

# Caring for a baby in withdrawal

Issued by Obstetrics and Gynaecology



## Information for parents/carers

This leaflet provides you with information and advice that will help you prepare for the arrival of your baby.

After reading this, you should feel reassured and confident that your baby can be well cared for and that you can do a lot to help. If there is anything in this leaflet that you do not understand or would like to talk about further, please speak with the midwife or nurse involved in your care.

# How the drugs are passed through to your baby

Drugs taken by a pregnant woman reach the baby primarily by crossing the placenta, the same route taken by oxygen and nutrients, which are needed for the baby's growth and development.

## Drug use and the newborn

When a mother is dependent on prescribed and non-prescribed drugs, the baby can also be dependent. There are new substances that individuals are taking that as professionals; we are unaware of the effects on a newborn. If we know what a mother has taken, it makes it easier to understand how we can help their babies. That is why we engage and support mothers antenatally so that we are prepared to support mother and baby post-delivery.

Once born these babies can develop "Neonatal Abstinence Syndrome". This is when the baby shows signs and symptoms of drug withdrawal.

Withdrawal symptoms can occur if you use alcohol or drugs such as the common ones mentioned below:

- Methadone
- Heroin
- Codeine Phosphate
- Di-hydrocodeine
- Tramadol
- Benzodiazepines (Valium, Diazepam)



When a baby is born the drug or alcohol supply it has received during pregnancy stops. It can then go through a period of withdrawal. Baby withdrawal can be similar to that of adult withdrawal

# Increased risks to you and your baby

Substance misuse during pregnancy increases the risk of:

- Having a premature or low weight baby
- The baby suffering symptoms of withdrawal from drugs used by you during pregnancy
- The death of a baby before or shortly after birth
- Sudden infant death syndrome
- Physical and neurological damage to the baby before birth, particularly if violence accompanies parental use of drugs or alcohol

# **Baby withdrawal symptoms**

- High pitched crying
- Irritability and restlessness / sneezing
- Tremor (shakiness)
- Feeding difficulties (baby wants to be fed often but unable to co-ordinate sucking and swallowing)
- Sleeping difficulties (difficult to settle)
- Vomiting and or diarrhoea
- High temperature / sweating
- A sore bottom

Occasionally, babies can have convulsions (fits) but do not be alarmed this is very rare.

Other babies however, can have more severe symptoms such as:

- feeding and sleeping difficulties
- they may lose weight



### They may need:

- medical treatment including special nursing care
- medication to help them through their withdrawal symptoms

Unfortunately there is no way of telling which babies will react more severely, therefore parents are informed of all possibilities so that they are prepared. Midwives and neonatal staff have lots of experience in looking after babies who are in withdrawal. They will give you lots of support and advice.

# Caring for your baby

Mothers who are dependant on drugs or alcohol are asked to stay in hospital for at least five days. This is because most withdrawal symptoms in babies appear within this time scale. Benzodiazepines, for example Valium and Diazepam, can take longer to leave the system. Withdrawal signs may take up to a week to appear.

In the postnatal ward you will be encouraged to bond with your baby and breastfeed. Breastfeeding can help overcome the withdrawal symptoms for your baby.

The midwife or nurse will keep a special score chart to assess the condition of your baby. You will be shown how to use the chart so you can help with this.

Most babies are well enough to go home after five days where they can be cared for by their parents. Help and support will be given by the midwife, health visitor or GP. The baby must be feeding well and gaining weight steadily before discharge from hospital.

If the baby has severe withdrawal symptoms they could be admitted to the special care baby unit, where they can be tube fed. A very fine plastic tube is passed down the baby's nose or throat directly into the stomach.



The tube is then left in place and the baby can be fed without being disturbed or becoming upset from trying to feed normally. The baby can also be given medication in special care. This helps to reduce distress which enables the baby to feed and sleep normally.

Babies usually stay in neonatal unit for 10-14 days, occasionally for longer.

Most admissions to special care will happen after birth when the baby is still in hospital. If the baby develops symptoms after going home they may be admitted to a children's ward.

If you struggle to care for your baby at home or are worried about withdrawal signs, talk to your midwife or health visitor as soon as possible. They can arrange for the baby to be admitted back to the hospital and given specialist care.

It is difficult looking after a baby with withdrawal symptoms but these will gradually improve with time.

If your baby has a convulsion (fit), dial 999 and ask for an ambulance to take your baby to hospital.

# Things parents can do to help

- Make sure your baby is kept in very quiet and calm surroundings. No bright lights or loud sounds that may upset your baby
- Hold your baby as much as you can. The baby will cry less and feed better if they have 'skin to skin' contact
- Use a dummy or pacifier
- Move and handle your baby very gently
- Change your baby's clothes frequently, especially if they sweat a lot
- Make sure your baby is not too hot



- Regularly change baby's nappy. Use a barrier cream around baby's bottom area to avoid skin damage
- Feed your baby on demand, frequent small feeds
- Keep a record of all feeds your baby takes so the midwife/nurse can check your baby is having enough milk
- Please note that as your infants medication is reduce, the symptoms of minimal withdrawal

# Breastfeeding and drug use

All mothers are encouraged to breastfeed their babies and are given help to do so.

This includes mothers who are dependent on drugs. In fact, breastfeeding can sometimes help reduce your baby's withdrawal symptoms.

Only very small amounts of drugs are passed through to the baby from breast milk. The benefits of breastfeeding outweigh the worries of continued drug use.

The exceptions to this would be:

- if you were HIV positive
- if you were drinking heavily
- if you were taking large amounts of stimulant drugs such as cocaine, crack or speed or street benzodiazepines (valium).

Babies born with drug withdrawal symptoms will recover in time. We know it can be difficult to have a baby in withdrawal and you may feel guilty and upset. Remember the professional team taking care of you are here to provide support in a non-judgmental way and discuss any worries you may have.



#### **Useful contact numbers**

#### The Northumbria Specialist Emergency Care Hospital

Northumbria Way Cramlington

**NE23 6NZ** 

Pregnancy assessment unit: 0191 607 2815

Birthing centre: 0191 607 2318

Ward 16: 0191 607 2016

#### **Berwick Midwifery Led Unit**

High Green Berwick-upon-Tweed TD15 1LT 01289 356 622

#### **Hexham Midwifery Led Unit**

Corbridge Road Hexham NE46 1QJ 01434 655 352

#### **Hillcrest Midwifery Led Unit**

Infirmary Drive Alnwick NE66 2NS 01665 626 732

#### Acknowledgement

NHS Lothian (Substance Misuse in Pregnancy)

#### **Alternative Formats**

If you would like a copy of this information in large print, another language, audio tape or other format please call the Contact Centre on **03 44 811 8118** 

#### Other sources of information

**NHS 111** 

**NHS Choices** 

www.nhs.uk/pages/homepage.aspx

NICE (National Institute for Health and Clinical Excellence) www.nice.org.uk

Patient Advice and Liaison Service (PALS)

Freephone: **0800 032 0202** 

Text: 01670 511098

Email: northoftynepals@nhct.nhs.uk

Northumbria Healthcare NHS Foundation Trust General Enquiries 03 44 811 8111 www.northumbria.nhs.uk

PIN 470/V4

Review date: October 2021

© This material is the copyright of the Northumbria Healthcare NHS Foundation Trust

