My Guide |

Neonatal Abstinence Syndrome (NAS) and Neonatal Opioid Withdrawal Syndrome (NOWS)

WHAT IS NEONATAL ABSTINENCE SYNDROME?

Neonatal Abstinence Syndrome (NAS) looks similar to medicine or drug withdrawal in adults. It can happen when a baby is born and suddenly cut off from the medicines or drugs in the mother's body. It is actually the way a baby heals from dependence on drugs or medications. It looks uncomfortable, and it can be painful to watch, but it is temporary: most babies recover completely from NAS by the time they are six months old.

Many substances, such as alcohol, nicotine, some medicines and other drugs can affect a baby after birth. If a baby was exposed to opioids, they may experience a certain type of NAS called Neonatal Opioid Withdrawal Syndrome (NOWS). Within one to five days, a baby may start to show signs of NOWS. The time it takes for signs to show can depend on how much and what kind of opioid the baby's mother took and for how long.

It's important to remember that a lower dose of methadone or buprenorphine does not mean a lower chance of NOWS.

The chance a baby will show symptoms of withdrawal from opiates has more to do with genetics, metabolism, and whether other substances, such as nicotine or alcohol, were also used. Not all babies show signs of NOWS, but all women who use opioids during pregnancy should prepare to care for a baby with signs of NOWS.

The good news is that NOWS is treatable! The best way to help a baby with NOWS recover quickly is for the mother or another caregiver to be with the baby as much as possible during their first week of life.

WHAT ARE THE SIGNS OF NOWS?

Tremors or shakes

Poor feeding/ sucking

Fever

Vomiting

Crying

Sleep problems

Sneezing

Diarrhea

Frequent yawning

Stuffy nose

Tight muscles

Loose stool (poop)



Human touch is the most important medicine for NOWS.

HERE ARE SOME THINGS YOU CAN DO IN THE HOSPITAL IF YOU HAVE A BABY WHO SHOWS SIGNS OF NOWS:

- Tell your nurse and your baby's doctors about all of the drugs and medications you took during pregnancy. This will help treat your baby.
- Make sure your nurses know if you want to keep your baby's condition private around your family or other visitors. You have a right to protect this information.
- Make sure all of the doctors and nurses know that you want to be involved in the care of your baby. If you need help advocating for yourself, seek out a recovery coach or treatment provider before you deliver to make sure you have the support you need to feel listened to and included in your baby's care.
- If it is possible for you to be present throughout your baby's stay in the hospital, you need to be there. You are the best treatment for your baby: you are the best medicine.

Your doctors, social workers, and treatment providers can help you work things out, like childcare for older children, transportation, and more, so that you can spend as much time as possible with your new baby. If you feel like you can't stay with your baby, for whatever reason, tell someone before you go.

5	If your baby stays in the hospital longer than you do, find out if you can room-in, or sleep in the hospital,
	while your baby is there.

Where can you sleep?

Can you get hospital food, or do you have to bring your own food?

How will you get your medicines?

How can you stay involved with your treatment activities and community while you are in the hospital?

Who can visit you every day, and bring you things you need?

If you need to leave the hospital, who can give you a ride? How will you get around?

When the nurses change shifts	-
When feedings happen	
When and who will measure your baby's symptoms	-
The hours that visitors are allowed	_
Who can help care for your baby, and give you a break when you need it?	_
Anything else?	_
Ask about breastfeeding:	
Tell your nurse all of the substances you are currently using: can you try breastfeeding?	
Does your hepatitis or HIV status affect whether or not you can breastfeed?	_
Who can help you or bring you supplies for breastfeeding?	_
Will the hospital help you pump your milk, if you plan to breastfeed later on?	
	When feedings happen When and who will measure your baby's symptoms The hours that visitors are allowed Who can help care for your baby, and give you a break when you need it? Anything else? Ask about breastfeeding: Tell your nurse all of the substances you are currently using: can you try breastfeeding? Does your hepatitis or HIV status affect whether or not you can breastfeed? Who can help you or bring you supplies for breastfeeding?

Ask the nurses if there are any voluntary research studies going on at the hospital. Sometimes there are things to get involved in, but it is important to remember that you have the choice to participate or not. The study could help you access a kind of treatment that you think would be good for you and your baby. If it doesn't, just say 'no, thanks'!

REMEMBER:

Many babies are fussy and cry a lot. In fact, crying is an important way that babies with NAS get better. Remember that if your baby is crying, it doesn't mean that you're doing anything wrong. It's okay for your baby to cry. It's the natural thing for them to do. And if you are able to sit with your baby while they cry, that is a tremendous gift that will help them get better.

THE MOST IMPORTANT TREATMENTS FOR NOWS AND NAS ARE THINGS YOU CAN DO:

- Make your baby comfortable by setting up a routine, limiting visitors, talking softly, and keeping the room quiet and dim. Turn off the TV or radio, turn your phone down or off, and turn down the lights.
- Make soothing sounds to your baby; they already know the sound of your voice.
- Let your baby sleep as long as needed and without being woken up suddenly.
- Hold your baby's skin against your skin.
- Try breastfeeding or suckling.
- Make feeding time quiet and calm, and burp your baby often.
- Learn to spot your baby's "I am upset" signs, whether he or she is yawning, sneezing, shaking, crying, or frowning. Also learn the signs that say your baby is happy, hungry, or relaxed.

- When your baby is upset, stop what you are doing, hold your baby skin-to-skin or gently swaddle him or her in a blanket on your chest. Let your baby calm down before trying anything new, or gently sway or rock your baby.
- Gently and slowly introduce new things to your baby one at a time.
- As your baby becomes calmer for longer periods of time, start checking to see if he or she might like to have the blanket wrapped more loosely or taken off sometimes.
- As you do this work of caring for your baby, check to make sure they are **Eating**,
 Sleeping, and can be **Consoled** or calmed when they are fussy. As they learn how to do these three things, they will begin to heal from NOWS, and be on their way to normal, healthy development.

EATING

Breastfeeding is often the healthiest food for a baby. There are some things to consider:

- Newborns need to eat about every 1.5 - 2 hours or "on demand".
- Always hold babies while they are eating.
- In order to learn when your baby is hungry, pay quiet attention to your baby: learn their cues and practice meeting their needs.

SLEEPING

Safe sleep is important for a new baby's safety. A baby should always be put to sleep on their backs, without blankets, toys, or pillows, and in their own crib.

A new baby only needs one more layer than you're wearing to be comfortable.

A baby should be put down when they are drowsy, and lights and sounds should be kept low. A bedtime routine, like a song or story, can help a baby fall asleep.

BEING CONSOLED

Crying is part of life for all new babies. It is important for parents to be very patient with crying, because that is how a new baby can tell you what they need.

Check to see if the baby needs a diaper change, is hungry or tired, or if there is too much light, sound, or commotion in the room. If the crying doesn't seem normal, or if you're getting upset, call your baby's doctor or nurse, or ask right away for help.