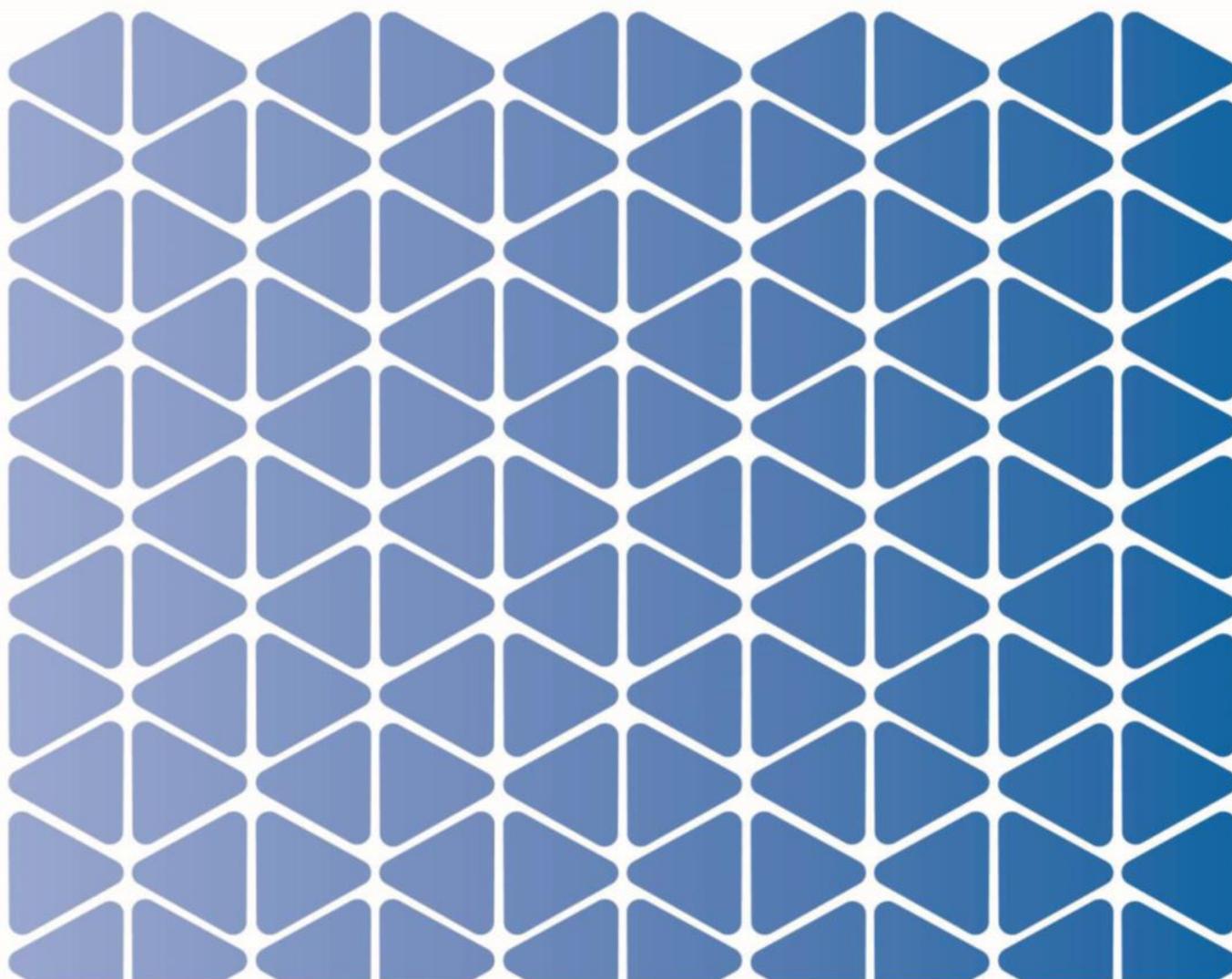




PATIENT INFORMATION

NEONATAL ABSTINENCE SYNDROME (NAS)

Information for Parents and Carers



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The aims of this leaflet are to:

- Help you to understand and recognise neonatal withdrawal symptoms
- Suggest ways to care for your baby during this time
- Provide advice, encouragement and support to you, your partner and others caring for your baby.

