

# **Babies At Risk of Neonatal Abstinence Syndrome (NAS) – Advice for Parents and Carers**

**Children's Services  
Women & Children's Services**

**This leaflet has been designed to give you important information about Neonatal Abstinence Syndrome, and will answer some common queries you may have.**



# Information for parents and carers

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## What is Neonatal Abstinence Syndrome (NAS)?

During pregnancy many substances in the expectant mother's blood will pass through the placenta and will be shared with her baby. Some of these substances may cause physical dependency, and include:

- Prescription medications
- Over-the-counter medications
- Illegal street drugs
- Herbal remedies
- Alcohol
- Cigarettes
- Caffeine – in drinks such as coffee, cola and energy drinks

All expectant mothers are encouraged to talk openly to the health care team about anything they are taking or have taken during pregnancy, as this will help maintain the baby's safety after birth.

After birth, baby will no longer be exposed to the substances the mother will have taken and might develop symptoms of withdrawal similar to those experienced by an adult who suddenly stops taking a drug or medication. The medical name for these symptoms is **Neonatal Abstinence Syndrome (NAS)**.

Some common substances that can cause physical dependency and withdrawal include: morphine based pain relief (tramadol and codeine), benzodiazepines, some anti-depressants, heroin, cocaine, other illegal drugs, buprenorphine (subutex) and methadone.

The aim of this leaflet is to help parents and carers recognise withdrawal symptoms in their baby and give guidance on how to help the withdrawal process. We feel it is important that you know the facts so that you can feel reassured and confident caring for your baby.

## What happens after delivery?

Our aim is to keep mother and baby together on the postnatal ward but it may be necessary to admit baby to the Neonatal Unit if they require medication and further monitoring for NAS.

Most babies exposed to drugs or medication, that cause physical dependency, during pregnancy will experience some symptoms of withdrawal after birth. It is not possible to predict the severity of these symptoms, as every baby is unique. The midwife or neonatal nurse will use a behavioural scoring chart to assess your baby for signs of NAS every 4 hours.



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We encourage you to ask the midwife or neonatal nurse to explain the scoring chart to you so that you can become confident to use it. This will help you to get to know your baby and recognize the ways that you can comfort him or her. It will help you understand your baby's progress and you will be able to use the scoring chart at home if you are advised to do so at discharge.

Withdrawal symptoms may not be apparent immediately after delivery and may develop over a few days or even weeks after birth, this will depend upon the substances taken during pregnancy. The midwife and neonatal nurse will explain when symptoms may develop.

If it is necessary to monitor your baby at home for signs of withdrawal, after discharge, baby will be referred to the Neonatal Community Nursing Team, who may visit baby at home and are a point of contact if you have any concerns.

Symptoms of NAS can vary a lot but include:

- High-pitched cry
- Tremor / jitters
- Stiffness of arms, legs and body
- Feeding difficulties due to sucking / coordination problems
- Poor weight gain
- Vomiting and diarrhoea
- Increased breathing rate
- Irritability
- Wakefulness
- Fever
- Excessive sneezing, yawning or a snuffly nose
- Sweating

A baby with NAS can have convulsions (fits); this is rare and will be managed by the paediatric medical team and neonatal nurse.

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### Can I breastfeed?

We strongly recommend you to breastfeed because it helps your baby with the withdrawal symptoms and enables you to bond with your baby. If you cannot breastfeed, we encourage you to express breast milk which can be given to your baby.

Important notes:

- Most women who use heroin or other opioid drugs or substitution therapy (methadone) should be encouraged to breastfeed, but not if they use cocaine / crack or high-dose benzodiazepines
- Mothers should breastfeed immediately before an opioid dose is taken (to avoid peak concentrations of the drug in breast milk)
- Some methadone passes into breast milk, and where a mother continues to use methadone after birth, her fully breastfed baby is likely to develop fewer withdrawal symptoms
- Alcohol passes into breast milk at approximately maternal concentrations, and a baby's growth and development may be affected where the breastfeeding mother regularly drinks more than two units a day

There are certain situations when bottle feeding is safer (e.g. if you have HIV). Your midwife or the neonatal nurse will explain this to you

### Immunisations and Other Investigations

There is a high risk of getting HIV, hepatitis B and hepatitis C infection if you are using drugs which are injected and these infections can be passed on to your baby. This is why in certain circumstances we will ask you to consent for your baby to have the hepatitis B vaccine. The first injection of the vaccine is given soon after birth and then at 1 month, 2 months and 12 months of age.

In certain circumstances, your baby will need to be tested for hepatitis B; hepatitis C and / or HIV and the blood tests are done after the baby has been discharged, you will be asked to consent to this.

### What can I do to help my baby who has withdrawal symptoms?

Depending on the type of drug taken in pregnancy, your baby might have symptoms from a few days to weeks and even months and there may be more than one stage when the baby shows signs of withdrawal.

It is also important to remember that babies with NAS may have difficulties responding in the normal way to their parents or carers but as your baby begins to recover, he / she will start to feed and sleep better and will enjoy your company and touch.



## Information for parents and carers

Below are some suggestions on how you can help your baby depending on their symptoms but whenever you are in doubt, ask for help.

