

Montefiore | St. Luke's Cornwall
**Substance Use
and
Your Baby**



**This pamphlet is designed to
provide you with information that
will help you prepare for and care
for your baby.**

www.MONTEFIORESLC.ORG    

Newburgh Campus
70 Dubois Street
Newburgh, NY 12550

Cornwall Campus
19 Laurel Avenue
Cornwall, NY 12518

Montefiore

St. Luke's Cornwall

www.MONTEFIORESLC.ORG    



Welcome to the judgment free zone!

Substance use disorder is a chronic condition, treatment is available, support is necessary, and recovery is possible. Medication-Assisted Treatment with methadone and buprenorphine in combination with counseling and therapy are effective treatments. The Kaplan Family Birthing Center at Montefiore St. Luke's Cornwall has developed a program called Making Successful Life Choices. The program is designed to assist mothers with substance use disorder with the goal of keeping mom and baby together, to grow in a healthy environment.

Cynthia Barton, our pregnancy support navigator, will walk along side our patients during this journey, providing guidance to meet their pre and post-partum needs including housing, temporary assistance, insurance, food stamps and much more. We are committed to meeting each woman at any stage of her journey.

Our team of skilled, nurses, neonatologist and social workers are committed to help our patients develop a plan of safe care for them and their babies. Taking care of yourself during pregnancy means you also are taking care of your baby.

MEET OUR PREGNANCY SUPPORT NAVIGATOR



Cynthia Barton

Pregnancy Support Navigator

Cell: (845) 913-8667

Office: (845) 568-2597

Fax: (845) 568-2613

cbarton@montefioreslc.org

Cynthia Barton has a twenty-year history as a Case Manager and is CPR/First Aid certified, a Mandated Reporter, Narcan certified and CA-SAC-trained.

References

Carlo WA, Ambalavanan N. Metabolic disturbances. In: Kliegman RM, Stanton BF, St. Geme JW, Schor NF, eds. *Nelson Textbook of Pediatrics*. 20th ed. Philadelphia, PA: Elsevier; 2016:chap 106.

Hudak ML. Infants with antenatal exposure to drugs. In: Martin RJ, Fanaroff AA, Walsh MC, eds. *Fanaroff and Martin's Neonatal-Perinatal Medicine*. 10th ed. Philadelphia, PA: Elsevier Saunders; 2015:chap 53.

Kocherlakota, P. *Am Acad Pediatrics* Pediatrics August 2014, 134 (2) e547-e561; DOI: <https://doi.org/10.1542/peds.2013-3524>

Marijuana

Marijuana used during pregnancy is associated with attention and behavioral problems in children. Some studies show that marijuana use can cause an increase in the risk of stillbirth and the risk that babies will be smaller at birth. It is recommended that pregnant women stop using medical marijuana.

When to Contact a Medical Professional

Make sure your provider knows about all the drugs you take during pregnancy. Call your provider if your baby has symptoms of NAS.

Prevention

Discuss all medicines, and alcohol and tobacco use with your provider. Contact your provider or Cynthia Barton, as soon as possible if you are:

- Using drugs non-medically
- Using drugs not prescribed to you
- Using alcohol or tobacco

If you are already pregnant and take medicines or drugs not prescribed to you, talk to your provider about the best way to keep you and the baby safe. Some medicines should not be stopped without medical supervision, or harm may result. Your provider will know how best to manage the risks.



Exams and Tests

Many other conditions can produce the same symptoms as NAS. To help make a diagnosis, the health care provider will ask questions about the mother's drug use. The mother may be asked about which drugs she took during pregnancy, and when she last took them. The mother's urine may be screened for drugs as well. Tests that may be done to help diagnose withdrawal in a newborn include:

- NAS scoring system, which assigns points based on each symptom and its severity. The infant's score can help determine treatment.
- Toxicology (drug) screen of urine and of first bowel movements (meconium). A small piece of the umbilical cord may also be used for drug screening.

Breastfeeding

Breastfeeding is encouraged in women who are doing well with their opioid treatment, who are not using illicit drugs, and who have no other medical issues, such as human immunodeficiency virus (HIV) infection. The American Academy of Pediatrics recommends breastfeeding for women taking methadone and buprenorphine regardless of the mom's dosage, as the amount of these medications into breast milk is very small. Breastfeeding may become an important part of your baby's treatment and a way for you to help your baby during their recovery.

Outlook (Prognosis)

Treatment helps relieve symptoms of withdrawal. Even after medical treatment for NAS is over and babies leave the hospital, they may need extra "TLC" for weeks or months.

Treatment

Treatment depends on:

- The drug/ substance involved
- The infant's overall health and abstinence score
- Whether the baby was born full-term or premature

Our health care team will watch the newborn carefully in the several days after birth for signs of withdrawal, feeding problems, and weight gain.

