credit.*

Neonatal abstinence syndrome, or NAS, is the name given to the symptoms an infant experiences when his body begins to withdrawal from a narcotic his mother used while pregnant. Almost every substance a mom ingests while pregnant can pass to her unborn baby. NAS is commonly associated with heroin or other opioid use, like prescription medications (oxycodone, Vicodin, Percocet, etc.), but can occur with other substance use as well. Other drugs whose withdrawal symptoms can be characterized as NAS include cocaine, methamphetamine, and ecstasy.

Withdrawal symptoms may present differently for each infant. Some babies experience symptoms hours after being born while others may have a much later onset, occurring several days after birth often after they have been discharged from the hospital. In addition, some babies might not experience withdrawal at all. Symptoms of withdrawal can last anywhere from several days to up to several months and doctors do not yet know why these unpredictable differences occur.

Withdrawal symptoms can include the following:

- High pitched cry
- Difficult to comfort
- Tremors or shaking, even while sleeping
- Seizures
- Tight muscle tone, especially in the neck and extremities
- Sneezing a lot
- Yawning a lot
- Sensitivity to touch, light, sounds
- Difficulty eating
- Excessive sucking
- Gastro-intestinal distress, like vomiting and diarrhea
- Fever or difficulty maintaining body temperature

### How do we support an infant who has neonatal abstinence syndrome?

Depending on the severity of symptoms, some infants only require a short monitoring period in the hospital before they are able to be discharged. Others, however, may require continued observation and in some cases, medication assistance is used to help ease the withdrawal symptoms. In these cases, doctors administer methadone or morphine in small doses and slowly wean the baby from these drugs to decrease withdrawal symptoms. Foster parents who are identified at this early stage may be asked to visit or stay with an infant in the Neonatal Intensive Care Unit (NICU) to help comfort the baby.

Other things foster parents can do both while visiting in the NICU as well as at home include:

- ④ Keeping a quiet and calm environment. Babies with NAS don't have the ability to tune out external stimuli, so keeping lights dim, noises to a minimum, less visitors, and sometimes providing care with as little touch or movement as possible helps ease a baby's discomfort.
- ④ On demand feeding. Because of the poor sucking reflex, when babies with NAS are hungry, being able to feed them quickly so they do not become frustrated or tired and give up.
- ④ Skin to Skin holding, also called *Kangaroo Care*. Withdrawal makes it difficult for an infant to regulate his body temperature. Holding a baby close to your skin helps keep him warm. Researchers have also found it helps with deeper sleep, less crying, and weight gain.
- ④ Swaddling. Here are several short videos that demonstrate several ways to swaddle. <https://youtu.be/Pj1rhcqQz3Q>
- ④ Try the elevator rock. Hold the baby in an upright position and gently rock in an up and down motion (instead of side to side).
- ④ Try the crescent moon position or C position. Place the infant on his side, and gently tuck his chin towards his chest, arms should be forward and legs should be slightly bent and in the forward position. His back will have a slight curve like the letter C.

The NICU (Neo-Natal Intensive Care Unit) in the hospital is for newborns who need specialized treatment. Babies cared for in a NICU can be premature, born with an infection, stressed during the birth process, experiencing NAS, or born with a congenital anomaly. NICUs in Alaska include Providence, Regional, and ANMC in Anchorage, and Fairbanks Memorial in Fairbanks.

### Myths around Neonatal Abstinence Syndrome

**Myth:** Babies are born addicted to the substance that mom ingested while pregnant.

- **Truth:** Doctors are quick to clarify, babies are not born addicted. They are born withdrawing from a substance they were exposed to. Addiction is deliberately seeking out a substance; a baby does not have the ability to seek out a substance.

**Myth:** Birth moms should stop using opioids when they find out they are pregnant so that the baby doesn't experience NAS upon birth.

- **Truth:** Abruptly stopping the use of an opioid can cause significant distress to a mom's body and potentially cause significant health issues for the unborn baby or loss of the pregnancy. Doctors recommend birth moms begin a methadone or buprenorphine maintenance program to decrease the risks of withdrawal symptoms, to keep birth mom away from unhealthy street drugs/lifestyle, and to encourage mothers to seek out prenatal care for their babies. Many doctors believe the withdrawal symptoms associated with NAS are less detrimental to the infant than the long term effects of premature birth, low birth weight, and poor or no prenatal care.

**Myth:** Birth moms should not be allowed to breast feed if their baby was born positive with an opioid.

- **Truth:** While each situation is different, most doctors recommend that birth moms who are part of a methadone maintenance program, breast feed their child. The benefits from breast feeding outweigh the risks associated with the small amounts of methadone/buprenorphine that can enter breast milk. Some doctors believe the small amounts may also decrease symptoms of NAS.