

# **CARING FOR BABIES EXPOSED TO METHADONE OR BUPRENORPHINE (SUBUTEX) DURING PREGNANCY**

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# YOUR BABY AND SUBUTEX OR METHADONE

- What have you heard?
- What are you worried about?



# NEONATAL ABSTINENCE SYNDROME (NAS)

*Caused by withdrawal from opiates / opioids*

**Problems with over-function of the:**

- **Central Nervous System (CNS)**
  - Brain, nerves, muscles
- **Autonomic Nervous System**
  - Breathing, blood vessels, metabolism
- **GI tract /intestines**
  - Feeding, vomiting, stooling



# PROBLEMS WITH THE CENTRAL NERVOUS SYSTEM

- High-pitched crying
- Problems sleeping
- Overactive startle reflex
- Tremors / jitteriness
- Increased muscle tone
- Myoclonic jerks
- Seizures



# PROBLEMS WITH THE AUTONOMIC NERVOUS SYSTEM

- **Fever**
- **Sweating**
- **Yawning**
- **Mottling**
- **Nasal stuffiness**
- **Sneezing**
- **Problems breathing / Increased work of breathing**
  - **Nasal flaring**
  - **Tachypnea**
  - **Retractions (pulling in between ribs)**



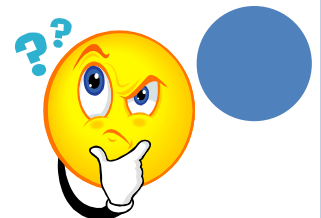
# PROBLEMS WITH THE GI TRACT

- Excessive sucking
- Poor feeding
- Regurgitation
- Projectile vomiting
- Loose stools
- Watery stools



# NAS: WHAT TO EXPECT

- Up to 3/4 infants will develop some degree of NAS
- Symptoms start on 2<sup>nd</sup> day, most often peak on 3<sup>rd</sup> to 4<sup>th</sup> day of life
- May see symptoms earlier or differently if:
  - Using other substances, smoking cigarettes, on other medications that can have withdrawal-like symptoms too (SSRIs for depression, benzodiazepines for anxiety)
- Baby will need to be monitored for at least 4 days
- Baby will need to be monitored longer if still having NAS symptoms and hasn't "peaked" yet



# **NAS: WHAT TO EXPECT**

- If treatment is required, length of time for treatment and observation off of treatment can vary from one to several weeks**
- No relationship between dose of mother's medicine and how severe NAS is or how long treatment is needed for baby**
- It is best to not try to wean medicine during pregnancy due to risk of relapse for mother, and risk of withdrawal for the fetus**





# PREDICTORS OF NAS

**Higher NAS scores and possible need for Rx occur with:**

- Smoking in pregnancy
- Lower weight in mother
- SSRI treatment in pregnancy

**Things you can do to help your baby do the best possible:**

- Stop smoking or cut back as much as you can
- Eat healthy



# Watching for NAS with NAS Scoring

• Symptoms most likely to cause harm are given a “5”

- seizures

• Symptoms least likely to cause harm are given a “1”