Infants with NAS are often fussy and hard to calm. Tips to calm the infant down include measures often referred to as “TLC” (tender loving care):

- Holding and gently rocking the child
- Reducing noise and lights
- Swaddling the baby in a blanket

Some babies with severe symptoms need medicines such as methadone or morphine to treat withdrawal symptoms. These babies may need to stay in the hospital for weeks or months after birth. The goal of treatment is to prescribe the infant a drug similar to the one the mother used during pregnancy and slowly decrease the dose over time. This helps wean the baby off the drug and relieves some withdrawal symptoms.

If the symptoms are severe, such as if other drugs were used, a second medicine such as phenobarbital or clonidine may be added.

Babies with this condition often have severe diaper rash or other areas of skin breakdown. This requires treatment with special ointment or cream.

Babies may also have problems with feeding or slow growth. These problems may require:

- Higher-calorie feedings that provide greater nutrition
- Smaller feedings given more often

Possible Complications

Drug and alcohol use during pregnancy can lead to many health problems in the baby besides NAS. These may include:

- Birth defects
- Low birth weight
- Premature birth
- Small head circumference
- Sudden infant death syndrome (SIDS)
- Problems with development and behavior

NAS treatment can last from 1 week to 6 months. Even after medical treatment for NAS is over and babies leave the hospital, they will need extra “TLC” for weeks or months.

Using Tobacco

The unborn baby gets many harmful chemicals when the pregnant mom smokes. Nicotine is only one of the 4,000 toxic chemicals that pass through to her unborn baby. Since nicotine causes blood vessels to narrow, there's less oxygen and fewer nutrients reaching the unborn baby. Nicotine also can damage the unborn baby's brain and lungs. This damage is said to be permanent.

Several problems happen more often during pregnancy when a woman smokes such as, premature birth, cerebral palsy, birth defects (e.g. cleft lip), higher risk of colic, increased risk of SIDS (sudden infant death syndrome), childhood asthma and obesity as well as learning disabilities later in life.

Drinking Alcohol and Fetal Alcohol Syndrome

When a woman drinks during pregnancy, her unborn baby can develop lifelong problems that she can prevent if she gets the help she needs. Alcohol can interfere with normal growth of the unborn baby and cause birth defects, the most severe is fetal alcohol syndrome (FAS). FAS can cause the following: Growth problems, Mental disability, Behavioral problems, and Abnormal facial features.

FAS can occur with mothers who drink heavily during their pregnancies, but alcohol related problems can also occur when pregnant mothers drink less amounts of alcohol.

What is Neonatal Abstinence Syndrome (NAS)?

Neonatal abstinence syndrome (NAS) is a group of problems that occur in a newborn who was exposed to addictive opiate drugs while in the mother's womb.

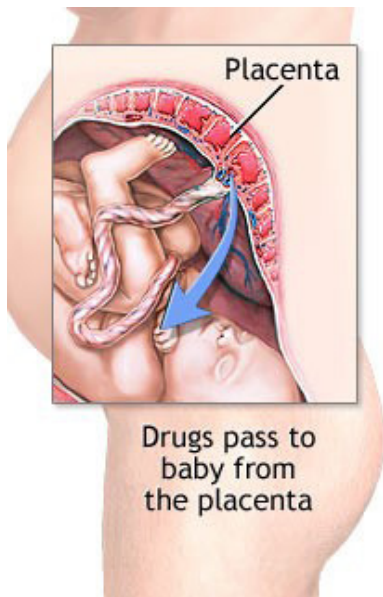
Causes

NAS may occur when a pregnant woman takes drugs such as heroin, codeine, oxycodone (Oxycontin), methadone, or buprenorphine.

These and other substances pass through the placenta that connects the baby to its mother in the womb. The baby becomes dependent on the drug along with the mother.

If the mother continues to use the drugs during her pregnancy, the baby will be dependent on the drug at birth. Because the baby is no longer getting the drug after birth, withdrawal symptoms may occur as the drug is slowly cleared from the baby's system. Withdrawal symptoms also may occur in babies exposed to alcohol, benzodiazepines, barbiturates, and certain antidepressants (SSRIs) while in the womb.

Babies of mothers who use other addictive drugs (nicotine, amphetamines, cocaine, marijuana,) may have long-term problems. While there is no clear evidence of a NAS for other drugs, they may contribute to the severity of a baby's NAS symptoms.



After birth, baby suffers from withdrawal



ADAM.

Symptoms

The symptoms of NAS depend on:

- The type of drug the mother used
- How the body breaks down and clears the drug (influenced by genetic factors)
- How much of the drug she was taking
- How long she used the drug
- Whether the baby was born full-term or early (premature)

Symptoms often begin within 1 to 3 days after birth but may take up to a week to appear. Because of this, the baby will most often need to stay in the hospital for observation, treatment and monitoring.

Symptoms may include:

- Blotchy skin coloring (mottling)
- Diarrhea
- Excessive crying or high-pitched crying
- Excessive sucking
- Fever
- Hyperactive reflexes
- Increased muscle tone
- Irritability
- Poor feeding
- Rapid breathing
- Seizures
- Sleep problems
- Slow weight gain
- Stuffy nose, sneezing
- Sweating
- Trembling (tremors)
- Vomiting