Pain Relief During Labor and After Delivery

❖ Can I get the same pain medications for labor pain?

Pregnant people with a history of opioid-use disorder or treatment with MOUD/MAT are offered the same methods of pain relief during labor including epidurals. You are entitled to choose your method of pain relief unless there is a medical reason that it cannot be done. Some individuals will need adjustment to get the right level of medication to make them comfortable.

❖ What can I do on my own to manage my pain?

- Change body positions
- Use relaxation or breathing exercises
- Take a shower or bath
- Have someone massage your lower back
- Put heat or cold on your lower back
- Listen to music
- Take a walk

❖ What if I want medicine to help with my pain?

A common way to manage labor pain is through an epidural. The epidural is a small plastic tube put into your back by an anesthesiologist. When you have an epidural, the amount of pain relief can be adjusted as your labor progresses. The goal of pain relief with an epidural is to make you more comfortable without being completely numb. This means that you will still feel the pressure that goes along with contractions but should not have sharp pain.

❖ What if I need a cesarean section?

If you have an epidural in place, the anesthesiologist gives more medication through the epidural to make you completely numb. If you do not have an epidural, then a spinal anesthetic is used. Rarely, when there is an emergency, a general anesthetic is given which means you will be asleep for the delivery of your baby.

❖ What are the risks of epidurals?

Some of the common side-effects of epidurals are low blood pressure and itching. The risks that go along with an epidural are bleeding and infection (rare), nerve damage (rare), headache (1%), the epidural doesn't work well and may need to be re-done (20%).

Pain Relief During Labor and After Delivery (continued)

❖ Will I be able to have pain medicine after the baby is born?

The amount and type of pain medication given after delivery will be determined by how much pain you have and whether you delivered vaginally or by C-section. Ibuprofen and Tylenol alone generally can manage the pain from a vaginal delivery. More complicated deliveries and C-sections may require stronger medication. Pain medication is adjustable to individual needs. If you have pain, please let your nurse know to help develop a plan for optimal pain relief.

❖ Will any of these medications affect breastfeeding my baby?

None of the medications given routinely in labor will impact breastfeeding. A very long or complicated labor can cause a slow start to breastfeeding. The hospital staff is very committed to helping you breast-feed successfully. Be prepared to be patient as your baby figures the food system out.

Neonatal Abstinence Syndrome (NAS)

❖ What is NAS?

Neonatal Abstinence Syndrome (NAS) also known as Neonatal Opioid Withdrawal Syndrome (NOWS), is a group of signs and symptoms a baby can experience after birth related to opioids taken during pregnancy (methadone, buprenorphine, pain medicines, heroin, fentanyl).

❖ How long does my baby need to stay in the hospital to monitor for NAS?

Your baby will stay in the hospital for at least 96 hours. Most babies show signs of withdrawal related to opioids 2-3 days after birth, but some may not show signs until day 4. During your time in the hospital, we will be here to help and support you, but you will be your baby's primary caregiver. Try and identify a support person to come to the hospital to so you can have breaks.

❖ What are the symptoms 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

❖ How will my baby be monitored for signs of NAS?

Your care team with work with you to watch for signs of NAS. Every few hours, ideally after a feed, 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)

❖ Will I be able to breastfeed my baby?

It is safe to breastfeed if you are in a program receiving a stable dose of MOUD/MAT. There are rare situations when it is not safe to breastfeed, including recent use of non-prescribed medications or substances. Breastfeeding can decrease signs of NAS. Breastfeeding can be challenging but nurses and lactation specialists are available to help you.

Neonatal Abstinence Syndrome (continued)

❖ 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 is 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 be able to maintain a healthy temperature, heart rate & breathing.

❖ What if my baby needs medication for withdrawal?

Infants may need medication if they have symptoms of withdrawal that affect their ability to eat, sleep or console. Some babies only need 1 or a few doses medicine to treat NAS symptoms and others need to continue for longer. It may take a few days to find the right dose of medication for your baby.