- Yawning
- Sneezing
- Mild tremors

• Others given scores in between

- Crying
- Poor sleeping
- Moderate tremors
- Poor feeding
- Fast breathing

		DATE AND TIME IN HOURS									
SYSTEM	SIGNS & SYMPTOMS	SCORE									
CENTRAL NERVOUS SYSTEM DISTURBANCES	High-Pitched Cry	2									
	Continuous High-Pitched Cry	3									
	Sleeps < 1 hour after feeding	3									
	Sleeps < 2 hours after feeding	2									
	Sleeps > 3 hours after feeding	1									
	Mild Tremors Disturbed	1									
	Mod-Severe Tremors Disturbed	2									
	Mild Tremors Undisturbed	3									
	Mod-Severe Tremors Undisturbed	4									
	Increased Muscle Tone	2									
Excoriation (specify area)	1										
Myoclonic Jerks	5										
Generalised Convulsions	5										
METABOLIC / VASOMOTOR / RESPIRATORY DISTURBANCES	Fever (37.3°C – 38.3°C)	1									
	Fever (38.4°C and higher)	1									
	Frequent Yawning (>3-4 times)	1									
	Nasal Stuffiness	1									
	Sneezing (>3-4 times)	1									
	Nasal Flaring	2									
	Respiratory Rate > 60 / min	1									
	Respiratory Rate > 60 / min with retractions	2									
GASTROINTESTINAL DISTURBANCES	Excessive sucking	1									
	Poor Feeding	2									
	Regurgitation	2									
	Projectile Vomiting	3									
	Loose Stools	2									
	Watery Stools	3									
<b>Max Score: 41</b>											
<b>TOTAL SCORE</b>											
<b>SCORER'S INITIALS</b>											

NEONATAL WITHDRAWAL SCORING CHART (TERM INFANTS)

# WHAT SYMPTOMS HAPPEN MOST?

- Tremors / jitteriness
- Hard time settling / sleeping
- Increased tone / reflexes
- Spitting up
- Crying
- Sneezing
- Increased sucking

Signs / symptoms	Percentage
Tremors	90
Restlessness	85
Hyperactive reflexes	51
Regurgitation	45
Increased muscle tone	45
High pitched cry	33
Sneezing	31
Frantic sucking of fists	25
Inability to sleep	24
Stretching	22
Nasal stuffiness	18
Respiratory distress	12
Vomiting	9
Frequent yawning	9
Sweating	8
Excoriation of knees, toes and nose	7
Mottling	5
Diarrhea	3
Fever	3
Pallor	3
Lacrimation	2
Generalized convulsion	2

# LIMITATIONS OF NAS SCORING

**At times, difficult to interpret symptoms of ‘normal newborn’ versus withdrawal / detoxing (NAS)**

**One person/nurse may view symptoms differently than another**

**Not to be used for a “one point in time” quick assessment, need to look at a few hour period**

**Symptoms sometimes not specific for withdrawal (NAS) and can be due to other illnesses**

- Hunger\*
- Withdrawal from nicotine, SSRIs, benzodiazepines\*
- Low blood sugar / calcium level
- High thyroid hormone level
- Brain injury



# NAS SCORING



- **RN will score within 2 hours of birth, then every few hours depending on your baby's feeding and sleep schedule**
- **You can help monitor your baby by:**
  - Sharing how baby did with feeding, consoling, sleeping
  - Watching for yawning, sneezing, excessive sucking, loose/watery stools
  - Following for changes in baby's tone and reflexes

Baby's Symptom Diary

Baby's Name: \_\_\_\_\_ Baby's Med Record #: \_\_\_\_\_ Date: \_\_\_\_\_

Time when baby falls asleep	Time when baby wakes up	Time of baby's feeding	Breast feeding (total # minutes)	Bottle feeding (total # mL)	Check box if baby had difficulty feeding	Check box if baby had difficulty consoling or calming down	Check box for pee	Check box for poop (note if loose or watery)	Put check mark in box with each sneeze	Put check mark in box with each yawn	Sucking lots but not hungry
10:00 am	12:00 pm	12:15 pm	L- 15 min R- 10 min	mL			✓	✓ loose	✓ ✓	✓	✓
			L- R-	mL							
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Author: Bonny Whalen, MD and Staff at Dartmouth-Hitchcock Medical Center, Lebanon NH



# NAS SCORING



- **Help baby calm first before scoring**
  - Put baby skin-to-skin before scoring
  - Feed baby first, then call RN to come in and do score
  - Have baby scored on you while skin-to-skin
  
- **Share symptom diary with RN – score all symptoms since last scoring**

Baby's Symptom Diary

Baby's Name: \_\_\_\_\_ Baby's Med Record #: \_\_\_\_\_ Date: \_\_\_\_\_

Time when baby falls asleep	Time when baby wakes up	Time of baby's feeding	Breast feeding (total # minutes)	Bottle feeding (total # mL)	Check box if baby had difficulty feeding	Check box if baby had difficulty consoling or calming down	Check box for pee	Check box for poop (note if loose or watery)	Put check mark in box with each sneeze	Put check mark in box with each yawn	Sucking lots but not hungry
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# ROOMING-IN

