

Caring for Your Newborn with Neonatal Opioid Withdrawal Syndrome

What Parents and Caregivers Need to Know

Authored By: Christine Gold & Colleen Wheeler on behalf of the Colorado Hospital Substance Exposed Newborns Quality Improvement Collaborative Steering Committee

Colorado Chapter

American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN®

OVERVIEW

Neonatal opioid withdrawal syndrome (NOWS) can affect newborns if they were exposed to opioids during pregnancy. Newborns affected by NOWS need special care.

Your baby's medical team will monitor signs of NOWS and how well your baby can eat, sleep, and be consoled (calmed and comforted). This will help plan for a safe discharge for your baby!

SIGNS OF NOWS

Newborns may show onset of signs of NOWS anywhere from 1-7 days of life. Signs of withdrawal are different for each baby. Some babies will have withdrawal symptoms for up to 6 months post-birth.

Babies may:

- Seem more fussy
- Have tighter muscles
- Have a fever
- Breathe faster
- Have shaky hands
- Suck on their pacifier more
- Have more dirty diapers
- Diaper rash may get worse

EAT, SLEEP, AND CONSOLE

In addition to monitoring signs of withdrawal, your baby's care team will closely monitor how well your baby can eat, sleep, and be consoled (be calmed and comforted).

Your baby will be checked every 3-4 hours by your baby's medical team, usually a nurse. The team will ask a few questions.




• How often is your baby eating? And how long?



• Will your baby sleep for at least 1 hour when not interrupted?



• If your baby becomes fussy, can they be calmed down within 10 minutes?



The care team will also discuss with you how you want to feed your baby and how you can safely feed your baby. The American Academy of Pediatrics is a strong advocate for breastfeeding. If your baby's withdrawal symptoms are affecting their ability to eat, sleep, or be consoled, the team will work with you to maximize what are called “**supportive care techniques**.”

In Partnership with
CHOSEN

SUPPORTIVE CARE TECHNIQUES

You, as the parent/caregiver, are the most important member of your baby's team, and the most important treatment for your baby! We encourage you to keep your baby in your room and to hold your baby skin to skin to help your baby feel better. Your baby's medical team can always help when you need a break or some rest.



Supportive care includes different techniques to help your baby stay calm and rested.

This includes:

1. Use of a pacifier
2. Holding your baby skin to skin
3. Keeping the room dimly lit and quiet
4. Swaddling your baby
5. Feeding your baby as much as they demand
6. Grouping care for your baby. This means the medical team should try to do all necessary assessments and exams at the same time so your baby can rest in between.

Sometimes, despite doing our best to provide supportive care for your baby, medicine may be needed so they can eat, sleep, and be consoled better.

The information contained in this publication should not be used as a substitute for the medical care and advice of your pediatrician. There may be variations in treatment that your pediatrician may recommend based on individual facts and circumstances.



SCAN HERE
FOR MORE
RESOURCES

This project is supported by the Centers for Disease Control and Prevention (CDC) Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of cooperative agreements OT38000282 and U2DMC32394 with 100 percentage financed with nongovernmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS or the U.S. Government.

WILL MY BABY NEED MEDICINE?

If you and your baby's medical team decide your baby could benefit from medicine in addition to supportive care techniques, a member of your baby's medical team will explain what is involved.

If the decision is to start medicine, your baby may need to move to a different area in the hospital, such as the Neonatal Intensive Care Unit (NICU).

Morphine is the most common medicine used to treat withdrawal symptoms in babies. This medicine works quickly to help your baby eat, sleep, and be comforted while experiencing withdrawal. It can be given every 3 hours, or as needed, depending on how your baby is doing. Sometimes, other longer-acting medicines can be added to help your baby.

Remember that you are an important member of the team making this decision for your baby.

It is OK to ask questions!

WHEN CAN I TAKE MY BABY HOME

Most babies affected by NOWS will be monitored in the hospital for at least 72 hours, and often longer depending on the signs your baby shows.

If your baby needs medicine, they will likely stay in the hospital longer while the medicine is slowly and safely stopped. We do NOT recommend that babies go home while still needing medicine for NOWS. Often, this means that your baby will need to eat, sleep, and console without medicine for at least 48 hours before going home.

If you want to know how long your baby will need to be in the hospital, please ask a member from your baby's medical team.