Frequently asked questions about drug withdrawing infants

What is withdrawal?
Drugs that you may have taken during your pregnancy might have been absorbed by your baby.

Why does this happen?
Once he/she is born, the supply of drugs stops to your baby and the effect on your baby is the same as if you suddenly stopped taking the drugs. This means that your baby may show withdrawal signs.

What are the signs and symptoms of withdrawal?

- Irritability
- Difficulty in feeding
- Poor sleeping pattern
- Distress or constant crying
- Jerking of the arms or legs.

Some lesser signs may occur:

- Sneezing
- Snuffling
- Runny eyes
- Dampness/sweatiness of the skin.

What will happen to my baby?

- Your baby may be admitted to the postnatal wards or Charles Wolfson ward for observation after the birth.
- If there are problems with your baby’s breathing, your baby is premature or there are other serious problems, your baby may be admitted to the Neonatal Intensive Care Unit (NICU) for closer monitoring.
- A doctor will examine your baby to check their general health.
- The nurses/midwives and doctors will carefully watch your baby for any signs of withdrawal.
These signs may not become obvious for 72 hours or more as some drugs are slow to clear from your baby’s system. The length of time for symptoms to appear depends a lot on the type of drugs taken.

**Assessment**

The nurses will explain the chart they use to assess your baby’s behaviour to you. You will be able to help the nurse with this scoring process. The chart will not be kept by the bedside; this is to keep your baby’s assessment confidential.

**Treatment**

If withdrawal is seen, then the doctor may start some treatment depending on the severity of the symptoms. This is usually in the form of a calming medicine which is designed to make your baby comfortable but not sedate or make him/her too sleepy. The doctors will find out how much medicine your baby needs to keep them calm by gradually increasing the dose over two days. Then the dose will gradually be weaned as your baby’s symptoms improve.

In order to be able to treat your baby in the best way, we do need you to be honest with us about which drugs you have taken in your pregnancy. This is because different drugs may need different treatment medicines for your baby.

**When can I take my baby home?**

We aim to wean your baby off the medication before discharge home. You may well find that your baby still finds feeding difficult or doesn’t settle easily and may not sleep for long periods.

The midwives and nurses will be there to support and advise you whilst you are in hospital and you will also receive support from your health visitor at home.

If an antenatal plan has already been agreed with social services, this plan will be followed.

**Follow-up**

Your baby will require follow-up appointments to ensure that their health improvement is maintained and that he/she continues to develop at an appropriate pace. If your baby was started on a course of Hepatitis B injections this course will need to be completed.

**Privacy & Dignity**

Same sex bays and bathrooms are offered in all wards except critical care and theatre recovery areas where the use of high-tech equipment and/or specialist one to one care is required.
We are now a smoke-free site: smoking will not be allowed anywhere on the hospital site.
For advice and support in quitting, contact your GP or the free NHS stop smoking helpline on 0800 169 0 169.

Other formats:

If you would like this information in another language, large print or audio, please ask the department where you are being treated, to contact the patient information team: patient.information@addenbrookes.nhs.uk.

Please note: We do not currently hold many leaflets in other languages; written translation requests are funded and agreed by the department who has authored the leaflet.

Document history
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