



State of Illinois  
Illinois Department of Public Health

# Neonatal Abstinence Syndrome

What you need to know





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*Gratefully adapted with permission from Dartmouth-Hitchcock Medical Center and the Ohio Perinatal Quality Collaborative.*

# Neonatal Abstinence Syndrome (NAS)

**Congratulations on the birth of your new baby!** This is a happy time for you, but all parents face challenges in their baby's first year. Some babies need extra attention, including those born with neonatal abstinence syndrome (NAS). NAS occurs when a baby experiences withdrawal symptoms similar to withdrawal symptoms that adults can have. This happens when the baby is born and is suddenly cut off from the medicines or drugs in the mother's body. Within 1 to 5 days, the baby may start to show signs that something is wrong.

It's hard to know which babies will have NAS. Some babies will have it even though their mothers only took small doses of medicines for a brief time during pregnancy. Others may show signs because their mothers took large amounts of drugs for a long time while pregnant. No matter the reason, this guide was written to help you learn about NAS and how to help your baby be healthy.

**You play an important role in helping your baby get better.** Pay attention to your baby's needs. Helping your baby stay calm and comfortable is some of the best medicine he or she will ever receive. If possible, room with or stay as close to your baby as possible so you can help participate in your baby's care.

## When will my baby show signs of NAS?

The time it takes to show symptoms can depend on the following:

- How long the medication or drug is active in the mother
- The dose of the medicine
- Whether other drugs or substances were used at the same time, such as nicotine, opiates or narcotics that were not prescribed to the mother

## What are the signs of NAS?

- High-pitched cry / crankiness
- Shaking / jitters
- Trouble sleeping
- Stuffy nose / sneezing
- Yawning
- Difficulty feeding due to problems sucking
- Stiff arms, legs and back
- Vomiting / diarrhea
- Poor weight gain after the 4th day of life
- Fast breathing
- Skin breakdown, particularly in the diaper area or on the face

Your nurse will be collecting your baby's first bowel movement (called meconium) for testing in the lab. A sample of the baby's urine or umbilical cord may also be collected.

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## Where will my baby and I be while he or she is being monitored?

It is important to stay in the same room with your baby in the hospital if possible. This will help make sure you can be close by when your baby cries or is fussy so you can hold and comfort your baby. If your baby only needs to be monitored for 2 days, you and your baby may be cared for in your room. If your baby needs to be monitored for longer, we will try our best to have you and your baby room together.

If your baby has signs of withdrawal, and needs treatment with medication, he or she will stay in the hospital. We will try our best to have you and your baby stay together and we will encourage you to stay as close to your baby as possible. This will help you care for your baby during his or her withdrawal.

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## How can I help my baby?

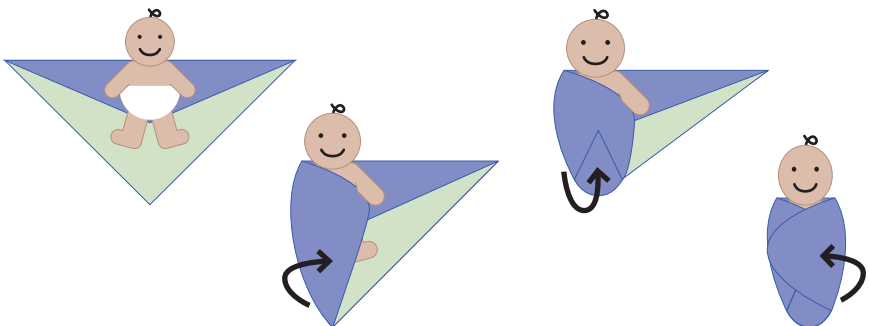
Whether or not your baby needs medicine, you can help your baby by:

- Staying close to your baby
- Continually holding and swaddling your baby
- Making skin-to-skin contact with your baby
- Feeding your baby whenever he or she looks hungry
- Keeping things quiet and calm around your baby (few visitors, no noise, no bright lights)
- Breastfeeding

Your nurse can help you learn how to swaddle your baby if you want to practice or do not know how. If you have any questions at all, please ask.

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## How to swaddle your baby



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## Does my baby need medicine to get better?

If your baby has many strong signs of withdrawal, your doctor may give him or her medicine to help. The medicines that babies with NAS are given most often are morphine and methadone. Sometimes other medicines may be added to help your baby during this time. Your doctor or nurse can explain your baby's medication in more detail.