- **Keep your baby with you in your room at all times:**
  - You will be able to respond to your baby's feeding and stress cues earlier.
  - You can keep your room calmer / quieter than the Nursery and the Nurses station in Pediatrics.
  - Lets you care for your baby on your own and lets you feel more comfortable caring for your baby at home.
- **If you need to go get your medicine or leave baby's room, have a family member or friend take care of your baby in your room.**
- **Rooming-in:**
  - Decreases need for NAS treatment
  - Decreases duration of treatment
  - Decreases length of stay



# HELP COMFORT / CALM YOUR BABY

- **Feed your baby at early feeding cues, until content**
- **Hold your baby close to you in skin-to-skin contact** (when you are not sleepy)
- **Breastfeed your baby**
- **Talk or sing to your baby**
- **Swaddle your baby in a thin blanket** (keep top of blanket away from face)
- **Gently sway or jiggle your baby** (with slow up & down movements)
- **Use a shooshing noise**
- **Have your baby suck on a finger or pacifier** (when not hungry)





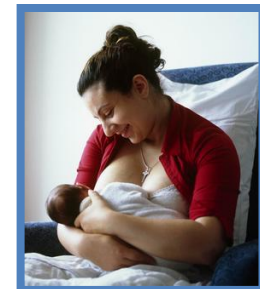
# SUPPORTIVE CARE FOR NEWBORNS

- **Provide undisturbed periods of sleep / rest**
  - “Cluster care”
- **Keep the room very calm**
  - Low lights
  - Quiet room
  - Limit visitors / # caregivers
  - Avoid “excessive handling” of baby
- **Introduce increased noise and touch when baby is able to tolerate**
  - Infant touch / massage



# BREASTFEEDING AND YOUR MEDICATIONS

- **Breastfed infants may experience less severe NAS symptoms**
- **Breastfeeding is one of the best things you can do for your baby. It helps your baby fight off infections and helps with his / her long-term health. It also helps you!**
- **Methadone and buprenorphine are safe in breastfeeding**
- **Do not use illegal substances (including marijuana) or medications not prescribed to you during breastfeeding**



# TRICKS AND TIPS FOR BREASTFEEDING

- **Breastfeed in a calm environment**
- **Breastfeed baby when hungry, till content**
- **Do lots of skin-to-skin**
- **Breastfeed in “C-hold” (football, cross cradle positions)**
- **Use hand expression to help baby get milk**
- **If baby having problems with withdrawal (NAS), have baby suck on your finger first to organize suck**
- **Nurses and Lactation Consultants will help if having problems**



# SIGNS THAT BABY NEEDS TREATMENT

## **Baby definitely needs treatment:**

- Apnea
- Seizures

## **Baby may need treatment:**

- 3 scores in a row of 8 or more
- 2 scores in a row of 12 or more
- Unable to feed, sleep, or console
- Having hard time breathing
- Vomiting and losing too much weight



# ORAL MORPHINE TREATMENT

## “Capture Phase”

- **Oral morphine every 3-4 hr**, dose increased until NAS symptoms controlled
  - Phenobarbital added if baby is difficult to capture or wean

## “Maintenance Phase”

- Find smallest dose that controls baby’s symptoms
- Goal of Rx = NAS scores less than 8

## “Weaning Phase”

- Begin wean when scores less than 8 for 24-48 hours & baby is clinically stable
- Wean by 10% once or twice daily if:
  - NAS scores less than 8
  - Baby is eating, sleeping, consoling well



# IN-HOSPITAL DRUG TESTING

- **Mother:** Urine testing
- **Baby:** Umbilical cord testing
  - Urine testing if mother's urine not obtained on admission
  - Meconium testing if mother given medication during labor (example: morphine) that may have been taken illegally during pregnancy