At UVM Medical Center: Infants are treated with methadone and may be monitored the neonatal intensive care unit (NICU) for a period of time after treatment.

At other Vermont hospitals: Infants are treated with morphine and may be monitored in the nursery or while rooming in with their caregivers.

❖ What about cuddlers?

Cuddlers are a group of volunteers who have been specifically trained to hold and comfort babies under nurse supervision. Cuddlers are also trained in confidentiality. They may be available at the hospital to help hold the baby so you can rest or take a break.

Eat, Sleep, Console (ESC) Care Tool

The ESC care tool is a family centered approach to monitor for neonatal abstinence syndrome/ neonatal opioid withdrawal syndrome (NAS/NOWS) due to opioid use during pregnancy.

❖ Principles of ESC:

- To manage symptoms of opioid withdrawal through non-pharmacologic treatment provided by parents or caregivers.
- To reserve medication for those infants who are unable to eat, sleep, or console due to opioid withdrawal symptoms despite maximal non-pharmacologic treatment.

❖ Non-pharmacologic treatment: parents/caregivers are the best therapy for their baby!

- Rooming-in with the baby as much as possible
- Skin-to-skin when caregivers are awake
- Swaddle/Cuddle infant
- Calm room: lights low, volume quiet
- Rhythmic movement
- Encourage breastfeeding
- Feed at early hunger cues
- Sucking: offer finger or pacifier if infant still needs to suck after a feed
- Limit visitors: no more than 1-2 at a time

❖ What is monitored on the ESC care tool?

Eating: Does the infant have poor eating due to opioid withdrawal symptoms (NAS/NOWS)?
Mark yes if infant:

- takes more than 10min to coordinate feeding
- cannot sustain breastfeeding for 10min or take an age-appropriate volume bottle feeding

Sleeping: Did the infant sleep less than 1 hour after feeding due to opioid withdrawal symptoms (NAS/NOWS)?
Mark yes if: Poor sleep is related to opioid withdrawal symptoms (fussiness, restlessness, increased startle, or tremors).

Consoling: Is the infant unable to be consoled within 10 minutes due to opioid withdrawal symptoms (NAS/NOWS)?
Mark yes if infant is unable to console within 10 minutes due to opioid withdrawal symptoms despite consoling support.

❖ How does the ESC Care Tool compare to other tools?

- ESC focuses on the infant's overall functioning rather than scoring each symptom of NAS.
- Infant assessments are reported as yes/no on the ESC care tool instead of a numerical score.
- Infants are still monitored for clinical signs of withdrawal, but treatment decisions will be made based on the infant's ability to eat, sleep and console rather than their "score".
- Full team huddles will be called when symptoms of NAS impair eating, sleeping, or consoling despite maximizing non-pharmacologic interventions to consider medication treatment.
- Infants are assessed every 3-4 hours after feeds for a minimum of 96 hours.

EAT, SLEEP, CONSOLE (ESC) CARE TOOL

ESC 3rd edition 02.24.20

- **Review ESC behaviors**, **signs of withdrawal present,** and **Non-Pharm Care Interventions (NPIs)** with parent(s)/caregiver **every 2-4 hours** (using **Newborn Care Diary**), ***clustering care with infant's wakings and feedings.*** With each assessment, **maintain NPIs** that parents/caregivers are implementing well **("M"),** *and* **educate ("E") / coach parents** in ways that **other NPIs can be increased further** (**"I"**).
- If **Yes** for any **ESC** item *or* **3** for **Consoling Support Needed:** Perform a **Formal Parent/Caregiver Huddle** to ***formally* review NPIs that can be optimized further to help with infant's current ESC difficulties** and **continue to monitor infant closely.**
- If **2nd Yes in a row** for **any single ESC** item **(*or* 2nd "3"** for **Consoling Support Needed)** despite **maximal non-pharm care** *OR* ***other significant concerns*** are present *(e.g., seizures, apnea)***:** Perform a **Full Care Team Huddle w**ith **parent/caregiver**, **infant RN** *and* **physician or associate provider** to 1) **consider all potential etiologies** for symptoms, 2) **re-assess if NPIs** are **maximized** to fullest extent possible in infant's clinical setting, and 3) **determine if Neonatal Opioid Withdrawal Syndrome (NOWS)/Neonatal Abstinence Syndrome (NAS) medication treatment is needed. Continue** to **maximize all NPIs and monitor infant closely.**

