

Neonatal Abstinence Syndrome (NAS)



Children & Young People's Health Services

patientinformation

Neonatal abstinence syndrome

What is Neonatal Abstinence Syndrome (NAS)?

The drugs you have taken during pregnancy have also been absorbed by your baby. As a result, your baby may have become dependant on them.

Once delivered and the umbilical cord has been cut, your baby's drug supply suddenly ceases causing your baby to begin the withdrawal process known as Neonatal Abstinence Syndrome (NAS).

This withdrawal process is similar to the effects you would feel if you suddenly stopped taking your drugs.

Will my baby stay with me?

Your baby will remain with you on the postnatal ward where a midwife will observe for the signs and symptoms of NAS.

Will my baby need any treatment?

Many babies do not need any treatment for NAS although they may be irritable, feed frequently and only sleep for short periods.

Simple measures which you can take are identified in this booklet will help your baby withdraw comfortably and safely. However, sometimes babies may show severe signs of withdrawal.

These symptoms may include:

- A continuous high pitched cry
- Tremors or shaking of your babies limbs
- Excessive wakefulness even after a good feed where your baby will not settle
- Irritability and scratching of their faces
- Increased muscle tone where your babies limbs feel very stiff
- Convulsions or fits
- Jerking of either their arms and legs or both (similar to a fit)

How will you monitor my baby?

Your midwife will assess your baby using an observation chart. If she thinks your baby is displaying these symptoms, she will place a tick against those symptoms your baby is displaying.

If your baby displays more than three of the symptoms, they may require treatment with medication. Your baby will be assessed by the doctor and if he or she feels your baby requires treatment, your baby will be admitted to the Special Care Baby Unit (SCBU).

What will happen on SCBU?

Once admitted to SCBU, your baby will start medication to help them withdraw safely and to keep them comfortable. The nurses will continue to observe your baby using the observation chart.

You are an important and invaluable part of your baby's care. However, it can be a very difficult and frustrating time as your baby may be very irritable, don't be afraid to ask for help or to take a break away from the ward.

As your baby improves, the dose of medication will be reduced. Occasionally babies require an increase in medication in order to control their withdrawal, but again, as your baby improves, the dose of medication will decrease.

Remember: Each baby is different and the length of the withdrawal process varies from baby to baby.

Can I see my baby on SCBU?

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Whilst on SCBU you will be actively involved in your baby's care. The unit has an open visiting policy where parents are welcomed at all times day or night. No other visitors are allowed onto the unit without you being present and no information will be given over the telephone to anyone but yourselves.

Can I stay with my baby on SCBU?

Unfortunately we do not have the facilities for all parents to stay overnight with their baby, but we do have a parents TV room and kitchen where you can prepare yourselves meals and hot drinks.

Your baby will be nursed in a separate cubicle whilst on SCBU so that the lights can be turned off and the room can be kept quiet to keep your baby comfortable, as noise and excessive lights can agitate your baby.

Once your baby's medication has been discontinued your baby will need to be observed for a further few days in order to make sure that they do not begin to withdraw again.

Signs and symptoms of NAS

This is a check list of signs and symptoms that babies undergoing NAS often display and ways in which you can manage them.

High pitched cry

- Is your baby clean and dry?
- Is your baby hungry? If not try offering a dummy in-between feeds in order to comfort your baby. Many babies undergoing NAS will suck frantically even when they are not hungry.
- Pick your baby up, cuddle and talk to your baby as this may calm them and stop them from crying.
- Lightly swaddle your baby with a sheet, however DO NOT overheat your baby. Your midwife or nurse will demonstrate this technique, and your baby will be monitored on a apnoea monitor. DO NOT swaddle your baby if they are not monitored on an apnoea monitor.
- Try to reduce the noise and light level by talking quietly and turning down the TV or radio. Close the curtains to darken the room or dim the lights. Once your baby is settled DO NOT disturb them but let them wake themselves.
- Try to organise tasks around the times when your baby is awake so that when they are asleep you do not have to disturb them.

Tremors and irritability

- Is your baby hungry? Try offering a feed or a dummy.
- Make your baby comfortable by lightly swaddling your baby in a sheet to provide security and also to decrease the severity of the tremors. However DO NOT over wrap your baby and make them too hot.
- Cuddle your baby and gently talk to them as this often calms an irritable baby.
- If your baby is still tremulous but settled, leave alone and they will eventually go to sleep.
- If the tremors become worse or are interfering with your babies sleeping or feeding please inform your midwife or nurse.

Inability to sleep

- Is your baby clean and dry?
- Is your baby hungry? Offer a dummy to help calm your baby if they do not appear hungry.
- Decrease the noise and light in the room.
- If your baby is awake but not crying leave them alone and they may eventually go to sleep.