<p>cry excessively have tremors irritable or restless tense with stiff arms and legs sleepless (cannot settle after a feed):</p>	<p>Keep the baby in a quiet room with no bright lights and avoid excessive handling. You can wrap the baby in a sheet and gently rock him / her, but be careful not to make the baby get too hot and keep clothing to a minimum. Some babies can suck their fists excessively and cannot settle even after a feed. In these situations and if you are not breastfeeding, dummies can be helpful as they may be comforting to a baby withdrawing from drugs. Also cover baby's hands with gloves or mittens if the skin becomes damaged from too much fist sucking. Make sure your baby has a clean dry nappy.</p>
<p>feeding difficulties</p>	<p>Feed your baby on demand in a quiet place with minimal disruption. Small frequent feeds are better tolerated. You can also keep a record of baby's feeds for the Midwife or Health Visitor to check if the baby is feeding well enough.</p>
<p>skin problems, including nappy rash</p>	<p>Check and change your baby's nappy regularly as some babies can have a lot of runny stools and might develop a nappy rash.</p>
<p>sneezing, snuffly nose and breathing problems</p>	<p>Keep baby's nose and mouth clean and make sure no one smokes near your baby. Avoid overdressing or wrapping the baby too tightly as this may restrict chest movements. Avoiding putting the baby on its tummy to sleep. Keep a close eye on your baby. If breathing difficulties continue or worsen, contact your GP, Midwife, Health Visitor or call 999.</p>
<p>Sudden Infant Death Syndrome (SIDS)</p>	<p>Sudden Infant death Syndrome, also called Cot Death, is the unexpected and unexplained death of a baby or young child. You should not bed share or sleep with your baby as this increases the risk of cot death. Cot death is rare, but the risk of cot death is increased in babies of women who took drugs in pregnancy (especially opioids).</p>

## Information for parents and carers

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### Admission to Neonatal Unit (Baby Unit)

Where baby is showing many withdrawal symptoms he or she will be admitted to the neonatal unit for treatment. The medication used would be Morphine Sulphate, this would be weaned down slowly and eventually stopped over a number of weeks depending upon the severity of the withdrawal and the behavioural score chart. Before discharge home we may hold a meeting with you and other health professional to plan support that can be provided to you and your baby at home.

### When will my baby be going home?

After you have given birth you will need to stay in hospital for 12 to 48 hours to enable us monitor your baby. Most babies, who are experiencing withdrawal, show signs within 12 to 48 hours after birth depending on what drugs you have been taking and the dose.

If baby received treatment for NAS they can go home with you 24 hours after coming off treatment. Where baby is going into foster care they can be discharged on weaning doses of medication for withdrawal symptoms following doctor's advice.

### **SEEK MEDICAL HELP IMMEDIATELY BY DIALLING 999 if your baby:**

- **stops breathing and goes blue**
- **is struggling for breath**
- **is unconscious or seems unaware of what is going on**
- **won't wake up, or**
- **Has a fit for the first time, even if they seem to recover**

Once you are home it is important that you do not smoke in the house or near your baby.

You will need to take your baby to be weighed regularly to make sure that he / she is gaining weight well.

### Useful Contact Details

#### **Diana Princess of Wales Hospital:**

Community Outreach Team: 03033 304509 or 03033 305190

Looked after Children Health Team: 03033 305383

#### **Scunthorpe General Hospital:**

Looked after Children Health Team: 03033 305863



## Information for parents and carers

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If you are unwell and struggling with your addiction (drugs, alcohol), you can contact:

- Your GP
- Community Midwifery Team:
  - Grimsby 03033 305232
  - Scunthorpe 03033 302270
- Grimsby: Foundations North East Lincolnshire 01472 360781  
[www.careplusgroup.org/services/foundations](http://www.careplusgroup.org/services/foundations)
- Scunthorpe: CGL Step Forward 08081430640  
[www.changegrowlive.org/content/step-forward](http://www.changegrowlive.org/content/step-forward)
- AA (Alcoholics Anonymous) 08009177650  
[www.alcoholics-anonymous.org.uk](http://www.alcoholics-anonymous.org.uk)
- Frank National Drugs Helpline 030012316600  
[www.talktofrank.com](http://www.talktofrank.com)

### Patient Advice and Liaison Service (PALS)

The Patient Advice and Liaison Service offers confidential advice, support and information on any health related matters.

If you have a comment, concern, complaint or compliment about the care or service you have received from the Trust you can contact the PALS team as follows:

Telephone: 03033 306518

Email: [nlg-tr.PALS@nhs.net](mailto:nlg-tr.PALS@nhs.net)

There are also offices at both the Diana Princess of Wales Hospital (near the main entrance) and Scunthorpe General Hospital (on the C Floor, near the outpatient department), should you wish to visit.

**Please note: PALS should not be contacted for clinical advice relating to the content of this leaflet. The service should be contacted directly in the first instance.**



# Information for parents and carers

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## Northern Lincolnshire and Goole NHS Foundation Trust

Diana Princess of Wales Hospital  
Scartho Road  
Grimsby  
DN33 2BA

Scunthorpe General Hospital  
Cliff Gardens  
Scunthorpe  
DN15 7BH

Goole & District Hospital  
Woodland Avenue  
Goole  
DN14 6RX

03033 306999

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