Perform assessment of ESC behaviors, signs of withdrawal, and NPIs for time period since last ESC assessment *– note date/time:*	
NOWS/NAS RISK ASSESSMENT	
Are signs of withdrawal present? (e.g., hyperactive moro, tremors/jitteriness, increased tone, excessive/disorganized suck) Yes / No	
If Yes, is timing of withdrawal consistent with known opioid exposure? Yes / No / Unsure	
Are co-exposures present that may be contributing to signs of withdrawal? Yes / No / Unsure (please list co-exposures)	
Are NPIs maximized to fullest extent possible in infant's clinical setting? Yes / No / Unsure	
EATING	
Takes > 10 min to coordinate feeding *or* **breastfeeds < 10 min** *or* **feeds < 10 mL** (*or* other age-appropriate duration/volume) **due to NOWS/NAS?** Yes / No	
SLEEPING	
Sleeps < 1 hr due to NOWS/NAS? Yes / No	
CONSOLING	
Takes > 10 min to console (*or* cannot stay consoled for *at least* 10 min) due to NOWS/NAS? Yes / No	
Consoling Support Needed 1 able to console on own within 10 min 2 able to console within (and stay consoled for) 10 min with caregiver support 3 takes > 10 min to console (*or* cannot stay consoled for *at least* 10 min) despite caregiver's best efforts	
CARE PLAN	
Formal Parent/Caregiver Huddle Performed to formally review NPIs to be increased further? Yes / No	
Full Care Team Huddle Performed to formally consider all possible etiologies for symptoms, re-assess if NPIs are maximized to fullest extent possible, and determine if NOWS/NAS medication treatment is needed**?** Yes / No	
Management Decision **a: Continue/Optimize NPIs** **b: Initiate NOWS/NAS Medication Treatment** (e.g., if baby's symptoms & timing of symptoms are consistent with mother's particular opioid *and* NPIs are maximized to fullest extent possible in infant's clinical setting, *OR* other significant NOWS/NAS concerns are present (e.g., seizures, apnea) – please list medication(s) initiated) **c: Continue NOWS/NAS Medication Treatment** **d: Other** (please describe – e.g., Start 2nd Pharmacologic Agent (indicate name); Wean or Discontinue Medication Treatment)	
PARENT/CAREGIVER PRESENCE SINCE LAST ASSESSMENT	
> 3 hours (includes if parent/caregiver present entire time), **2-3 hours**, **1-2 hours**, **< 1 hour**, **0 hours** (no parent/caregiver present)	
NON-PHARM CARE INTERVENTIONS (I = Increase Now, **M** = Maintain, **E** = Educate for Future, **NA** = Not Applicable/Available)	
Rooming-in (i.e., caring for infant in their own room with earlier caregiver response to infant stress or hunger cues)	
Parent/caregiver presence to help calm and care for infant	
Skin-to-skin contact when caregiver fully awake/alert to help organize infant feeding behaviors, calming & sleep	
Holding by parent/caregiver/cuddler to help calm infant & aid in sleep (with caregiver fully awake/alert)	
Safe & effective swaddling (e.g., extremities swaddled in flexed position, blanket snug, no extra blanket around baby's face)	
Optimal feeding (e.g., baby offered feedings when showing hunger cues & fed till content)	
Non-nutritive sucking with infant's hand, pacifier, adult caregiver's washed or gloved finger	
Quiet, low light environment to help limit overstimulation of infant (e.g., tv volume down, quiet "white noise" machine or phone app)	
Rhythmic movement provided by parent/caregiver or infant calming device (e.g., "jiggling" or infant swing in presence of alert adult)	
Additional help/support in room (e.g., other parent, family member, friend, cuddler, staff member, recovery coach, DCYF worker)	
Limiting # of visitors & duration of visit(s) to minimize disruptions in infant's care environment & sleep	
Clustering care & assessments with infant's awake times (e.g., RN & infant provider perform assessment together after infant feedings)	
Safe sleep/fall prevention (e.g., infant sleeps on back, safely swaddled, in own sleep space)	
Parent/caregiver self-care & rest (e.g., identifying another adult to care for infant so parent can rest or take a walk/break)	
Optional Comments: (e.g., staff caring for/consoling baby as parents not available or able to safely care for baby)	