# IN-HOSPITAL CARE COORDINATION

- **Care management team = Social worker and case manager**
  - **Performs initial assessment of mother and baby**
  - **Reviews risk for postpartum depression and stress & helps identify supports and ways to cope**
  - **Performs mandated report to DCF/DCYF per state / federal requirements**
  - **Helps develop “Safe Plan of Care” & shares with DCF/DCYF before discharge**
  - **Assists in identifying and arranging supports for home:**
    - **VNA (Visiting Nurse):** Follow-up in home 1-2 days after discharge
    - **Early Intervention (EI)** referral for helping with baby’s development
    - **Good Beginnings** volunteer program
    - **Breast pump** assistance
    - **Can help identify Primary Care Physician (PCP), if needed**



# COMMUNITY RESOURCES

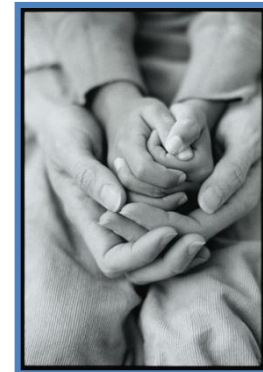
- Information and Referral
  - NH Resource 211 802-652-4636
  - VT Resource 211 866-444-4211
- Support/Home-based programs (e.g., VNA, Good Beginnings, Parenting Programs)
- Health and Mental Health / Treatment Programs
- Child Protective Services
- Domestic/Family Violence
- Housing
- Emergency Financial Assistance
- Legal Assistance
- Transportation
- Long-term follow-up programs / interventions (e.g., Early Intervention)





# BABY IS READY FOR DISCHARGE:

- **Stable vital signs**
- **No breathing problems**
- **No significant problems with withdrawal (NAS) after 4 - 5 day observation period**
- **Feeding well with normal weight loss**
- **Parents comfortable and confident in caring for baby**
- **No concerns for safety of baby after discharge**
- **Referrals to community resources in place**
- **Follow up appointments made with PCP & VNA for 1 and 2 days after discharge**



# DOING THE MOST YOU CAN DURING YOUR PREGNANCY / AFTER THE BIRTH

- **Do not use illicit / illegal drugs during and/or after your pregnancy**
- **Accept and find as many social supports as you can**
- **Stop smoking** (or at least cut down as much as you can)
- **Plan to breastfeed your baby** and find friends / family who can help support you
- **Find friends / family who can help take care of your other children** (and animals) while you are in the hospital and for your first few days – weeks at home (also see if they can help you cook and clean!)



# DOING THE MOST YOU CAN DURING YOUR PREGNANCY / AFTER THE BIRTH

- **Plan to stay in the hospital for at least 4 - 5 days** for monitoring but also make plans to stay in hospital at **least 2 weeks** in case your baby needs treatment
- **Plan to have someone stay in the hospital with you all the time** (can be one person or different people)
- **Room-in with your baby at all times** or have someone who can if you need to leave for any reason
- **Do lots of skin-to-skin with your baby**
  - **“Be open-minded and take everyone’s advice** when it comes to skin-to skin contact. Both my husband and I did it for the first three months. There is no better way to bond when paired with breastfeeding!”



# DOING THE MOST YOU CAN DURING YOUR PREGNANCY / AFTER THE BIRTH

- **Provide a really calm environment for your baby**
- **Plan to limit visitors** in the first few days - weeks
- **Talk to your family and friends** about your medication and why your baby needs to be watched closely / might need to be in hospital that long
- **Plan to have VNA come see your baby** 1-2 days after baby goes home
- **Plan to see baby's PCP** 1-2 days after baby goes home



## TIPS FROM OTHER MOMS

- “To relax, not worry too much. Know your baby.”
- “Don’t listen to horror stories from other moms. Get the facts and ask questions from people you trust.”
- “To know about NAS and know what to look for. Use the symptom diary.”
- “Ask for your baby to be scored while on you skin-to-skin.”
- “Share information with your husband or partner so he knows what to expect and look for too.”



# QUESTIONS?

