

# SUBSTANCE USE DURING PREGNANCY

When you're pregnant, everything you take into your body – everything you eat, drink or breathe – can affect your unborn baby. This includes substances like medications, drugs, alcohol, tobacco and caffeine. At some point during pregnancy, many women are going to expose their unborn baby to a drug or substance.

Sometimes, women become pregnant when they are already on medicine(s) to treat conditions like chronic high blood pressure, diabetes or depression. If this happens, your doctor may:

- change your treatment to a different medication, or
- continue with your current treatment if the benefits outweigh any small risks to the baby

In other situations, exposures will be to medications cautiously prescribed by the woman's obstetric provider.

There are many other substances that can affect your health and the health of your unborn baby.

Some of the most common substances include:

- **OPIOIDS** – examples include methadone, Subutex, Suboxone, morphine, Vicodin, Percocet, OxyContin, Demerol and heroin
- **COCAINE** and crack
- **AMPHETAMINES** – street drugs such as meth and ecstasy; medications used for ADHD and ADD such as Adderall, Ritalin and Concerta
- **BENZODIAZEPINES** – medications such as Valium, Xanax, Klonopin and Ativan
- **SSRIS** (selective serotonin reuptake inhibitors) – prescription medications for depression and anxiety such as Celexa, Lexapro, Prozac, Paxil and Zoloft
- **MARIJUANA**
- **TOBACCO**
- **ALCOHOL**
- **CAFFEINE**

Although some medications are considered safe, some substances, when used during pregnancy, may affect your health and the health of your baby in the womb and in the first few weeks of life.

Extra pregnancy care may be needed and often includes:

- frequent ultrasound
- more monitoring during delivery and postpartum
- sometimes, referral to specialists in high risk obstetrics and/or substance use disorders in pregnancy

It is very important to talk openly and honestly with your obstetric care provider about all of your drug exposures, even if some of the substances you are using are illegal. This can help ensure that you and your baby get the best care possible.

# NEWBORN WITHDRAWAL

## WAYS TO SUPPORT AND CARE FOR YOUR BABY

### NEWBORN WITHDRAWAL

Newborn withdrawal refers to a group of symptoms that are sometimes seen in a baby whose mother has taken certain drugs or medications during her pregnancy. Symptoms occur as the baby's body tries to adjust to life outside of the womb without the substance. When a baby is withdrawing from opiates (e.g., methadone, Subutex, heroin) it is called Neonatal Abstinence Syndrome (NAS). Some babies begin to experience withdrawal within a few hours after birth, while others may not develop symptoms until a few weeks later. The symptoms each baby may experience are affected by the way his/her body processes the drug, so each newborn may present with different symptoms.

#### Symptoms of NAS:

- Fussiness • High-pitched cry
- Shaking/jittery • Trouble sleeping
- Stuffy nose/sneezing • Yawning
- Stiff arms, legs and back • Vomiting/diarrhea
- Gassy tummy, tummy cramping • Difficulty feeding due to problems sucking
- Fast breathing • Poor weight gain after the 4th day of life
- Skin breakdown – particularly in the diaper or face area

You may hear healthcare providers referring to a Finnegan Score. This is a scale used to assess common symptoms seen in babies experiencing withdrawal. Crying, sleep disturbances, jitteriness, fast breathing and poor feeding are a few examples of symptoms of withdrawal assessed by the Finnegan Score. If your baby scores 8 or higher on three occasions, or 12 or higher on two occasions, your baby's doctor may begin medication to decrease withdrawal symptoms. This medication will be decreased over time until it is no longer needed.

**Regardless of whether or not they were started on medication, babies experiencing withdrawal may be fussier than most infants and may require more help to calm themselves when they are upset. This section of the handout will provide information and techniques on how to ease the impact of withdrawal and support your baby's development.**

**The goals of these techniques are to help your baby:**

- **sleep well**
- **eat and gain weight**
- **successfully interact with caregivers**

# RECOGNIZING YOUR BABY'S CUES

Babies experiencing withdrawal are easily upset by things in their environment like light and noise and may be unable to calm themselves. Your baby will display special cues that tell you if he/she needs help calming or if he/she is ready to interact. As the caregiver, you will get to know your baby best. It is important for you to learn your baby's specific cues so you can help comfort him/her. With help, over time your baby will slowly begin to show fewer stress cues.

## STRESS CUES

Stress cues are your baby's way of saying "I'm upset and need a break." When your baby displays these cues, you should minimize the amount of stimulation (things that make your baby alert) in the environment. This includes light, noise touch, smell and taste. The suggestions in the following sections will be helpful for supporting your baby when he/she is upset.

- Changes in vital signs (heart rate, respiratory rate, blood pressure, oxygen saturation)
- Frantic movements, especially with the hands near the mouth
- Gaze aversion – looking away from you
- Startled look
- Shutting down – closing eyes
- Arching back
- Hiccups
- Repeated sneezing
- Frequent yawning
- Coughing

## ENGAGEMENT CUES

Engagement cues are your baby's way of saying he/she is able to self-soothe and is ready to interact with you. However, babies experiencing withdrawal can only take a little stimulation at a time. As you interact with your baby, make sure he/she isn't getting overstimulated. If you notice stress cues, respond by giving support for the cues observed. As your baby gets older, they will be able to tolerate more stimulation.

