



We look forward to working with you to help you and your baby have the best care possible.

If you have any questions about any of this information, please ask your pediatrician, the NeoMed Program staff, a social worker or a nurse caring for your baby.

*This pamphlet was developed as part of the Improving Care for Opioid-Exposed Newborns (ICON) project at the Vermont Child Health Improvement Project (VCHIP), adapted from a Children's Hospital at Dartmouth-Hitchcock Brochure.*



#### FOR MORE INFORMATION

To find health information, or for convenient and secure access to your medical record through MyChart online, please visit [UVMHealth.org](http://UVMHealth.org) or call us at **(802) 847-0000** or **(800) 358-1144**.

#### MOTHER-BABY UNIT

Main Campus, Baird 7  
111 Colchester Avenue  
Burlington, VT 05401  
(802) 847-2730

Please refer to [UVMHealth.org](http://UVMHealth.org) for current information regarding visitor policy.

PEDIATRICS

## Neonatal Abstinence Syndrome (NAS)

### Caring for your Newborn

#### Congratulations on the birth of your new baby!

Our team is committed to providing you and your baby with the best care possible. This information will help you learn how to best care for your baby after birth.

#### WHAT IS NAS?

Neonatal Abstinence Syndrome, or NAS, is a group of signs and symptoms a baby can experience after birth related to opioids taken during pregnancy (e.g.: methadone, buprenorphine, pain medicines, heroin, fentanyl). Most babies show signs of withdrawal 2 to 3 days after birth, but some may not show signs until day 4.

#### WHAT ARE THE MOST COMMON SIGNS OF NAS?

- Tremors, jitteriness, or shaking of arms and legs
- Tight muscles in arms and legs
- Fussiness, hard to console or calm down
- Problems eating or sleeping
- Need for sucking when not hungry
- Loose or watery stools (poops)
- Losing too much or not gaining enough weight



THE  
University of Vermont  
Children's Hospital

## WHAT WILL MY CARE TEAM DO TO MAKE SURE MY BABY IS HEALTHY?

During your baby's time in the hospital, you will be your baby's primary caregiver. We will be here to help and support you, but your baby will do best if you are the one providing all of your baby's care.

## WILL I BE ABLE TO BREASTFEED MY BABY?

- It is safe to breastfeed your baby if you are in a program receiving a stable dose of prescribed opioids.
- Breastfeeding provides the best source of nutrition for your baby. It may also decrease symptoms of maternal depression
- Breastfeeding is not always easy. Lactation specialists are available in the hospital to help you and your baby.
- There are situations when it is not safe to breastfeed, including recent use of non-prescribed medications or substances.

## HOW WILL MY BABY BE ASSESSED FOR NAS

We will watch your baby closely for signs of NAS every few hours. Let your nurse know when your baby is done feeding as this is a good time to check your baby. We will review with you your baby's behaviors listed below:

- How well your baby eats
- How well your baby sleeps
- How well your baby consoles (calms)
- What kinds of things calm your baby (holding, skin to skin contact, swaddling, sucking, a calm room)

## HOW CAN I BEST HELP MY BABY?

- **Be with your baby as much as possible:** One of the best things you can do is to keep your baby with you in your room as much as possible. Being close to your baby helps you learn your baby's cues and respond quickly to your baby's needs. Your baby will feel safest and most comfortable when close to you.
- **Skin to skin:** When you are awake, spend as much time "skin to skin" with your baby as you can. This helps your baby eat and sleep better, and will help calm your baby. It can also help decrease other symptoms of NAS. It also helps your milk supply when breastfeeding.
- **Swaddle / Cuddle:** Hold your baby or swaddle your baby in a light blanket. Just being close to someone, or "tucked" in a swaddle, helps your baby feel safe and comfortable.
- **A calm room:** Keep your room calm and quiet with the lights low. Loud noises and bright lights may upset your baby.
- **Feed at early hunger cues:** Feed your baby whenever your baby is hungry and until content, at least every 3 hours. Early signs of hunger include lip licking or smacking, hand or finger sucking, and moving the head quickly side to side.
- **Sucking:** If your baby still wants to suck after a good feeding, offer a finger or pacifier to suck on. This can be very comforting for your baby. Always make sure your baby is not hungry first!

## IF MY BABY DOES NOT NEED MEDICINE, WHEN CAN WE GO HOME?

Your baby's care team will help decide when it's safe for your baby to go home. We will need to watch your baby for at least 4 days (96 hours) in the hospital to make sure there are no significant signs of NAS. You will be ready to go home when your baby is easy to console (calm down), sleeping well, and feeding well with appropriate weight. Your baby should also maintain a healthy temperature, heart rate, and breathing.

## WHAT HAPPENS IF MY BABY NEEDS MEDICINE TO TREAT WITHDRAWAL?

- Babies who need medicine to treat NAS will be monitored in the neonatal intensive care unit (NICU).
- If your baby needs medicine for NAS, it will be with methadone. Some babies only need 1 or a few doses of methadone, and others need to continue methadone at home. It may take a few days to find the right dose of methadone for your baby.
- If your baby received methadone, after going home your baby will be seen in the NeoMed Program in the Children's Specialty Center.

## IS IT SAFE TO HAVE A VOLUNTEER CUDDLER HOLD MY BABY?

- Cuddlers are a group of volunteers who have been specifically trained to hold and comfort babies under nurse supervision. Cuddlers are also trained in handwashing, infection prevention and confidentiality. They do not provide medical care, deliver medications, feed, transfer-or walk with babies.



*The heart and science of medicine.*