***Special note:** Numbers above are **not** intended as a "score" but instead may indicate/identify a need for increased intervention.*

DEFINITIONS

EATING

- **Takes > 10 min to coordinate feeding** *or* **breastfeeds < 10 min** *or* **feeds < 10 mL** (*or* other age-appropriate duration/volume) **due to NOWS/NAS?:** Baby **unable to coordinate feeding *within* 10 minutes of showing hunger** *OR* **sustain feeding for *at least* 10 minutes at breast** *OR* **with 10 mL by alternate feeding method** (*or other age-appropriate duration/volume)* **due to opioid withdrawal symptoms** (e.g., fussiness, tremors, uncoordinated suck, excessive rooting).
- ***Special Note:* Do not indicate Yes** if poor eating is **clearly due to non-opioid related factors** (e.g., prematurity, transitional sleepiness or spittiness in first 24 hours, inability to latch due to infant/maternal anatomical factors).

SLEEPING

- **Sleeps < 1 hour due to NOWS/NAS:** Baby **unable to sleep for *at least* one hour**, after feeding well, **due to opioid withdrawal symptoms** (e.g., fussiness, restlessness, increased startle, tremors).
- ***Special Note:* Do not indicate Yes** if sleep < 1 hour is **clearly due to non-opioid related factors** (e.g., symptoms in first day likely due to nicotine or SSRI withdrawal, physiologic cluster feeding in first few days of life, interruptions in sleep for routine newborn testing).

CONSOLING

- **Takes > 10 min to console (*or* cannot stay consoled for *at least* 10 min) due to NOWS/NAS:** Baby **takes longer than 10 minutes to console** *OR* **cannot stay consoled for *at least* 10 minutes** (**due to opioid withdrawal symptoms) despite** infant caregiver/provider's **best efforts to implement NPIs** (e.g., skin-to-skin contact, non-nutritive sucking when baby not hungry).
- ***Special Note:* Do not indicate Yes** if infant's difficulties consoling are clearly **due to non-opioid related factors** (e.g., caregiver non-responsiveness to infant hunger cues, circumcision pain).

CONSOLING SUPPORT NEEDED

1. **Able to console on own:** Able to console on own without any caregiver support needed.
2. **Able to console within (and stay consoled for) 10 min with caregiver support:** Baby with absence of crying, grimacing, or other signs of distress while being held (or otherwise consoled) by a caregiver.
3. **Takes > 10 min to console (*or* cannot stay consoled for *at least* 10 min) despite caregiver's best efforts:** Baby with presence of crying, grimacing, squirming/tensing, or other signs of distress despite a caregiver's best efforts to implement recommended NPIs (e.g., parent/caregiver presence, skin-to-skin, holding, safe swaddling, optimal feeding, non-nutritive sucking when not hungry).

