Neonatal Abstinence Syndrome (NAS)



What is NAS?

Neonatal Abstinence Syndrome (NAS), or infant drug withdrawal, happens when a baby has been exposed to opioids (including heroin, codeine, methadone, buprenorphine and suboxone), stimulants, inhalants, sedatives, alcohol, and some antidepressant and antipsychotic medications during pregnancy. Sometimes, Neonatal Abstinence Syndrome is also called Neonatal Opioid Withdrawal Syndrome (NOWS).

It is not possible to predict before birth which babies may develop NAS. NAS is not related to the mother's dose of opioid substitute medications (methadone, buprenorphine or suboxone), but pregnant women who combine opioid substitute medications with other drugs such as heroin, crystal methamphetamine ('ice') or benzodiazepines ('benzos') are more likely to have babies who need medication to help them through their withdrawal.

NAS is common in opioid-exposed babies, but not all babies will need to have medications to treat their withdrawal. Supportive care such as frequent breastfeeding (where it is safe to do so), swaddling, a dark, quiet environment, gentle touch, and cuddling may be all that are required. Many babies with NAS show an increased need to suck and may benefit from a pacifier (dummy). In addition, babies with NAS may need some extra feeds with an infant formula alongside their breastfeeds.

For babies with severe NAS, a 4 to 6-week course of morphine treatment is used to treat their withdrawal and prevent seizures and weight loss. Some babies may require an additional sedative medication, especially if they were exposed to methamphetamines as well as opioids.

Assessing your baby's NAS

Babies who may develop signs of NAS are observed carefully after their birth. * Babies are assessed every three to four hours (between 30 minutes and one hour after each feed) to watch for signs of withdrawal. The midwife will observe your baby's sleeping, feeding, skin colour, muscle tone and cry. Common signs of withdrawal include irritability, increased crying, poor feeding, stiffness of the muscles and tremors.

Signs of NAS may not appear immediately after birth, so assessment of your baby continues for at least five days. If your baby has not developed significant signs of NAS (and there are no other health issues) you and your baby will be discharged from hospital. A hospital domiciliary midwife will visit you at home and refer you to your local doctor and Maternal and Child Health Nurse for ongoing support and care.

* In Australia, a modified Finnegan scoring system is used to assess the level of withdrawal in newborn babies.

Treatment

If your baby develops significant signs of NAS that cannot be relieved with supportive care alone, they will be transferred to the Newborn Intensive Care Unit (NICU). There may be a further period of assessment or medication may be started. During the treatment period, your baby will continue to be observed for signs of withdrawal. The NICU staff will keep you informed about your baby's condition, progress and the treatments being used. Occasionally more than one medication is needed to treat the baby's withdrawal. Once the withdrawal has been stabilised medication is gradually reduced which takes about four weeks.

You and your family will be encouraged to spend as much time as possible with your baby during the treatment period. Your baby responds very well to your voice and smell, and you can provide them with a sense of security. The Newborn Intensive Care Unit (NICU) at the Women's has a volunteer program, which has volunteers to settle, soothe and comfort your baby at times when you cannot be present. This happens under the supervision of specialised NICU staff.

Breastfeeding

Breastfeeding is of great benefit to you and your baby. Midwifery and NICU staff can give you the support you need to breastfeed your baby. However, some drugs can pass into your breast milk and make breastfeeding unsafe for your baby. You should not breastfeed your baby if you are using heroin, methamphetamines 'ice', other IV drugs, or are HIV positive. If you are on any drugs besides methadone, buprenorphine or suboxone, breastfeeding your baby may not be recommended.

Discuss the safety of breastfeeding with your doctor or midwife.

Sudden Unexpected Death in Infancy (SUDI)

Sudden Unexpected Death in Infancy (SUDI; includes SIDS) is a sleep related death in the first year of life.

If you smoke, use drugs, alcohol or medicines that make you feel drowsy, sleeping with your baby is very dangerous. Anything that makes you sleep deeply will make it hard for you to respond properly to your baby's needs and ensure their safety.

Safe Sleeping Guidelines

The six ways to sleep your baby safely and reduce the risk of Sudden Unexpected Death in Infancy (SUDI) are:

- 1. Sleep your baby on their back.
- 2. Keep their head and face uncovered.
- 3. Keep your baby smoke free before and after birth.
- 4. Create a safe sleeping environment night and day. No soft surfaces or bulky bedding.
- 5. Sleep your baby in safe cot in parents' room.
- 6. Breastfeed your baby.

For more information, speak with your midwife or doctor or visit rednose.com.au/section/safe-sleeping

For more information

Women's Alcohol and Drug Service

Royal Women's Hospital 8.30am-5.30pm Monday to Friday (03) 8345 3931 wads@thewomens.org.au

On the Women's website

Pregnancy, drugs & alcohol information thewomens.org.au/wm-pregnancy-drugs-alcohol

DirectLine

DirectLine is part of Turning Point's state-wide telephone service network, providing 24-hour, seven-day counselling, information and referral to alcohol and drug treatment and support services throughout Victoria.

DirectLine is a free, anonymous and confidential service.

1800 888 236

Quit

Visit this website to help you quit smoking or help you find out more about how smoking harms you. 137 848 | quit.org.au

Red Nose

1300 308 307 | rednose.com.au

Ask your health care provider for the following booklets:

Neonatal Abstinence Syndrome

Pathways to Positive Parenting: Information for pregnant women who are using alcohol and drug

Disclaimer: This fact sheet provides general information only. For specific advice about your healthcare needs, you should seek advice from your health professional. The Royal Women's Hospital does not accept any responsibility for loss or damage arising from your reliance on this fact sheet instead of seeing a health professional. If you require urgent medical attention, please contact your nearest emergency department. © The Royal Women's Hospital 2014-2021