



## Newborn withdrawal

### *Information for parents*

Parents preparing for the birth of a child often say their biggest concern is the health of their infant. There may be particular stress and worry for parents whose infant could have symptoms of withdrawal after birth.

This information sheet was prepared to answer questions you may have about newborn withdrawal. Please be sure to ask if you have further questions or concerns.

### **What is newborn withdrawal?**

Newborn withdrawal refers to symptoms that some newborns have if their mothers have taken narcotic drugs or other medications or substances (either prescribed by a physician or not prescribed) during pregnancy.

### **What drugs or substances may cause an infant to have withdrawal symptoms?**

Here are some examples of narcotic drugs that may cause withdrawal in a newborn infant:

- Darvon (propoxyphene)
- Demerol (meperidine)
- Dilaudid (hydromorphone)
- Fentanyl patch
- Methadone
- MS-Contin (morphine)
- OxyContin (oxycodone)
- Percocet/Percodan
- Suboxone/Subutex
- Vicodin (hydrocodone)
- Heroin

Infants can also have withdrawal symptoms from a variety of non-narcotic drugs or substances. If you are taking any medications or using any drugs, your physician can give you information about the risks of withdrawal for your newborn infant.

When indicated, drug screening tests are performed on mothers and their newborn infants to help us identify which infants are at risk of developing withdrawal symptoms. A newborn can still develop withdrawal symptoms even when the drug screen is negative.

### **What does newborn withdrawal look like?**

Some common symptoms of narcotic withdrawal in a newborn infant include:

- difficulty being consoled
- tight or tense muscles
- tremors or shakiness
- high-pitched cry
- difficulty feeding and poor weight gain
- vomiting and diarrhea
- seizures or other life-threatening events

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### **When does newborn withdrawal usually occur?**

An infant may have symptoms of withdrawal within hours, days, or weeks after birth. In some instances, an infant may not have any signs of withdrawal.

Whether a newborn infant will experience withdrawal depends on many factors, such as:

- what drug(s) or substance(s) a mother may have taken during her pregnancy;
- over what period of time during the pregnancy;
- in what doses;
- the individual infant's response to the drug or substance exposure.

### **What care and support is provided for withdrawing newborns in the hospital, and who will provide that care?**

There are many ways that we provide medical and developmental care to infants experiencing withdrawal symptoms. Infants may get medications, physical therapy, and other treatments depending on their symptoms. A team of experts provides this care, including obstetricians, neonatologists, pediatricians, nurses, physical and occupational therapists, and BIDMC social workers.

### **How long do infants have to stay in the hospital to be evaluated and treated for withdrawal?**

A newborn infant may have to be observed for an extended period in the hospital to make sure that s/he does not develop withdrawal symptoms. This means that infants at risk must stay in the hospital for an average 5-14 days for medical monitoring.

After a newborn infant develops withdrawal symptoms, s/he must be treated in a hospital setting until the withdrawal symptoms have resolved and s/he is safe to leave. The treatment may occur at BIDMC or at a continuing care facility.

Treatment usually takes several weeks, sometimes longer. This depends on many factors and is difficult to predict before birth.

Once the infant leaves the hospital, s/he will need close monitoring and care through a primary care provider in the community and services such as Early Intervention that provide developmental support to young children.

### **How can I help take care of my infant in the hospital if s/he is having withdrawal symptoms?**

There are many ways that parents can work with hospital caregivers to provide comfort to infants who have withdrawal symptoms. Some things are the same things you would do for any infant – such as feeding, changing, and holding.

Other things are special to withdrawing infants – such as speaking in soft voices and keeping the lighting low.

### **May I breastfeed my infant if s/he has withdrawal symptoms?**

In most situations, a mother may breastfeed her infant while the infant is having withdrawal symptoms. However, in rare situations, if the mother is still taking certain medications or drugs after delivery, breastfeeding may pose a health risk to the infant. The pediatric staff and the lactation consultants are available to answer your questions about breastfeeding.

### **If my infant develops withdrawal, will the Massachusetts Department of Children and Families be notified?**

Caregivers, including hospital staff, are required by Massachusetts State Law to report to the Department of Child and Families (“DCF”) all cases of infant drug or other substance withdrawal, as well as certain other circumstances when a child’s health or welfare may be at risk. Specifically, caregivers must notify DCF whenever:

“A child ...is determined to be **physically dependent upon an addictive drug at birth.**” (Massachusetts General Law, Chapter 119, Section 51A.)

The goal in notifying DCF is to provide support to families to ensure a safe home environment for children. The BIDMC social work department works closely with parents of infants who are being treated for withdrawal to support and guide them through this process. Please talk to your infant’s doctor, nurse, or social worker if you have any worries or concerns.

*We hope this information has been helpful. We want to work with you to make sure your baby is off to a healthy start. Please let us know how we can help, and please let your obstetrician, pediatrician, nurse, or social worker know if you have any questions or concerns.*