

## NEONATAL ABSTINENCE SYNDROME (NAS)

Babies experiencing withdrawal because of substances taken by a mother during pregnancy may show the following signs\*:

- W** Wakefulness
- I** Irritability
- T** Tremulousness, temperature instability, tachypnea (rapid breathing)
- H** Hyperactivity, high-pitched crying, hyper-sensitivity to sound, hyper-reflexia, hypertonus
- D** Diarrhea, disorganized suck, diaphoresis (excessive sweating)
- R** Respiratory distress, runny nose
- A** Apnea, autonomic dysfunction
- W** Weight loss
- A** Acidosis (respiratory)
- L** Lacrimation (tearing)

\*Adapted from AAP Committee of Drugs; Neonatal Drug Withdrawal, Paediatrics 72(6), Dec.1983

### RESOURCES

**DART** 1-800-565-8603 [www.dart.on.ca](http://www.dart.on.ca)

Drug and Alcohol Registry of Treatment Information for professionals on resources throughout Ontario

**MOTHERISK** 416-813-6780 or toll free 1-877-327-4736 [www.motherisk.org](http://www.motherisk.org)

The Hospital for Sick Children  
Information on potential risks of exposure during pregnancy & breastfeeding

**ONTARIO ASSOCIATION FOR INFANT DEVELOPMENT** [www.oaid.ca](http://www.oaid.ca)

Information on programs for infants and their parents throughout Ontario

OR contact: Mothercraft Parent-Infant Program/Breaking the Cycle 416-364-7373

[btcycle@mothercraft.org](mailto:btcycle@mothercraft.org) [www.breakingthecycle.ca](http://www.breakingthecycle.ca)

This brochure was developed as a joint project by:



INFANT MENTAL HEALTH PROMOTION PROJECT  
[www.sickkids.ca/imp](http://www.sickkids.ca/imp)



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## RISK TO BABIES

Not all babies exposed to alcohol in utero will be affected.

The following risks are associated with use during pregnancy:

### ALCOHOL

Intrauterine growth restriction; brain damage causing learning disabilities, developmental delay and behavioural problems; microcephaly (small head) and facial characteristics including small eyes, thin upper lip and flattening of the mid-face.

### TOBACCO

Intrauterine growth restriction, fetal distress, prematurity, low birth weight and small size

### CANNABIS (MARIJUANA, HASHISH)

Intrauterine growth restriction, prematurity, low birth weight and small size

### BENZODIAZEPINES

#### (ANXIETY AND SLEEP MEDICATION)

“Floppy” babies and some evidence of withdrawal symptoms

### COCAINE

Intrauterine growth restriction, abruptio placenta, prematurity, cerebral bleeding, sudden death, genitourinary tract malfunctions, abnormal motor development, withdrawal symptoms

### OPIATES

#### (CODEINE, HEROIN, MORPHINE, METHADONE)

Intrauterine growth restriction, prematurity, Neonatal Abstinence Syndrome.

**These effects are preventable** and may be related to the amount of substances taken by the mother, the stage of pregnancy at which the exposure occurs, the genetic resilience of the fetus, the health of the mother and her prenatal care.

**Babies exposed to alcohol/drugs may need special help in:**

- Regulating and soothing themselves
- Fostering positive relationships with caregivers
- Promoting their development

## PREGNANCY & ALCOHOL/ DRUG USE



## A Professional's Guide to Identification and Care of Mother and Infant

## IDENTIFICATION

Prenatal care should include the exploration of possible alcohol and drug use.

Certain questions need to be asked directly and in a non-judgemental manner. A positive caring attitude will encourage the establishment of trust.

**The following questions are suggested, using wording appropriate to the woman and comfortable to you:**

- What over-the-counter medication do you use?
- What drugs have been prescribed for you?
- Are you using amounts greater than those prescribed?
- Are you using drugs not prescribed for you (pain killers, sleeping pills, street drugs, tranquilizers)?
- How many cigarettes do you smoke?
- Do you live with a smoker?
- Does anyone in your family have problems with alcohol or drugs?
- How much alcohol do you use?

**If questions elicit positive answers it is necessary to ask:**

- **How much** do you use daily or weekly?
- **How long** have you been doing this?
- **When** did you last take the substance?

**Women who misuse substances often have a history of physical or sexual trauma.** Pregnancy can be a time when memories surface and become disturbing.

Even if there is no response, it is important to raise the subject and create opportunities for further exploration.

**Questions can include:**

- Have you ever been abused physically or sexually?
- Is this something you would like support with during pregnancy?
- Is there anyone in your life who yells, hits, slaps or pushes you?
- Do you wish to consult with anyone about this?

*The following indicators may help identify a pregnant woman involved with alcohol/drugs:*

### PHYSICAL

- History of hepatitis
- Poor nutrition, anaemic
- Poor hygiene, drawn, disheveled
- Non-specific health complaints (disrupted sleep, headaches, indigestion, chronic cough)
- History of accidental falls, bruises, fractures
- Appearance of intoxication
- Needle marks

### EMOTIONAL/BEHAVIOURAL

- Poor historian
- Impaired concentration and memory
- Anxiety, depression, irritability, moodiness
- Missed appointments
- Social instability (frequent job loss, frequent address changes, legal issues)

### OBSTETRICAL/GYNAECOLOGICAL

- Intrauterine growth restriction
- Previous premature delivery
- Lack of or delayed prenatal care
- Sexually transmitted diseases
- Erratic menstrual cycle

## BARRIERS TO CARE

**Women** often deny their pregnancy. Early symptoms or pregnancy are also symptoms of drug use/withdrawal, and there is less awareness of their bodies when actively using drugs/alcohol.

Women may also experience:

- Guilt about harming themselves and their baby
- Fear of being judged
- Fear of losing their baby

**Service providers** may have limited knowledge of substance use and resources available.

## PROVIDING CARE

The crisis brought on by pregnancy and new parenthood can be a powerful tool in encouraging change towards a healthier lifestyle.

Service providers are in a unique position to facilitate this change.

- Positively acknowledge the decision to seek care for herself and her baby. Make positive statements at each visit
- Be non-judgemental, listen attentively to the woman's concerns, and refrain from negative comments and reactions
- Be aware that substance use problems affect all ages, ethno-racial and socio-economic groups
- Highlight the woman's power to make choices
- Encourage changes that reduce high risk behaviours (harm reduction)
- Talk about BOTH alcohol/drug AND pregnancy/parenting concerns
- Focus on BOTH mother AND baby – not one or the other
- Be sensitive to physical/sexual trauma issues
- Address family issues and offer support to family members.