Sneezing and nasal stuffiness

- Many babies often sneeze when they have a blocked nose. Wipe your baby's nose gently if dirty.
- If your baby seems to be having difficulty feeding due to a blocked nose, try resting your baby more frequently during the feed.
- If you are worried please inform your midwife or nurse.

Frantic sucking

- Is your baby hungry? If not offer a dummy. Many babies undergoing NAS display this behaviour even when they have just been fed.
- Cover your baby's hands with scratch mittens to prevent them from scratching their face.

Poor suck and swallow co-ordination

- Check the teat on the bottle that you are feeding your baby as it may be blocked, or you may need a harder or softer teat.
- Offer small but frequent feeds. Often babies undergoing NAS will suck frantically and appear extremely hungry but may only take small amounts very frequently. This is quite normal.
- Give your baby plenty of rest during a feed by frequently winding them. Due to their frantic sucking they may gulp down large amounts of air which if not brought up, may increase the chance of vomiting.
- If you are concerned about your babies feeding please tell your midwife or nurse.

Vomiting

- Always change your baby before feeding them so that you do not have to disturb them once they have a full stomach.
- Give smaller more frequent feeds.
- Frequently wind your baby during a feed to give your baby a rest from sucking and also to ensure that any trapped air can come up.
- Sit your baby upright to wind them.
- Try to put your baby down once they have fed in order to let them rest.
- If you are concerned about your baby's feeding please tell your midwife or nurse.

Loose stools

- Chart each dirty nappy as instructed by your midwife or nurse.
- Inform your midwife or nurse if your baby's stools become loose or watery.
- Your baby's bottom may become very red and sore. If this happens try nursing your baby without a nappy on. Your midwife or nurse will show you how to do this. Frequently change your baby's nappy and apply a barrier cream such as Sudocrem to help protect your baby's bottom.

Discharge home

Once your baby has stopped treatment for their withdrawal they will be scored for a further 72 hours to ensure they have ceased the withdrawal process. Your baby's discharge can then be planned.

However, some babies will continue to have mild symptoms of withdrawal for up to 4-6 months after discharge home. These symptoms are usually milder than the initial symptoms such as irritability, disturbed sleep patterns and continuous crying.

The skills you have developed in hospital together with the advice within this booklet will help you to comfort your baby.

These secondary symptoms will gradually improve with time, however if the symptoms become worse or you are worried about your baby please seek medical advice. **DO NOT** swaddle your baby at home.

Sudden Infant Death Syndrome (S.I.D.S)

Whilst in hospital you will receive a booklet containing important information about sudden infant death syndrome (SIDS).

Please remember that the risk of SIDS is greater if you smoke or use alcohol or drugs.

Drugs such as methadone, heroin, sedatives, tranquilizers or antidepressants can cause you to sleep heavily. This may lead you to being less aware of where your baby is in bed increasing the risk of overlaying. It is therefore important that you do not share your bed with your baby.

Support at home

When it is time to go home, if necessary your baby will be given an appointment to see a Paediatrician. Please ensure you attend this appointment as any concerns that you may have about your baby's progress and development can be discussed. You may be given further appointments to return to hospital in order to continue to monitor your baby's development.

If your baby has received vaccinations whilst in hospital you will also receive further appointments from your GP to complete the vaccination course.

Support is also available from your health visitor and specialist midwives.

Contact numbers

Clearways

(Rotherham Community Drug & Alcohol Service)

Effingham Street

Rotherham

Telephone 01709 382733

(An answerphone is available outside office hours.

Specialist Midwives can also be contacted on this number).

Alcoholics Anonymous

Telephone 0114 2701984

National Drugs Helpline

Telephone 0800 776600

Greenoaks – Antenatal and Gynaecology Clinic

Rotherham Hospital

Telephone 01709 424347

Specialist Midwives

Telephone 0788 7746013 - Jill Dates

Telephone 0778 6981047 - Alicia Plane

How to contact us

Special Care Baby Unit

Telephone 01709 424488

Greenoaks – Antenatal and Gynaecology Clinic

Rotherham Hospital

Telephone 01709 424347

Specialist Midwives

Telephone 0788 7746013

Telephone 0778 6981047

Switchboard

Telephone 01709 820000

Useful contact numbers

NHS 111 Service

Telephone 111

Health Info

Telephone 01709 427190

Stop Smoking Service

Telephone 01709 422444

A&E

Telephone 01709 424455

For GP out of hours, contact your surgery

Useful websites

www.therotherhamft.nhs.uk

www.nhs.uk

www.gov.uk

www.bliss.org.uk

We value your comments

If you have any comments or concerns about the services we have provided please let us know, or alternatively you can contact the Patient Experience Team.

Patient Experience Team

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