CARE PLAN

- **Formal Parent/Caregiver Huddle**: **RN bedside huddle** with **parent/caregiver** to ***formally* review NPIs that can be optimized** ("Increased") **further to help with infant's current eating, sleeping, and/or consoling difficulties**. To be performed if infant receives **Yes** for any **ESC** item ***or* 3** for **Consoling Support Needed**.
- **Full Care Team Huddle: Formal huddle** with **parent/caregiver**, **infant RN** *and* **physician or associate provider** to 1) **consider all potential etiologies** for symptoms, 2) **re-assess if NPIs** are **maximized** to fullest extent possible in infant's clinical setting, and 3) **determine if NOWS medication treatment is needed**. To be performed if infant **receives 2nd Yes in a row** for **any single ESC** item **(*or* 2nd "3"** for **Consoling Support Needed)** despite **maximal non-pharm care** *OR* ***other significant concerns*** are present**.**

PARENT/CAREGIVER PRESENCE SINCE LAST ASSESSMENT: Time (in hours) since last assessment that parent (or other caregiver) spent together with infant in own room *or* in Nursery.

OPTIMAL FEEDING:

- **Baby feeding at early hunger cues** and **until content** without any limit placed on duration or volume of feeding. Feedings are encouraged **at least every 3 hours, optimally 8-12 times per day**, to ensure baby does not become too hungry or disorganized with feeding and to optimize nutritional intake. A baby may remain sleeping for more than 3 hours *for therapeutic rest* if feeding difficulties or excessive weight loss are *not* present. If a pacifier is used, it should be introduced only after a baby has been fed or offered a feeding. As infants with NOWS/NAS may have poor feeding, have excessive/watery stools, or be hypermetabolic, **closely follow daily weights** and **provide increased volume and/or caloric density** of feedings, as needed, **for more than expected weight loss** *and/or* **poor weight gain for age.**
- **Breastfeeding:** Baby latching deeply with comfortable latch for mother, and sustained active suckling for baby with only brief pauses noted. **If feeding difficulties present**: a) **assist directly with breastfeeding** to help achieve more optimal latch and position, b) **demonstrate hand expression** and have mother **express colostrum prior to and/or during feedings**, and/or c) have baby feed on a clean or gloved adult finger first to **organize suck prior to latching**. As able based on infant's symptoms, consider withholding pacifiers until babies are breastfeeding well due to the potential to interfere with a good latch/suck. Consider use of nipple shield to facilitate palatal stimulation, or supplementation at the breast (as tolerated by mother), if infant requires assistance to maintain latch/suck.
- **Bottle feeding:** Baby effectively coordinating suck and swallow without gagging or excessive spitting up. **If feeding difficulties are present:** a) **assess need for altered nipple shape/flow rate**, b) instruct parent to **provide chin support during feedings**, *and/or* c) **modify position of bottle and flow of milk** to assist baby with feeding (e.g., modified side-lying position).
- **Consult a feeding specialist** (e.g., lactation, speech therapy, feeding team) when **feeding difficulties are present**.

Adapted from ESC Care Tool 3rd edition 11.14.19

Eating								
Time of Baby's Feeding (start and end times)	Start:_____ Finish:_____	Start:_____ Finish:_____	Start:_____ Finish:_____	Start:_____ Finish:_____	Start:_____ Finish:_____	Start:_____ Finish:_____	Start:_____ Finish:_____	Start:_____ Finish:_____
Breast Feeding (total minutes on each side)	Left: _____ Right:_____	Left: _____ Right:_____	Left: _____ Right:_____	Left: _____ Right:_____	Left: _____ Right:_____	Left: _____ Right:_____	Left: _____ Right:_____	Left: _____ Right:_____
Bottle feeding (total number of milliliters)								
Did your baby feed well?	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
If no, describe:								
Sleeping								
Time baby fell asleep								
Time baby woke up								
Did your baby sleep more than an hour?	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
If no, please describe:								
Console								
Did your baby console in 10 minutes or less?	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
If no, please describe:								
Diapering								
Did your baby pee or poop?	Pee Poop	Pee Poop	Pee Poop	Pee Poop	Pee Poop	Pee Poop	Pee Poop	Pee Poop
Please describe poop	Normal Loose Watery	Normal Loose Watery	Normal Loose Watery	Normal Loose Watery	Normal Loose Watery	Normal Loose Watery	Normal Loose Watery	Normal Loose Watery
Notes:								