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## What happens if my baby is given medicine for NAS?

- Medicines like morphine or methadone will help your baby be more comfortable.
- Your baby may receive medicines on an as needed basis, or they may be scheduled every few hours.
- As your baby starts to get better, the dose of medicine will slowly be lowered, and then stopped.

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## How long will my baby need treatment?

NAS can last from one week up to many weeks. It is hard to know how long it will last. The length of withdrawal depends on the medicines or drugs — and the amounts — your baby was exposed to during pregnancy.

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## How long will my baby have symptoms?

NAS can last from one week to a few months. It is difficult to know how long it will last. The length of the withdrawal symptoms depends on what medicines or drugs the baby was exposed to. It also depends on how much of these the baby got while you were pregnant. It is important to let your baby's health care provider know what drugs and medicines your baby was exposed to during the pregnancy.

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## Can I breastfeed my baby?

If advised by your physician, breastfeeding may help your baby. It is generally safe for mothers to breastfeed if they are in a stable treatment program, even if you are taking medicine given to you by a doctor or nurse — and even if the medicine is for drug withdrawal. Breastfeeding is not safe for mothers who are not in a treatment program, or who are using alcohol or illegal drugs. Talk to your doctor about breastfeeding and the medicines you may be taking. Talk to your doctor about treatment options for opiate addiction.

**It is very important that you not take any other medications while breastfeeding unless your baby's doctor says the medicines are safe.** If you are or will be using any drugs or illegal medicines (medicines prescribed to someone else), it is best that you do not breastfeed. This is because the dangers are too great for your baby.



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## What do I do if my baby experiences NAS?

Your baby will need a lot of attention in the beginning. He or she may be fussy and hard to calm, but don't give up on comforting your baby. You have everything your baby needs.

It can be stressful for parents to have a baby who cries a lot. Many parents describe the time their baby spends in withdrawal as an emotional roller coaster. We understand that this is a very stressful and emotional time for you. Take comfort in knowing that we all have the same goal: to help you and your baby through the withdrawal so you can go home as soon as possible. Ask friends and family for help so that you get the breaks and the support you need.

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## When can I take my baby home?

Your baby's medical team will help decide when it is safe for your baby to go home and will help you learn about caring for your baby.

Your baby is ready to go home when he or she:

- Has had monitoring completed depending on the medicine you were on during the pregnancy.
- Is no longer needing medicine, if it was started.
- Is feeding without difficulty.
- Is able to maintain a stable heart rate, breathing rate, and temperature.
- Has referrals in place for community support such as a home visiting nurse.
- Has a primary care provider (PCP) and a follow-up appointment.
- Has completed all the newborn health care (hearing screen, hepatitis B shot, newborn blood screening).

If your baby needed to stay in the NICU, it will be especially important for you to spend as much time as possible taking care of your baby on your own before you go home. This will help you feel comfortable and confident in caring for your baby at home.

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## Will my baby have problems after we go home?

The symptoms of NAS may continue for more than a week and possibly up to several months. Over this time, the symptoms will start to fade. Your baby will be discharged when there is little risk for serious problems at home.

Once at home, your baby may continue to experience the following:

- Problems feeding.
- Slow weight gain.
- Poor sleeping patterns.
- Sneezing or stuffy nose.

Your baby's doctor and nurse will help teach you ways to take care of your baby. They will also teach you how to help your baby if he or she is having any of the problems listed above. Practice different ways of caring for your baby while in the hospital. You will learn what works best for your baby. Ask your baby's doctor or nurse if you have any questions. We feel that any question you have is an important one. We want you to feel comfortable taking care of your baby in the hospital and when going home.



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## How can I care for my baby and me at home?

Remember, babies cry a lot and babies with NAS tend to cry more often and easily. Helping yourself and managing your stress will help you care for your baby.

- Settle into a quiet, low-lit room to feed your baby.
- Gently rock or sway your baby to calm him or her. (Do not walk or sway your baby while feeding).
- If you feel upset, walk away and take deep breaths for a few minutes.
- Never shake your baby or put anything over your baby's face to quiet your baby.
- Call a family member, friend, or your baby's doctor or nurse if you feel upset, angry, scared, or just need help. Everyone needs help sometimes.

