

# Caring for a baby with drug withdrawal symptoms

## Information for Parents

This leaflet provides you with information and advice that will help you prepare for the arrival of your baby. Hopefully after reading this you will:

- feel well-informed about baby withdrawals
- understand what your baby might need
- feel confident about how to take care of your baby.

## Drugs and the newborn baby

Most drugs (including tobacco and alcohol) that you take when you are pregnant pass through the placenta and are absorbed by your baby.

If a mother is *dependent* or 'addicted' to certain drugs, the baby will have been exposed to these drugs during pregnancy and may develop *withdrawal symptoms* after birth. The medical name for baby withdrawal symptoms is '**Neonatal Abstinence Syndrome**'.

Unfortunately, there is no way of telling exactly how a baby will react as there are many different factors that affect withdrawal symptoms in babies. This is why we like to prepare all parents just in case. What we can say is that drug withdrawal in babies is now fairly common, so you are not alone.

Baby withdrawal symptoms occur quite often with:

- opiate drugs (e.g. methadone, heroin, dihydrocodeine, buprenorphine)
- benzodiazepine drugs (e.g. diazepam and temazepam), and
- heavy alcohol use.

If your baby does develop withdrawal symptoms, these are usually easily managed and the baby will recover in time. Most infants affected by withdrawal symptoms achieve normal growth and development by around 6 months of age and suffer no long term harm, if they are cared for properly.

Midwives and other maternity staff as well as health visitors and GPs have experience in looking after babies and can offer good advice and help to parents.

## How babies are affected

Baby withdrawal symptoms are similar to how adults feel when they suddenly stop drinking or stop taking drugs (go 'cold turkey'). However, there are important differences between the way adults are affected and the way babies are affected.

Withdrawal symptoms in babies vary a lot. You might expect to see some or all of the following symptoms:

- high-pitched crying
- excessive (long-lasting) crying
- irritability (easily disturbed or upset)
- sleeping difficulties (the baby cannot settle or sleep after a feed)
- feeding difficulties (the baby is often keen to feed but cannot suck or swallow properly)
- vomiting (unable to keep milk down)
- diarrhoea (frequent loose stools or runny poos)
- a sore red bottom (due to frequent dirty nappies)
- poor weight gain or weight loss
- restlessness (unable to lie still for any length of time)
- tremor (shakiness) and jitteriness
- skin abrasions (sores from moving around a lot)
- stuffy nose and sneezing
- rapid breathing
- fever (a high temperature).

Occasionally, babies have convulsions (fits) but this is very rare.

*Most babies* who have been exposed to drugs before birth will have some symptoms after birth. Some babies have only *mild* withdrawal symptoms and require no more than the usual care that all babies need. Other babies have more *severe* symptoms where they might not be able to feed or sleep properly and they lose weight rather than gain weight. These babies usually need special care at home or in hospital (the 'neonatal unit' or 'special care baby unit') and may need calming drugs to help them recover. Some babies can be irritable for weeks or months, but symptoms gradually improve with time.

It is important to remember that babies with withdrawal symptoms can have difficulty responding

in the normal way to their carers. This is because of the way the withdrawal symptoms affect the baby's functioning. Certain forms of parent-infant contact and supportive comfort measures have been shown to help babies who have withdrawal symptoms (see pages 4-5). If your baby develops withdrawal symptoms, you will be given more advice on these. We suggest that you follow this advice so you can care for your baby confidently.

### Assessing babies to see if they have withdrawals

Withdrawal symptoms in babies can begin within a few hours of birth, or as late as 10 days after, but most babies who develop withdrawals show signs within 24-72 hours after birth. Mothers who are dependent on drugs and/or alcohol are therefore asked to stay in hospital (in the postnatal ward) with their baby for at least 3 days (72 hours).

In the postnatal ward mothers are expected to care for their baby at all times and are encouraged to bond with their baby and breastfeed. Mothers and babies are not separated unless this is absolutely necessary – for example, if the baby is really unwell. Normally, a score chart is used to assess the condition of the baby and parents are shown how to use it. Withdrawal symptoms in babies can be similar to other conditions and medical problems so it is important to make a proper assessment. The assessment involves keeping a close eye on the baby, scoring certain signs and symptoms and writing down how severe each symptom is over a period of time.

Most babies can go home after 3 days (even if they develop symptoms), where they can be cared for by their parents, with the help and support of the midwife, health visitor and GP. Most babies need some special care and attention for a while afterwards, and the midwife, health visitor and GP will want to check on how well the baby is feeding, sleeping, putting on weight and responding to you and its environment.

Some babies can become unwell *after* they are discharged home. This is because some drugs (like benzodiazepines such as 'valium') can take longer to leave the baby's system. Parents are encouraged

to keep a close eye on their baby and to continue using the score chart for at least a week after leaving hospital.

### Babies admitted to the neonatal unit

If a baby develops *severe* withdrawal symptoms they might be admitted to the 'neonatal unit' or 'special care baby unit'. Here they can get 'tube' feeds and calming medicine if necessary. Treatment and care aims to reduce the baby's distress and discomfort and to get the baby feeding and sleeping as normally as possible. Babies usually stay in the neonatal unit for about 10 days, but occasionally for longer. Most admissions to the neonatal unit happen when the baby is still in hospital after birth, but babies are also admitted from home. If the baby's problems get worse at home then it is better to admit the baby earlier rather than later. This is why we are keen to offer parents extra help at home and to see how the baby is doing.

