

Neonatal Abstinence Syndrome (NAS)

An information guide



Neonatal Abstinence Syndrome (NAS) - The Care your baby may need



The aims of this leaflet are to:

- Help you to understand and recognise neonatal withdrawal symptoms.
- Suggest ways to care for your baby during this time.
- Provide advice, encouragement and support to you, your partner and others caring for your baby.

We feel it is important that you know the facts so that you can feel reassured and confident in caring for baby.

What is Neonatal Abstinence Syndrome (NAS)?

Most substances (including medication, tobacco and alcohol) taken in your pregnancy can pass through the placenta and may be absorbed by your baby. If, during your pregnancy, you have used any prescribed medication or illicit drugs that can cause physical dependency then your baby may become dependent on this medication too.

Following delivery, when the umbilical cord has been cut, the supply of drugs to the baby suddenly stops, and the baby may show signs of physical withdrawal known as Neonatal Abstinence Syndrome (NAS). This withdrawal process and its effects are similar to that experienced by an adult who suddenly stops taking a drug or medication.

What will happen after birth?

We will always aim to keep you and your baby together on the Postnatal Ward. Babies are only admitted to the Neonatal Unit (NNU) if they need medication and further monitoring for NAS.

Breastfeeding is usually encouraged to help with withdrawal symptoms and enable bonding with your baby, however the use of some drugs may mean that breastfeeding is not recommended and your Midwife or Obstetrician can advise about this.

Most babies do not need treatment for NAS and will be able to go home, after a period of observation, up to 96 hours, depending on the type of drug. An individual plan will be made for you and your baby. Withdrawal symptoms may not be apparent immediately after delivery and may develop over a few days or even weeks.

Midwifery and Neonatal staff will always explain and discuss with you any treatment your baby may need.

What are the signs and symptoms of NAS?

Neonatal withdrawal symptoms may include 1 or more of the following:

- A continuous high-pitched cry.
- Fast breathing (tachypnoea).
- Irritability and restlessness and scratching of their faces.
- Shaking (tremor) of arms and legs whether disturbed or resting.
- Increased muscle tone where the limbs feel very stiff.
- Feeding difficulties – poor coordination of sucking and swallowing, frantic sucking.
- Excessive wakefulness – not settling or sleeping after a feed.
- Sickness / vomiting.
- Diarrhoea with sore buttocks.
- Fever.
- Sweating.
- Excessive sneezing, yawning, hiccups.
- Less commonly fits (convulsions)

Midwives on the ward will monitor your baby for any signs of NAS using an assessment chart. Scoring for symptoms should take place approximately every 3 to 4 hours, depending on your baby's feeding pattern and behaviour. Severe withdrawal symptoms will require treatment and your baby will need to be admitted to TCU or NNU.

Some babies can still experience withdrawal after they have been discharged from hospital. You can contact your midwife, health visitor or GP if you have any concerns. Never give your baby any drugs or medication that has not been specifically prescribed for your baby by your GP or the hospital.

What can I do to help care for my baby?

Most babies do not require medical treatment for NAS, however, remember that each baby is different and the length of the withdrawal process varies. There are things that you can do which will help your baby to withdraw safely and comfortably.

Signs and symptoms and their interventions

Excessive or high-pitched crying

- Provide a quiet environment with dimmed lighting to reduce the stimulation around your baby.
- Cuddle your baby as much as possible with skin-to-skin contact as this will help calm your baby, decrease crying and help with feeding.
- Hold newborn infant firmly and close to the body, gentle rocking, talking/ singing/ humming, and use of infant sling.

Sleeplessness, tremors, jitteriness, irritability

- Prepare everything prior to disturbing the infant to minimise handling. Slow movements, reduced lighting, reduced noise levels, soft music.
- Handle your baby very gently to help reduce irritability.
- Gentle baby massage and bathing can be soothing.
- Discourage visitors from picking up your baby once he/she is settled.

Excoriation (skin picking) of the chin, knees, elbow, toes, nose or perianal area

- Apply barrier creams to affected areas to protect skin and prevent damage.

Sweating

- Clean skin and dress your baby in cool clothing and change frequently if they are sweating to help prevent skin infection.
- If they are restless and irritable, a cool sheet can be used to swaddle your baby to avoid him/her getting too hot.

Hyperthermia – temperature > 37.2°C

- Ensure adequate hydration and reduce environmental temperature.
- Avoid heavy bedding and use of Perspex cot.
- Dress or swaddle in loose light fabrics, skin to skin contact with mother.

