

Neonatal Abstinence Syndrome - Summary Paediatric Clinical Guideline

Reference no.: PAED/03:16/S7

In mothers taking high risk drugs (opiates/opioids, benzodiazepines, psychiatric medications etc.), consider the following management:

Antenatal care:

Parents to be informed that their baby will require observation in hospital for a period of time, dependent on the half-life of the substance likely to cause withdrawal. Initial observations maybe on the postnatal ward (314) but admission to NICU may be required. Parent information leaflet to be given.

CYPD involvement should commence in the antenatal period if required.

At Delivery:

Narcan should not be routinely given to the infant of a mother who has been using opiates. This is because it can result in acute withdrawal and death.

Postnatal care:

Observations should be undertaken for the first 2 hours of life and a Neonatal Early Warning score (NEWS) chart commenced. Following initial observations in the first 2 hours of life, reduce to 4hourly until discharged from paediatric care (3-5 days approximately). Assessing specifically any signs or symptoms of withdrawal as follows

Sleeplessness	Vomiting	Nasal stuffiness	Sweating	Fist sucking
Sneezing	Fever	Convulsions	Tremors	Diarrhoea
Tachycardia	Hyper-reflexia	Restlessness/ irritability	Yawning	Tachypnoea (Respiratory depression with opiate intoxication)

Treatment:

- Mild symptoms: Supportive therapy only is indicated. This includes wrapping, cuddling and nursing in a quiet, dark environment.
- Moderate to severe: Specific therapy (Morphine oral solution for Opioid /Diazepam for Benzodiazepines withdrawal) should be commenced on the observation of significant and disturbing symptoms or the development of convulsions and should be discussed with a Senior Paediatrician either SpR. or Consultant. The child should be transferred to the neonatal unit.

Others:

Review maternal BBV status. Immunise baby (hep B) if appropriate i.e. if mum is injecting drugs or hep B or Hep C positive.

Follow Up:

This is routine for all baby's any way and there is no specific follow up for babies who were deemed at risk of withdrawal. If child has seizures or neurological complication, then a paediatric outpatient follow up should be arranged. This is routine for all baby's any way and there is no specific follow up for babies who were deemed at risk of withdrawal. If child has seizures or neurological complication, then a paediatric outpatient follow up should be arranged.