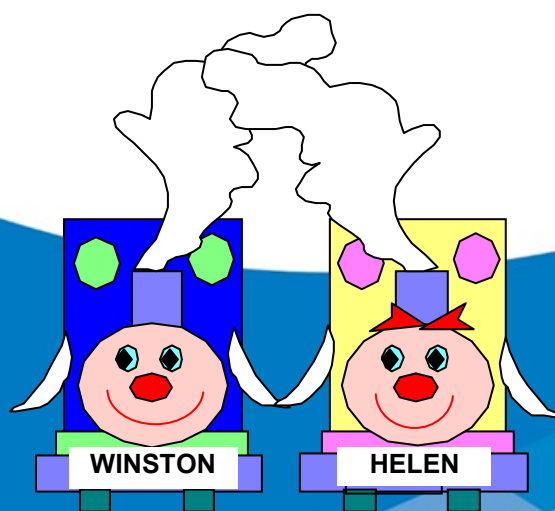


Neonatal Abstinence (Withdrawal) Syndrome (NAS)

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What is Neonatal Abstinence (Withdrawal) Syndrome (NAS)?

If a woman uses drugs/medication (either prescribed by a doctor or unprescribed) during pregnancy, particularly during last trimester, her baby can have drug withdrawal symptoms after birth.

This condition is described as Neonatal Abstinence Syndrome, or NAS for short.

NAS happens because the baby becomes dependent on the drug during the pregnancy.

After delivery, the baby no longer gets the drug from the mum's bloodstream through the placenta, this causes the baby to go through withdrawal symptoms.

The most common type of drugs causing NAS are called Opiates or Opioids (also called Narcotics). Opioids are drugs usually prescribed for severe pain, they include morphine, codeine, hydrocodone, oxycodone, meperidine, and fentanyl. Heroin is also an opioid. There is another drug called methadone, which is commonly used to help people quit using drugs like heroin. Babies can have NAS symptoms even when the drugs the mother used were prescribed by a doctor.

There are other drugs such as alcohol, cocaine and crack cocaine, benzodiazepines (sleep medication), drugs stimulating the brain (called CNS stimulants such as amphetamines, ecstasy), and cannabis, all of which can also result in NAS.

Drugs such as anti-depressants (fluoxetine, sertraline), antipsychotics (risperidone, quetiapine, olanzapine, clozapine) and mood stabilisers can also have an effect on newborn babies and will require a short observation in the hospital for 24 hours.

Can NAS be prevented?

If you are pregnant or thinking about getting pregnant, the best way to prevent NAS is to not use drugs.

If you take drugs and are planning to get pregnant, use birth control during sex until you quit the drug. This will help give you time to get off any drugs that could harm a baby.

If you take drugs and are pregnant, talk to your health care professional about the best way to stop.

Quitting drugs all at once can cause serious problems for you and your growing baby.

Your doctor may suggest medication-assisted treatment or another method to help you quit.

What are the signs and symptoms of NAS?

The nature of withdrawal signs and symptoms on a baby depends on what drugs the mother used, how long and how often mother used them during pregnancy.

Some **typical features of drug withdrawal** may be:

- High-pitched cry
- Baby is shaky (has tremors)
- Cranky, restless, difficult to console
- Hard to get to sleep or keep asleep
- Stiff body
- Fever
- Vomiting
- Poor weight gain
- Feeding problems or difficulty feeding
- Diarrhoea or frequent stools
- Sweating
- Stuffy nose or repeated sneezing
- Forceful sucking
- Skin irritation or bad nappy rash
- Frequent yawning
- Fits/seizures (rare).

Not every baby will have all these symptoms. It depends on what drugs the mother used, how long and how often she used them, and how soon before birth she took them.

Does my baby need medical treatment?

Depending on the medication you are using, you and your baby might need to stay in the hospital for a period of time to observe the baby for any signs of withdrawal.

The length of hospital stay varies according to the medication you are taking.

Some medications, such as antidepressants and antipsychotic medications, will require only 24 hours stay and if the baby is stable by the end of the observation period, they can be discharged home.

Other drugs, such as opioids/opiates and CNS stimulants, require a minimum stay of 72 hours in the hospital for observation of these withdrawal symptoms, through NAS scoring which is started soon after birth and will be done every four hourly.

This might be extended according to the clinical condition of your baby.

If baby is showing significant withdrawal symptoms, baby will require medication to control these symptoms. This will depend on the nature of the drug used during pregnancy by mother. The commonly used drug is morphine though at times phenobarbitone is also used. Once the drug is started regular NAS scoring will continue to be used until symptoms are under control. After a period of stabilisation, drug doses will be gradually reduced until baby comes off the medication.

Baby will require admission to the special care baby unit for treatment and monitoring. This can take a few days and some times longer for the baby to come out of the need for the drug treatment.

Some babies may also need assistance with feeding and may require nasogastric tube feeding, through a tube passed from the nose through to the stomach.

Some babies once discharged home can have a relapse of symptoms, where they will require assessment by a doctor.

How can I help my baby ?

You can do these things at the hospital, or at home:

- Pat or rock your baby
- Hold your baby close. You might try using a skin-to-skin method called kangaroo care
- Learn the signs of withdrawal so you will know if your baby is getting worse
- Change your baby's nappy often and clean their skin with warm water.
- Give smaller, more frequent feedings
- Often, babies will need to suck but not eat - in that case, you can give them a dummy
- Spend a lot of time with your baby, in the nursery or at home - your baby will be comforted by your contact
- Babies who have withdrawal features are sensitive to stimulation, like bright light, loud sounds and being moved or held often. Therefore, it is important that we keep the setting calm and quiet - keep lights dim, turn off the television and radio, and use soft, quiet voices
- Use a blanket to wrap your baby, but be careful not to overheat them
- Keep in contact with your child's health care provider.

When to call your health care provider?

Call your baby's health care provider if they:

- Have worse signs of withdrawal, notably high pitched cry/difficult to console
- Baby is not feeding well
- Have diarrhea or vomiting
- Cannot be calmed down.

When to call 999?

Call 999 for emergency help if your baby:

- Has a fit
- Turns blue (lips and tongue going blue and baby struggling with breathing)
- Stops breathing.

If you have any further questions, please contact your child's consultant, via their secretary, by calling the main hospital switchboard on:

0151 426 1600

**The secretaries are available Monday to Friday
9.00am to 5.00pm.**

If you need advice outside of these hours, please ask for the Midwifery Unit on the above number or telephone your local Community Midwife.

Whiston Hospital, Warrington Road,
Prescot, Merseyside, L35 5DR
Telephone: 0151 426 1600

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