We feel it is important you that you know the facts so that you can feel reassured and confident in caring for baby.

What is Neonatal Abstinence Syndrome – NAS?

Most substances (including medication, tobacco and alcohol) taken in your pregnancy will pass through the placenta and will be absorbed by your baby. If, during your pregnancy, you have used any prescribed medication or illicit drugs that can cause physical dependency then your baby may become dependent on this medication too.

Following delivery, when the umbilical cord has been cut, the supply of drugs to the baby suddenly stops and the baby may show signs of physical withdrawal known as Neonatal Abstinence Syndrome (NAS). This withdrawal process and its effects are similar to that experienced by an adult who suddenly stops taking a drug or medication.

What will happen after birth?

We will always aim to keep you and your baby together on the Transitional Care Ward. Babies are only admitted to the Neonatal Unit (NNU) if they need medication and further monitoring for NAS.

Breastfeeding is encouraged to help with withdrawal symptoms and enable bonding with you baby, however the use of some drugs may mean that breastfeeding is not recommended and your Midwife or Obstetrician can advise about this.

Most babies do not need treatment for NAS and will be able to go home after 96 hours of observation. Withdrawal symptoms may not be apparent immediately after delivery and may develop over a few days or even weeks. Midwifery and Neonatal staff will always explain and discuss with you any treatment your baby may need.

What are the signs and symptoms of NAS?

Neonatal withdrawal symptoms include:

- A continuous high-pitched cry
- Fast breathing (tachypnoea)
- Irritability and restlessness and scratching of their faces
- Shaking (tremor) of arms and legs whether disturbed or resting
- Increased muscle tone where the limbs feel very stiff
- Feeding difficulties – coordination of sucking and swallowing, frantic sucking
- Excessive wakefulness – not settling or sleeping after a feed
- Sickness / vomiting
- Diarrhoea with sore buttocks
- Fever
- Sweating
- Excessive sneezing, yawning, hiccups
- Less commonly fits (convulsions)

Midwives on the ward will monitor your baby for any signs of NAS using an assessment chart. Scoring for symptoms should take place approximately every 4 hours, depending on your baby's feeding pattern and behaviour. Severe withdrawal symptoms will require treatment and your baby will need to be admitted to TCU or NNU.

Some babies can still experience withdrawal after they have been discharged from hospital. You can contact your midwife, health visitor or GP if you have any concerns.

Never give your baby any drugs or medication that has not been specifically prescribed for your baby by your GP or the hospital.

What can I do to help care for my baby?

Most babies do not require medical treatment for NAS, however, remember that each baby is different and the length of the withdrawal process varies. There are things that you can do which will help your baby to withdraw safely and comfortably.

- Provide a quiet environment with dimmed lighting to reduce the stimulation around your baby. Turning down loud music/TV/voices will help baby to settle if they are crying, irritable or unable to sleep.
- Cuddle your baby as much as possible with skin-to-skin contact as this will help calm your baby, decrease crying and help with feeding.

- Handle your baby very gently to help reduce irritability and crying. Gentle baby massage and bathing can be soothing.
- Discourage visitors from picking up your baby once he/she are settled.
- Dress your baby in cool clothing and change frequently if they are sweating. If they are restless and irritable, a cool sheet can be used to swaddle your baby to avoid him/her getting too hot. Slings can also be useful when you are at home.
- Feed your baby regularly - frequent small feeds are usually best. Keep a record of all your baby's feeds. If your baby has problems with sucking or is vomiting, talk to your midwife or neonatal staff who will be able to help you.
- Dummies can also be helpful to settle your baby if he/she is excessively sucking. Do talk to your midwife or neonatal staff about introducing a dummy if you are breastfeeding.
- Change your baby regularly. Your baby's bottom may get very sore due to loose stools/diarrhoea. More frequent nappy changes may be necessary and nappy creams are helpful to protect your baby's skin.
- If your baby sneezes, they may have a blocked nose. Gently wipe the nose if it is dirty but do not clean with cotton wool buds as this can damage your baby's nose.
- Everyone must avoid smoking cigarettes or illicit drugs around your baby and you must keep your baby out of smoky areas. Make sure that your home, car and other places your baby spends time are smoke free.
- Do not share a bed with your baby and follow the Safer Sleep guidelines.

