

Neonatal Abstinence Syndrome

INFANT (1 MONTH – 1 YEAR)

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Supporting Caregivers

Care should be multidisciplinary, collaborative, non-judgmental, and based on the identified needs of the infant-mother dyad so that the care of the infant does not occur in isolation of the mother” ¹²⁹

Symptoms of NAS including difficulty with feeding, sleep, and digestive upset can make infants more difficult to care for and console. Mothers and caregivers may need additional support, positive reinforcement from follow-up services ²⁷⁴

A transition to home plan can ensure that infants with NAS are discharged to caregivers who are prepared and responsive to the infant’s needs ¹⁷⁸

- Areas of possible focus: responsive caregiving, providing safe and secure environments, nutrition, health-promoting behaviors.
- Understanding hospital course: medication assisted or ESC





Supporting Mothers

Supporting Recovery

Peer support services for postpartum women with OUD

- Postpartum women reported overall positive experiences receiving peer support services during and after pregnancy. ⁵⁴
- Incorporating recovery coaches or peer mentors with lived experience can lessen shame and stigma in mothers ²

The Center for Substance Abuse Treatment's (CSAT) "Comprehensive Treatment Model for Alcohol and Other Drug-Abusing Women and Their Children" recommends the following approach to addressing mothers' needs ¹

"Treatment that addresses the full range of a woman's needs is associated with increasing abstinence and improvement in other measures of recovery, including parenting skills and overall emotional health. Treatment that addresses alcohol and other drug abuse only may well fail and contribute to a higher potential for relapse"





Supporting Mothers

Reducing Stigma

Research has identified the stigma around NAS and substance use disorders in general as a significant barrier to treatment for pregnant women. Many mothers do not self-disclose their drug use during pregnancy due to stigma, complicating the treatment process ¹

Public Awareness campaigns can educate communities on the following –addiction is a disease. Treatment and recovery supports are available.

Decreasing stigma can also encourage individuals with substance use disorders to seek help²

Community support also reduces concerns regarding law enforcement





Supporting Mothers

Integration of Protective Factors into Caregiving

Protective factors can lay the foundation for health development and diminish risks of substance abuse and child abuse. Important protective factors include: ¹

- Parental Resilience and feelings of competence
- Children's social and emotional competence
- Social connections
- Concrete support in times of need
- Knowledge of parenting and child development





Supporting Mothers

Integration of Protective Factors into Caregiving

The 2016 National Academy of Science report “Parenting Matters” outlined parenting practices associated with positive child outcomes.

- responding to a child’s behavior

- showing warmth or sensitivity

- establishing routines and reducing household chaos

- promoting children’s health through regular health care

- breastfeeding. ²





Caring for an Infant with NAS

Transition to Home

Ensure coordination of health care provider appointments upon discharge from hospital, these may include ^{85, 1}

- Primary Care/Pediatrician
- Home Visiting
- Early Intervention
- Follow up clinics (where appropriate)





Caring for an Infant with NAS

Transition to Home

Educate family on how their baby is communicating with them and how long symptoms can last

Babies use their bodies and voices to communicate

Physical stress: crying, shaking, sneezing, yawning repeatedly, high tone/stiff

How does the baby appear: Hungry, Happy, Relaxed, Tired, Unhappy^{85, 13}



Caring for an Infant with NAS

Handling Techniques

Always provide 2 person care whenever possible (1 person to physically support infant, 1 to complete task), examples – bathing, dressing, diaper change⁶

Awaken the baby gently from sleep, and only when necessary. If you must wake the infant try using the 5 second rule⁶

- 5 second rule
 1. before touching the infant, speak to them
 2. use containment hold for at least 5 seconds (Example on the right)
 3. then provide gentle and safe human touch.



Picture 1 How hand containment is done.

Nationwide Children's Hospital. (2018). Hand Containment. Retrieved from [www.nationwidechildrens.org/family-resources-education/health-wellness-and-safety resources/helping-hands/hand-containment](http://www.nationwidechildrens.org/family-resources-education/health-wellness-and-safety-resources/helping-hands/hand-containment)



Caring for an Infant with NAS

Soothing Techniques & Environmental Adaptations

- Swaddling ^{6, 53, 83, 268}
 - Frequent swaddling can help the infant learn to better tolerate stimulation ²⁶⁸
 - Helps prevent tremors/erratic movements ⁸³
 - Helps to promote self-calming behaviors; ideally with hands free or arms flexed towards face ⁸³
- Pacifiers and non-nutritive sucking – non-nutritive sucking can help decrease stress in the infant and support less erratic, uncoordinated movements. ^{6, 83} This is not to be confused with hunger, these infants are often overfed because of increased sucking behaviors.
- Lateral Swaying in side lying in parent's lap can be an effective soother
- Massage: moving from center of the body towards the extremities
- Decrease stimulation in the infant's environment – low light and sound stimulation ^{37, 53}





Developmental Monitoring

Challenges related to prenatal opioid exposure use do not stop after the neonatal period. Children with known prenatal drug exposure, specifically those diagnosed with NAS, need long-term monitoring and multidisciplinary support ⁵

With existing and expanding research on the impact of prenatal opioid exposure, areas of development which would benefit from monitoring during childhood include:

- Behavior
- Cognition
- Motor
- Speech & Language
- Vision

Concerns regarding attention and behavior usually start to arise around the second birthday, but can emerge prior. Proactive intervention and support is beneficial





Developmental Monitoring

A recently published retrospective cohort study of 11,334 children, with 236 with diagnosed intrauterine opioid exposure, observes the adherence to well-child care visits throughout a child's first two years of life ¹⁹⁴

- Intrauterine exposure was associated with decreased well-child visits during the first and second years of life.
- Children with intrauterine exposure had a median of 6 well-child visits compared to 8 among non-exposed children.





Sleep

Children with NAS/prenatal opioid exposure can experience difficulties in sleep that persist through the infancy.

- Decreases in dopamine and serotonin have been observed in children with prenatal opioid exposure, which can play a role in newborn hyperirritability and sleep fragmentation ¹³⁵

Infants with NAS have been shown to have an increased risk for Sudden Infant Death Syndrome (SIDS) ^{88, 204}

Important to educate family on Safe Sleep Practices