Nasal flaring / tachypnoea (abnormal rapid breathing)

- Avoid swaddling so that respiration can be observed.
- Refer to medical staff if cyanosis (bluish discolouration of skin or purplish lips) or mottling observed.
- Nurse baby lying on their back, unless continuously monitored.

Sneezing, nasal stuffiness / excessive nasal secretions

- If your baby sneezes, they may have a blocked nose. Gently wipe the nose if it is dirty but do not clean with cotton wool buds as this can damage your baby's nose.
- Discuss with medical team – saline nasal drops may be helpful.

Excessive sucking of the fists, fingers or thumbs

- Dummies can be helpful to settle your baby if he/she is excessively sucking to provide comfort and prevent trauma to fingers and fists.
- Do talk to your midwife or neonatal staff about introducing a dummy if you are breastfeeding.
- Apply mittens, keep hands clean.

Poor feeding(infrequent/uncoordinated suck)

- Feed on demand.
- Reduce environmental stimuli during feeding.
- Frequent small feeds with rest between sucking.
- If your baby has problems with sucking or is vomiting, talk to your midwife or neonatal staff who will be able to help you.

Regurgitation / vomiting

- Burp or wind when infant stops sucking and at end of feed.

Loose stools / diarrhoea

- Frequent nappy changes using barrier creams from birth.
- Occasional skin exposure to allow buttocks to dry.

If your baby:

- **Appears pale, blue or grey in colour.**
- **Has breathing difficulties or appears to be panting.**
- **Has a fit/convulsion.**
- **Is floppy.**
- **Stops breathing.**

Dial 999 IMMEDIATELY and ask for medical help.

Other guidance

- **Everyone must avoid** smoking cigarettes or illicit drugs around your baby and you must keep your baby out of smoky areas.
- Make sure that your home, car and other places your baby spends time are **smoke free**.
- **Do not** share a bed with your baby and follow the Safer Sleep guidelines.

Babies on the Neonatal Unit (NNU)

If your baby is admitted to NNU, you will be actively encouraged to be involved in all aspects of your baby's care. You will be provided with information about the unit including visiting policy for parents.

Once your baby has been admitted to NNU, he/she will start medication to help them withdraw safely and to keep them comfortable. Whilst your baby is receiving medication, they may have a monitor attached to their foot which records oxygen levels and heart rate.

The nurses will continue to observe your baby using the scoring chart. Sometimes, babies require an increase in medication in order to control their withdrawal symptoms.

As your baby's condition improves, the dose of medication will be gradually reduced. Once your baby's medication has been stopped, your baby will need to be observed and off the monitor for a minimum of 24 hours to ensure they are well enough to be discharged home.

What else do I need to know?

If you receive support from Children's Services, they will be informed when your baby is born. Hepatitis B Vaccine may be offered to your baby to help protect him/her. This will be discussed with you before delivery and you will be asked to sign a consent form when your baby is born.

Most women who use drugs or prescribed medication have a normal pregnancy, labour and delivery.

Many babies who are born experiencing drug withdrawal symptoms will recover fully in time but some may experience long-term consequences such as behavioural issues and developmental problems. Routine head scans are performed on some babies. Follow up by a Consultant Neonatologist after discharge will be arranged as appropriate.

Babies who are withdrawing may be demanding to care for and this can be a difficult time for some mothers who may feel guilt or blame.

Your community midwife, specialist midwife, neonatal staff, health visitors and community drug/alcohol team are always available to talk to you about any concerns or questions you and your family may have.

Contact Numbers

Postnatal Ward - Royal Oldham Hospital (24 hours):- 0161 627 8181

Neonatal Unit (NNU) - Royal Oldham Hospital:- 0161 627 8151

Community Midwife Office - Oldham:- 0161 652 5811

Community Midwife Office - Rochdale:- 01706 517223

Notes:

If English is not your first language and you need help, please contact the Interpretation and Translation Service

Jeśli angielski nie jest twoim pierwszym językiem i potrzebujesz pomocy, skontaktuj się z działem tłumaczeń ustnych i pisemnych

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For advice on stopping smoking contact the Specialist Stop Smoking Service on 01706 517 522

For general enquiries please contact the Patient Advice and Liaison Service (PALS) on 0161 604 5897

For enquiries regarding clinic appointments, clinical care and treatment please contact 0161 624 0420 and the Switchboard Operator will put you through to the correct department / service

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The NCA brings together Salford Royal NHS Foundation Trust and the hospitals and community services of The Royal Oldham Hospital, Fairfield General Hospital in Bury, and Rochdale Infirmary (currently part of The Pennine Acute Hospitals NHS Trust).

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