If your baby appears pale, blue or grey in colour, has breathing difficulties or appears to be panting, has a fit/convulsion or is floppy or stops breathing - Dial 999 immediately and ask for medical help.

Babies on the Neonatal Unit (NNU)

If your baby is admitted to NNU, you will be actively encouraged to be involved in all aspects of your baby's care. You will be given a NNU Parent Guide which will provide you with information about the unit. There is an open visiting policy for parents.

Once your baby has been admitted to NNU, he/she will start medication to help them withdraw safely and to keep them comfortable. Whilst your baby is receiving medication, they may have a monitor attached to their foot which records oxygen

levels and heart rate. The nurses will continue to observe your baby using the scoring chart. Sometimes, babies require an increase in medication in order to control their withdrawal symptoms.

As your baby's condition improves, the dose of medication will be gradually reduced. Once your baby's medication has been stopped, your baby will need to be observed and off the monitor for a minimum of 24 hours to ensure they are well enough to be discharged home.

What else do I need to know?

If you receive support from Children's Services, they will be informed when your baby is born.

Hepatitis B Vaccine may be offered to your baby to help protect him/her. This will be discussed with you before delivery and you will be asked to sign a consent form when your baby is born.

Most women who use drugs or prescribed medication have a normal pregnancy, labour and delivery. Many babies who are born experiencing drug withdrawal symptoms will recover fully in time but some may experience long-term consequences such as behavioural issues and developmental problems.

Routine head scans are performed on some babies.

Follow up by a Consultant Neonatologist after discharge will be arranged as appropriate.

Babies who are withdrawing may be demanding to care for and this can be a difficult time for some mothers who may feel guilt or blame. Your community midwife, specialist midwife, neonatal staff, health visitors and community drug/alcohol team are always available to talk to you about any concerns or questions you and your family may have.

Contact Numbers

Neonatal Unit 01905 760661

Transitional Care Unit 01905 760663

Neonatal Outreach 01905 760661 or 07834 172337

If your symptoms or condition worsens, or if you are concerned about anything, please call your GP, 111, or 999.

Patient Experience

We know that being admitted to hospital can be a difficult and unsettling time for you and your loved ones. If you have any questions or concerns, please do speak with a member of staff on the ward or in the relevant department who will do their best to answer your questions and reassure you.

Feedback

Feedback is really important and useful to us – it can tell us where we are working well and where improvements can be made. There are lots of ways you can share your experience with us including completing our Friends and Family Test – cards are available and can be posted on all wards, departments and clinics at our hospitals. We value your comments and feedback and thank you for taking the time to share this with us.

Patient Advice and Liaison Service (PALS)

If you have any concerns or questions about your care, we advise you to talk with the nurse in charge or the department manager in the first instance as they are best placed to answer any questions or resolve concerns quickly. If the relevant member of staff is unable to help resolve your concern, you can contact the PALS Team. We offer informal help, advice or support about any aspect of hospital services & experiences.

Our PALS team will liaise with the various departments in our hospitals on your behalf, if you feel unable to do so, to resolve your problems and where appropriate refer to outside help.

If you are still unhappy you can contact the Complaints Department, who can investigate your concerns. You can make a complaint orally, electronically or in writing and we can advise and guide you through the complaints procedure.

How to contact PALS:

Telephone Patient Services: 0300 123 1732 or via email at: wah-tr.PET@nhs.net

Opening times:

The PALS telephone lines are open Monday to Thursday from 8.30am to 4.30pm and Friday: 8.30am to 4.00pm. Please be aware that a voicemail service is in use at busy times, but messages will be returned as quickly as possible.

If you are unable to understand this leaflet, please communicate with a member of staff.