- Smooth movements of arms and legs
- Relaxed arms and legs
- Bringing hands to mouth/sucking on hands
- Eyes are open and bright
- Looking toward you
- Gazing in your eyes
- Snuggling
- Smiling
- Happy noises
- Cooing
- Babbling
- Tucks into a cozy, curled up position

# WAYS TO SUPPORT YOUR BABY

Below are some ways to help support babies who are experiencing withdrawal. Every baby is different, so you may have to try multiple techniques before you find what works best for your baby. Some babies experiencing withdrawal are extra fussy and cry more frequently. It is important to never shake your baby. If your baby is making you feel stressed, put your baby down in a safe place such as a crib and take a break somewhere else in your home. You can also call a trusted family member or friend if you would like extra help caring for your baby.

## SWADDLE YOUR BABY

- Use a receiving blanket or sleep sack.
- Baby's arms should be bent and the hands at midline near the face – ask your baby's nurse or healthcare provider if you are unsure of how to do this.
- Use mittens or swaddle baby's hands inside the blanket if you are worried he/she may scratch their face.
- Baby should be swaddled snugly across the arms and chest, but loosely around the hips and legs.
- Make sure your baby doesn't get overheated when swaddled – you may need to adjust the clothes your baby is wearing and/or the room temperature.

## NON-NUTRITIVE SUCKING

- Provide a pacifier for your baby to suck on.
- Along with swaddling, sucking can be one of the most helpful ways to help your baby calm.
- Can help with gastrointestinal problems common with NAS like gas and stomach cramping.

## TOUCH AND MOVEMENT

- Try holding your baby skin-to-skin (baby is wearing a diaper only and lies against your bare chest).
- Hold your baby firmly, close to your body.
- Provide firm but gentle touch – avoid lightly stroking your baby's skin.
- Rhythmically pat baby's bottom or back.
- Gently sway or walk around while holding your baby.
- If your baby is lying in a crib, provide "boundaries" by placing one hand on top of your baby's head and the other around his/her feet with legs bent.
- Baths can be soothing for some babies.
- Try "in your arm" comfort techniques like holding and rocking before placing your baby in a swing. If you do put your baby in a swing, you should carefully remove him/her from the swing when they fall asleep and put them in a crib. Babies should not sleep in swings.

## **CONTROL YOUR BABY'S ENVIRONMENT**

- Let your baby get used to natural daylight to help him/her distinguish between daytime and nighttime.
- If your baby gets fussy, dim the lights.
- Keep your baby's room quiet, and reduce noise caused by TV, toys and conversation. If you sing to or shush your baby, do it softly.
- Maintain a routine.
- Cluster your baby's care – diaper, feed, hold, etc. at the same time.
- Limit visitors so your baby does not get overstimulated.
- Use a cream or ointment to prevent and treat diaper rash.
- Allow your baby to have good stretches of undisturbed sleep between feeds.

## **AS YOUR BABY GROWS AND DEVELOPS, GENTLY INTRODUCE NEW THINGS TO HIM/HER ONE AT A TIME**

- Introduce new stimuli (things that cause your baby to be alert) one at a time.
- Give your baby a break if you notice he/she is exhibiting stress cues.
- Swaddle your baby and try a pacifier to help your baby maintain an alert and calm state.
- Talk to your baby when he/she is calm and alert.

## **GENTLY INCREASE THE NUMBER OF STIMULI**

- Add visual sight, sound and touch stimuli when your baby is calm.
- Be aware of stress cues and provide breaks when needed.
- Know that your baby's ability to handle new stimuli may vary from minute to minute and day to day.

## **AS YOUR BABY'S CALM PERIODS INCREASE, UNWRAP HIM/HER FOR SHORT PERIODS OF TIME**

- This allows your baby to become used to controlling his/her own body.
- Reswaddle your baby if he/she shows signs of distress.

## **TAKE CARE OF YOURSELF**

- It can be stressful for parents to have a baby who cries a lot. Many parents describe the time their baby spends in withdrawal as an emotional roller coaster. We understand that this is a very stressful and emotional time for you. Take comfort in knowing that we all have the same goal: to help you and your baby through the withdrawal. Ask friends and family for help so that you get the breaks and the support you need.
- We are here to support you. Do not hesitate to reach out to your physician or to your baby's healthcare team if you feel you are too overwhelmed.

## BREASTFEEDING

- Breastfeeding is almost always the best choice for a newborn. Breast milk can be very beneficial to babies experiencing withdrawal as the substances a baby is withdrawing from may be passed through the mother's milk and help ease the symptoms of withdrawal. Placing the baby to breast for feedings instead of pumping and bottle feeding may also help decrease withdrawal symptoms.
- While most medicines are safe to use while breastfeeding, they should only be used when necessary. Your baby's doctor and/or lactation consultants can help you decide what is safest for your baby.
- It is important that you do not take any other medications or drugs while breastfeeding unless your baby's doctor says the medicines are safe.
- If you are breastfeeding, it is important that you do not stop suddenly. If you want/need to stop, please call your baby's doctor and the Mission Breastfeeding Center for help with a weaning plan.
- If you relapse while you are breastfeeding or giving pumped breast milk:
  - o Stop breastfeeding and stop giving your baby the breast milk you've pumped since relapsing.