

Understanding Neonatal Abstinence Syndrome



Q. What is Neonatal Abstinence Syndrome (NAS)?

A. Neonatal Abstinence Syndrome (NAS): When a baby is born and is showing signs of withdrawal

- It is hard to know before a baby is born if he or she will have NAS
- The baby must be watched closely right after delivery to see if the baby has symptoms of NAS

Q. How does a baby get NAS?

A. A baby can be diagnosed with NAS when substances are used during pregnancy

- Substances that can cause NAS, if used during a pregnancy, include:
 - Fentanyl
 - Heroin
 - Medication-assisted treatment (MAT) therapies, like Suboxone and Methadone
 - Other substances, like methamphetamines, cocaine, and Benzodiazepines
 - Painkillers, even if prescribed by your doctor

Q. How soon will NAS symptoms develop?

A. Most babies who have NAS will show signs within 1-5 days after birth. Some babies may show symptoms a few weeks after birth depending on:

- Gestational age at birth (e.g., how many weeks pregnant you were at the time of delivery)
- The baby's exposure to other drugs or tobacco
- The baby's exposure to other medicine, like medicine you take to treat a psychiatric condition like depression
- The last time you used drugs before delivering your baby

Q. How can I tell if my baby has NAS?

A. Symptoms of NAS can include one or more of the following:

- Diarrhea
- Hard time feeding and sucking
- High pitched cry
- Increased breathing rate
- Irritability
- Poor weight gain
- Skin irritation
- Stuffy nose
- Tense arms, legs, and back
- Tremors/jitteriness
- Trouble sleeping
- Vomiting

Q. What will happen after my baby is born, if he or she may have NAS?

A. Nurses and doctors will monitor your baby in the hospital for between 5 and 7 days 5-7 days to see if your baby develops symptoms that need treatment.

Q. How does a doctor determine when treatment is needed?

A. Most hospitals use a scoring system of symptoms to determine when treatment is needed. Talk to your doctor about:

- How he or she will monitor your baby for symptoms of NAS
- What scoring system is used

Q. What type of treatment options will I have?

A. Your baby's doctor may give him or her medicine to decrease:

- NAS symptoms
- The chance of seizures from withdrawal

Q. How long will my baby stay in the hospital?

A. Babies who need medicine often need to stay in the hospital for several weeks for:

- Monitoring
- Being weaned off of the medicine

During your baby's hospitalization:

- Stay in contact with your baby's healthcare team
- Work with the social services teams to ensure a safe plan of care for your baby
- Visit and room in with your baby as able

Q. What are some ways to bond with my baby who has NAS?

A. To help bond with a baby who has NAS:

- Comfort your baby
- Have skin-to-skin contact (sometimes called kangaroo care) with your baby, as this type of contact helps to:
 - Help to release helpful hormones to support bonding
 - Keep your baby warm
 - Lower your baby's stress level
 - Settle your baby
- Limit activities that bother your baby
- Observe your baby's reactions to certain sounds, sights, touches, movements, tastes, or smells, as these can trigger reactions
- Pay close attention to your baby's cues
- Talk or sing to your baby in a calm, quiet voice
- Watch for what helps your baby get and stay calm and alert

Q. What medicines are safe to treat OUD while pregnant?

A. Methadone or buprenorphine (Suboxone)

- Both medicines make it more likely that your baby will:
 - Grow normally
 - Not be born early
- Your baby's doctor/your doctor will need to closely monitor you and your baby while you take these medicines
- Neither medicine has caused birth defects
- Babies exposed to these medicines still can develop NAS symptoms but these medications are safer for you and the baby than using other opiate medications such as:
 - Heroin
 - Prescription painkillers

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 - **U.S. Department of Health and Human Services, Office for Civil Rights** electronically through their Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or at **U.S. Department of Health and Human Services**, 200 Independence Avenue, SW, Room 509F, HHH Building, Washington, DC 20201, **800-368-1019, 800-537-7697 (TDD)**. Complaint forms are available at <https://www.hhs.gov/ocr/office/file/index.html>.

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Español (Spanish): Llame al número que se indica arriba para recibir servicios gratuitos de asistencia lingüística.

नेपाली (Nepali): निःशुल्क भाषासम्बन्धी सहयोग सेवाहरू प्राप्त गर्नका लागि माथिको नम्बरमा फोन गर्नुहोस्।

العربية (Arabic): اتصل برقم الهاتف أعلاه للحصول على خدمات المساعدة اللغوية المجانية.

Soomaali (Somali): Wac lambarka kore si aad u hesho adeegyada caawimaada luuqada oo bilaash ah.

Русский (Russian): Позвоните по вышеуказанному номеру, чтобы получить бесплатную языковую поддержку.

Français (French): Appelez le numéro ci-dessus pour recevoir des services gratuits d'assistance linguistique.

Tiếng Việt (Vietnamese): Gọi số điện thoại ở trên để nhận các dịch vụ hỗ trợ ngôn ngữ miễn phí.

Kiswahili (Swahili): Piga simu kwa nambari iliyo hapo juu ili upate huduma za usaidizi wa lugha bila malipo.

Українська (Ukrainian): Зателефонуйте за вказаним вище номером для отримання безкоштовної мовної підтримки.

繁體中文 (Traditional Chinese): 您可以撥打上面的電話號碼以獲得免費的語言協助服務。

Ikinyarwanda (Kinyarwanda): Hamagara numero iri haruguru uhabwe serivisi z'ubufasha bw'ururimi ku buntu.

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دري (Dari): برای دریافت خدمات رایگان کمک زبانی با شماره بالا تماس بگیرید.

پشتو (Pashto): د وړيا ژبې ملاتړ ترلاسه کولو لپاره پورته شميرې ته زنگ ووهئ.

አማርኛ (Amharic): ነፃ የቋንቋ ድጋፍ አገልግሎቶችን ለማግኘት ከላይ ባለው ስልክ ቁጥር ይደውሉ።

ગુજરાતી (Gujarati): મફત ભાષા સહાય સેવાઓ મેળવવા માટે ઉપર આપેલા નંબર પર કોલ કરો.