

Assessment and Intervention in the Home: Women and Infants Affected by Opioids

What is an opioid? An opioid is any drug that acts like morphine.

What is Neonatal Abstinence Syndrome (NAS)? An infant who is born to a mother taking opioids (prescribed or not) may become dependent during pregnancy. The infant may be very fussy and cry for a long time. He/she may be hard to feed and comfort. Some infants do not want to be touched or held. The effects of the drugs on the infant's brain cause the signs. Health care providers call the signs/symptoms of withdrawal, Neonatal Abstinence Syndrome, or NAS.

Talking with Parents. If you suspect a mother has a history of opioid use, or if her infant shows signs of withdrawal, it's important to discuss your concerns with her.

- Withdrawal can be challenging to parents and other family members. Parents describe the time their infant spends in withdrawal as an emotional roller coaster.
- Opioid use and abuse are sensitive topics to discuss. Women may become addicted to opioids for a number of reasons. The most important issue now is that the mother and infant receive the care they need.

Withdrawal

- Infants usually begin to show signs of withdrawal from opioids anywhere from 1 to 7 days after birth.
- The time it takes for signs to appear in infants may depend on:
 - Drugs the mother may be taking
 - If the infant is breastfeeding

Generic/Trade	Start of Withdrawal*	Length of Withdrawal*
Buprenorphine (Suboxone/Subutex)	3-7 days	7-45 days
Heroin	< 24 hours	1-14 days
Hydrocodone (Vicodin)	< 24 hours	1-14 days
Methadone (Dolophine)	3-7 days	7-45 days
Morphine (Roxanol)	1-3 days	1-14 days
Oxycodone (Oxycontin)	1-3 days	7-21 days
Tramadol (Ultram)	1-3 days	7-21 days

*Onset and duration of withdrawal may vary.

Assessment

Maternal: You can ask about these things.

- Prescribed opioids
- Drug and alcohol use and abuse
- Referrals to child protection services
- Early labor
- Poor weight gain during pregnancy
- Prenatal care

Infant: Health care providers in the hospital use NAS scoring to measure how bad an infant's withdrawal symptoms are. Scoring is based on the systems and symptoms below.

System	Symptoms
Central Nervous System	<ul style="list-style-type: none"> • Irritability, fussiness • Increased muscle tone • Sleep problems • High-pitched cry • Skin break down on knees and face • Tremors • Seizures
Gastrointestinal	<ul style="list-style-type: none"> • Poor feeding • Spitting up • Skin breakdown on buttocks • Dehydration • Diarrhea • Excessive sucking
Metabolic, Vasomotor, Respiratory (breathing)	<ul style="list-style-type: none"> • Nasal stuffiness, sneezing • Frequent episodes of hiccups • Sweating • Frequent yawning • Fast breathing • Fever • Forgetting to breathe

Breastfeeding

- If a woman is on medicine for opioid withdrawal, she can probably breastfeed her infant or give her infant her pumped breast milk.
- Women should not stop breastfeeding or giving pumped breast milk suddenly. The medicine infants get from breast milk may help withdrawal. She should talk to her health care provider if she wants to stop breastfeeding.
- If she is taking medicines or drugs that a health care provider did not prescribe, she should not breastfeed her infant or give her infant pumped breast milk.
- She should talk to her health care provider if she has any questions or concerns about breastfeeding.

Interventions

Supportive: An infant experiencing withdrawal should receive supportive care.

Quiet and calm environment	Support the infant using slow, steady handling and quiet voices during cares. Infants with NAS often have trouble falling asleep. It is important to let them sleep undisturbed while minimizing noise, light, and visitors.
Sucking	Breastfeeding or bottle feeding when hungry, or pacifier use at other times, will help calm infants.
Respond to distress cues	Infants will communicate when they have had enough. If the infant is overstimulated, stop and give him/her a break.
Overstimulation support	Hold the infant close and rock gently in a quiet area. Talk to the infant's care provider about swaddling.
Gradually introduce stimuli	Introduce stimuli one at a time (light, sound, touch, voice). Gradually increase number of stimuli as tolerated.
Feeding environment	Feed the infant in quiet and calm surroundings with minimal noise and disturbances.
Organize care	Minimize handling, establish routine, and implement a demand feeding schedule.

Medication: Infants may receive some of these medicines

Name	Use	Side effects
Morphine sulfate	Morphine sulfate is a short-acting opioid. The infant's care provider will decrease the dose or frequency of the drug as the infant improves.	<ul style="list-style-type: none">• Slow or shallow breathing• Slow heart rate• Difficult to wake• Excessive sleepiness• Constipation• Fewer wet diapers• Lower blood pressure (clonidine)
Methadone	Methadone is a long-acting opioid. The infant's care provider will decrease the dose or frequency of the drug as the infant improves.	
Phenobarbital	Phenobarbital is a barbiturate. Health care providers may prescribe phenobarbital with an opioid for withdrawal.	
Clonidine	Clonidine may be used alone or with an opioid to treat NAS.	

Care after going home from the hospital

- What did the care providers include in the discharge form or summary from the hospital? If mother consents, consider a call to the providers in the hospital.
- Infants will benefit from the supportive interventions described above.
- If the infant is on medications, who sees the infant and changes doses? When is the infant's next appointment to see his/her care provider? Any medications should be weaned and discontinued.
- Does the infant go to an infant development follow-up program? Infants who have withdrawal are at risk for developmental delays.
- Who else sees the infant? What do they do? What questions do they ask?

Other Tips

- If a woman seems very sleepy or lethargic, she should call her care provider. She may need her dose changed.
- Consider other mental health needs. Women with addiction may be depressed or have other mental health needs. Contact her care provider if you have concerns about her mental health.