

# Detoxing after delivery: When babies are born withdrawing from opioids

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The number of American babies born going through withdrawal from prescription painkillers and heroin used by their mothers during pregnancy, a condition called Neonatal Abstinence Syndrome, increased fivefold between 2000 and 2012. NewsHour's Alison Stewart explores the consequences of the condition on mothers and infants.

**ALISON STEWART:** To the trained ear, the high-pitched cry of this three-week-old baby girl is a sign that something isn't right.

Nurse Heather Mishlick at East Tennessee Children's Hospital is taking care of her.

**HEATHER MISHLICK, NURSE:** If you just kind of walked by a baby and you didn't know what was going on, those would be the things that popped out to you the most, like, you know, why is that baby crying so loud? You know, why is that baby shaking? And you know, why can't we console that baby?

**ALISON STEWART:** The answer is the infant is going through withdrawal from prescription opioids that her mother took while pregnant leading to a condition called Neonatal Abstinence Syndrome or N-A-S.

**HEATHER MISHLICK, NURSE:** Their temperatures are high. Their extremities are really stiff. There may have been feeding problems initially.

**ALISON STEWART:** This baby's mother, who we will refer to as Katie (which is not her real name, she asked to remain anonymous) says her daughter had all those symptoms when she was first born.

**KATIE:** When I first had her, she was really bad. Like, she had tremors real bad. It was the worst thing I could ever, ever see for an infant to be withdrawing.

**ALISON STEWART:** The number of American babies born withdrawing from opioids, either prescription painkillers or heroin, increased fivefold from 1.2 per thousand births to 5.8 per thousand births between 2000 and 2012. In Tennessee, N-A-S babies are so prevalent this hospital has a special unit to treat them.

Katie says she was first prescribed opioids for back pain four years ago and then became addicted.

A treatment center put her on methadone, an opioid medication used to wean addicts off the drug. Then she unintentionally became pregnant.

**KATIE:** I wished I wouldn't have been on it when I got pregnant. I wished I could go back and change it. But I can't. And I wished I could take her pain away.

**ALISON STEWART:** Katie was told to continue her methadone treatment, because if an addicted mother tries to quit opioids cold turkey that can jeopardize the pregnancy.

Vanderbilt University Medical Center neonatologist and N-A-S researcher Dr. Stephen Patrick says a premature birth can be more harmful to a baby than going through withdrawal.

**DR. STEPHEN PATRICK:** Women who are in medication assisted treatment, for example, they're more likely to have an infant with drug withdrawal, but less likely to have a preterm infant, that's a better thing. The tradeoffs between pre-term birth and Neonatal Abstinence Syndrome, I would rather have an infant with Neonatal Abstinence Syndrome.

**ALISON STEWART:** That's because premature babies often have long term medical complications whereas N-A-S is a treatable condition.

N-A-S babies need a lot of skin to skin contact to be soothed and are kept in dimly lit rooms to prevent overstimulation. When that isn't enough, which was the case for Katie's daughter, the babies are actually given a low dosage of an opioid like morphine to wean them off the dependence they developed in utero from their mothers.

**HEATHER MISHLICK, NURSE:** The purpose of treatment is to give them the right dose of opiate that's going to alleviate their symptoms and make them more comfortable and safe during the withdrawal period.

**ALLISON STEWART:** Diagnosing N-A-S is challenging.

There are a range of symptoms which can take a couple days after birth to appear. Nurses use a checklist to “score” symptoms and their severity including: shaking arms and legs, excessive sneezing, and stiffness to the neck.

Few hospitals regularly test expecting mothers for illicit drug use when they arrive at a maternity ward. If pregnant women don’t disclose their opioid use, doctors and nurses may not be on alert for N-A-S symptoms in the newborns and could be missing many cases.

Dr. Patrick recommends universal drug screening as long as it is used to provide medical care and not to criminally charge addicted mothers.

**DR. STEPHEN PATRICK:** Sometimes universal drug screen can be seen as punitive and in some communities that can lead to a punitive response. And so, you know, that’s where things become a bit more complicated when we talk about universal drug screening. I would say that probably the way that we’re doing it now, where we’re just doing it kind of ad hoc, also is biased, right?

We tend to drug test those that may not look like us or may come from other places, and I may miss many cases. So I think moving toward a universal approach is important, but it has to be in the context of a more global response to how we treat this problem.

**ALLISON STEWART:** Every baby exposed to opioids is not born withdrawing from opioids. Doctors don’t know why some do, and some don’t.

University of North Carolina pediatrician Carl Seashore says that the type of opioid a mother is using — whether it’s an illicit drug like heroin or an opioid medication like buprenorphine to treat her addiction — doesn’t necessarily predict N-A-S.

**DR. CARL SEASHORE:** You can have a mother who was perfectly compliant with methadone or buprenorphine replacement therapy during pregnancy on a relatively low dose, no other substances, comes out, has a normal delivery without any other stressors. And for whatever reason, that baby might withdraw.

And on the contrary, we might have a woman who’s using illicitly and erratically, and the baby never develops symptoms of withdrawal. So you really have to manage these babies on a case by case basis.

**ALISON STEWART:** Take, for example, Dr. Seashore’s patient, Brittany who was addicted to opioids and took heroin up until her third trimester of pregnancy when she sought treatment. Her two-day-

old son had few signs of N-A-S.

**BRITTANY:** I was really, really, really scared. Cause I didn't actually know if he would make it or not. I was just so overwhelmed when he came out, and they were, like, he was healthy. I was so surprised

**DR. CARL SEASHORE:** There have been just a few mild and scattered symptoms of potential withdrawal, but nothing that has led to the need for pharmacologic treatment. And so we're going to continue to monitor them for at least another day and see how things are going. Continue to encourage her to do what she's been doing

**ALISON STEWART:** Brittany and her baby boy were discharged after a few days in the hospital. She's continued to get treatment and support through horizons, a drug treatment program for pregnant women and mothers at UNC.

**BRITTANY:** Right now my goals are just to move forward and do the right thing and be a good mom to my kids.

**ALISON STEWART:** Doctor Patrick, at Vanderbilt University Medical Center, says there has not been enough research about the long-term effects of N-A-S on a child.

**DR. STEPHEN PATRICK:** Studies that we know that have looked at methadone and heroin suggest that there may be some subtle problems with attention, some visual problems that are subtle, and some with language. And we know these are not overwhelming effects looking at

the literature. And you know, I think one of the issues that we have is that there hasn't been a single study that has followed infants that have been exposed to prescription opioids long-term, so we really need some big, prospective studies to look at that.

**KATIE:** She's doing a lot better. She don't have the tremors like she did or nothing. She's not nearly as fussy.

**ALISON STEWART:** After several weeks of treatment at East Tennessee Children's Hospital, Katie was excited to take her baby girl home.

**KATIE:** And I know I'm not gonna go back to the pain pills. And I've got her now. So she'll help me.