### Asking questions helps you help your baby



If you have any questions or concerns about your baby when you are at home, or if something just does not seem right, talk to your baby's doctor or nurse. It is important to feel comfortable taking care of your baby, and asking questions — any questions help you help your baby.



# Ways to support and care for your baby

**Parents and caregivers of a baby with NAS can help the baby get better.**

**Here are some things you can do:**

Make your baby comfortable by setting up a routine, letting few people visit, talking softly, keeping the room quiet and dim (turn off the TV or radio, turn your phone down or off, and turn down the lights).

Let your baby sleep as long as needed and without being woken up suddenly.

Make feeding time quiet and calm, and burp your baby often.

Learn to spot your baby's "I am upset" signs, whether he or she is yawning, sneezing, shaking, crying, or frowning. Also know the signs that say your baby is happy, hungry, or relaxed.

When your baby is upset, stop what you are doing, hold your baby skin-to-skin or gently swaddle him or her in a blanket on your chest. Let your baby calm down before trying anything new, or gently sway or rock your baby.

Gently and slowly introduce new things to your baby one at a time.

As your baby becomes calmer for longer periods of time, start checking to see if he or she might like to have the blanket wrapped more loosely or taken off sometimes.

# Extra ways to calm and help your baby

## Behavior

## Calming Suggestions

Prolonged or high-pitched crying (crying that lasts a long time or is louder than normal)

- Hold your baby close to your body, skin-to-skin or swaddled in a blanket.
- Decrease loud noises, bright lights, and any excessive handling.
- Gently rock or sway your baby while humming or singing.

Sleeplessness (problem sleeping)

- Reduce noise, bright lights, patting, or touching your baby too much.
- Play soft, gentle music.
- Gently rock or sway your baby while humming or singing.
- Change your baby's diaper if wet or dirty.
- Check for and treat diaper rash with a lotion or ointment, such as Vaseline®, A&D®, or Desitin®.

Excessive sucking of fists (sucking on fists a lot)

- Feed your baby when hungry and until content.
- Offer a pacifier or finger if your baby wants to suck but isn't hungry.
- Cover hands with mittens or sleeves if skin becomes raw.
- Keep areas of damaged skin clean.
- Avoid lotions or creams on the hands as the baby may suck on them and swallow these products.

Difficult or poor feeding (problems feeding)

- Feed your baby when hungry and until content.
- If your baby is having problems with spitting up, feed smaller amounts and more often.
- Feed in a calm and quiet area.
- Limit visitors so that your baby does not get handled too much.
- Feed your baby slowly.
- Allow your baby to rest a little during and after the feedings.
- Help your baby feed by supporting his or her cheeks and lower jaw (if needed).

# Extra ways to calm and help your baby

Behavior	Calming Suggestions
Sneezing, stuffy nose	<ul style="list-style-type: none"><li>■ Keep baby's nose and mouth clean with a soft washcloth.</li></ul>
Breathing troubles	<ul style="list-style-type: none"><li>■ Avoid over dressing or wrapping your baby too tightly.</li><li>■ Always have your baby sleep on his or her back, never on the tummy.</li><li>■ Call your baby's provider if your baby is having trouble breathing (breathing is fast, labored, noisy, and/or there is a bluish tinge to the skin).</li></ul>
Spitting up	<ul style="list-style-type: none"><li>■ Burp your baby each time he or she stops sucking.</li><li>■ Hold your baby upright for a period of time after feeding.</li><li>■ Keep your baby's bedding and clothes free of spit up.</li></ul>
Trembling	<ul style="list-style-type: none"><li>■ Keep your baby in a warm quiet room.</li><li>■ Avoid excessive handling of your baby during care routines or when people come to visit.</li></ul>
Fever	<ul style="list-style-type: none"><li>■ Do not over dress or over bundle your baby.</li><li>■ Report a temperature greater than 100° F to your baby's doctor.</li></ul>



# Key Contacts

My doctor's name and contact information:

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Other contacts:

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Taking care of your baby also means taking care of yourself, from following your doctor's orders to keeping up with your treatment plan. Please remember, we are here to help you and your family!

# Notes

Babies use their bodies and voices to communicate all the time. Write down the things that seem to make your baby happy and unhappy. Also, note the best ways to calm your baby.

How do I know when my baby is unhappy?

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How do I know when my baby is happy?

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What seems to relax my baby?

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How else can I help my baby?

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