### Tips on caring for your baby

If your baby does develop withdrawal symptoms, we know from experience, and through research, that there are certain things that tend to help the baby recover.

Here are some suggestions:

#### Crying and irritability

- Make sure your baby is kept in a quiet room and has calm surroundings – no bright lights or loud sounds that might upset your baby and make them more irritable.
- Handle your baby gently and as little as possible – this will reduce the level of stimulation and will keep your baby calmer.
- Use a dummy or pacifier ('soothers')... unless you are breastfeeding.
- If your baby has a lot of 'skin-to-skin' contact, they will cry less.
- Try giving your baby a very gentle massage.
- Humming, singing softly or gently rocking your baby may help.

### Feeding problems

- Feed your baby in a quiet place with minimal disruption.
- Feed your baby on demand – frequent small feeds are normally better.
- Allow time for resting in between sucking.
- Burp your baby very gently when they stop sucking and after the feed.
- Gently support your baby's cheeks and lower jaw to help improve their efforts to suck and swallow.
- If your baby has a lot of 'skin-to-skin' contact, the baby will feed better.
- Try giving your baby a very gentle tummy massage.
- Keep a record of all the feeds your baby takes so that the midwife or health visitor can check whether your baby is feeding well enough, getting enough calories, and putting on enough weight.

### Sleeping problems

- Let your baby sleep in a quiet room, with minimal disturbance. Keep the room dim (no bright lights) and try not to pat or touch your baby too much.
- Make sure your baby has a clean dry nappy – check for nappy rash and apply hospital formula nappy rash cream or zinc cream if needed.
- Make sure your baby has clean bedding and clothes which are free from vomit. The smell of vomit may make your baby sick again and vomit may irritate their delicate skin.
- Soft, gentle music, humming or gently rocking your baby may help.
- Avoid getting your baby too hot.
- Never smoke in the same room (or house) as your baby.

### Movement problems

- Swaddle your baby (by snugly wrapping the baby up in a soft blanket) – this may help to comfort your baby and to stop too much movement.
- Keep your baby in a warm quiet room.

- Use soft flannel blankets or a short-haired sheep skin covered by a cotton sheet for the baby's comfort.
- Avoid handling your baby too much if it is very restless, jittery or trembling – keep any stimulation down to a minimum to help calm the baby.

### Skin problems

- Regularly check and change your baby's nappy.
- Change your baby's clothes frequently, especially if they sweat a lot.
- Cover your baby's hands with gloves or mittens if skin becomes damaged from too much fist sucking.
- Keep any areas of damaged skin clean – avoid baby lotions as your baby may suck them.
- To help prevent nappy rash and sores apply hospital formula nappy rash cream or zinc cream around the baby's bottom area.

### Breathing problems

- Make sure no one smokes near your baby, ensure there is clean air and the room is warm.
- Keep your baby's nose and mouth clean.
- Feed your baby slowly, allowing rest periods in-between sucking.
- Avoid overdressing or wrapping your baby too tightly.
- Keep your baby in a well supported semi-sitting position, avoid 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 or health visitor, or call 999.

### Temperature problems

- Keep clothing to a minimum and avoid a lot of bedclothes – avoid getting your baby too hot.
- If your baby has a lot of 'skin-to-skin' contact, this will help to control your baby's body temperature.
- Seek medical help if your baby has a high temperature for more than 4 hours. Call the midwife, health visitor or GP.

### Other problems

- If your baby has severe vomiting or diarrhoea and becomes dehydrated, contact your midwife, health visitor, GP or hospital for advice immediately.
- If your baby has a convulsion (fit), dial 999 and ask for an ambulance to take your baby to hospital.

### Getting support

It is very important that you get all the help and support you need. Show this leaflet to your partner and any other person (family or friends) who will be supporting you to look after your baby. There are a lot of myths about baby withdrawal symptoms and a lot of bad feelings towards mothers who use alcohol or drugs. Many parents say that they feel guilty and 'to blame' for their baby's condition and find baby withdrawal symptoms a difficult subject to talk about. This is why we like to mention it early on in the pregnancy. This way you can get some reliable information and not feel anxious about your baby.

We know that babies with withdrawal symptoms can be very difficult to look after and they can require a lot of patience and time. Experience has shown us that there are many things that you can do to calm and comfort your baby and to help improve their condition. Even so, if you find that caring for your baby is too stressful, don't be afraid to ask for help from NHS professionals and services. Remember that we are always here to provide you with support and to talk to you about any worries or questions that you may have.

Please feel free to speak with your midwife or other health care professional about the information in this leaflet, especially if there is anything that you don't understand or would like to talk about further. We hope that this leaflet has given you enough information to help you prepare for the arrival of your baby.

### Helpful numbers

My maternity hospital is

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Tel:

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My midwife is

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Tel:

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My obstetrician is

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Tel:

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My pharmacist is

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Tel:

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My health visitor is

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Tel:

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My drug/alcohol worker is

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Tel:

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My social worker is

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Tel:

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Other workers involved in my care

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