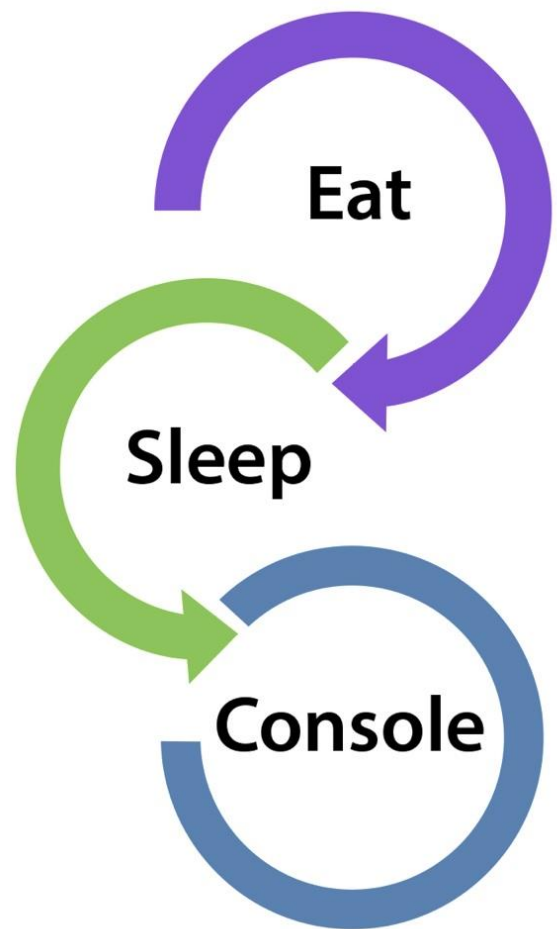


Caring for Your Baby at Risk of Substance Withdrawal



A note on gender and sexual inclusivity and language for 2SLGBTQIA+

We acknowledge all persons who are in a birthing, parenting, and human-milk-feeding relationship with a child. Individuals may not identify as a woman or mother. This may include some transgender, non-binary or gender fluid individuals.

We encourage your health care providers to ask you about:

- Your preferred name and pronoun,
- Your chosen language for parental roles, and
- What words to use when describing parts of your body (for example, you may prefer to use the term chestfeeding rather than breastfeeding).

The best treatment for babies who were exposed to substances in the uterus is for their mother - or another consistent care provider - to be with them, to help them eat and sleep, and to console them when they are upset. The strategies in this booklet will help you to do this. We will support you as you learn and practice these skills.

What is Neonatal Abstinence Syndrome?

All babies take time to adjust to life outside the uterus.

- Neonatal Abstinence Syndrome (NAS) happens when a baby is exposed to certain drugs or medicines during pregnancy, and withdraws from them after birth.
- As babies adjust to life outside the uterus, most will show signs of withdrawal 2 to 3 days after birth. Some may not show signs until day 4 or 5.
- Your baby should stay in hospital until most of the symptoms of NAS start to go away.

What are the most common signs of NAS?

- tremors or jitteriness
- tight muscles in arms or legs
- fussiness
- problems eating or sleeping
- excessive need to suck when not hungry
- hard to console or calm down
- frequent spitting up or vomiting
- loose or watery poop
- not gaining enough weight



How will this booklet help me?

This booklet will help you plan to care for your baby. There are 3 sections:



E - eat

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S - sleep

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C - console

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10

You will learn:

- How you can help your baby
- How to keep your baby safe
- Solutions to common concerns
- How your nurses will help you during your hospital stay

As you become familiar with this booklet, think about:

- What will it be like to care for your baby?
- Who will help you care for your baby? They can have a booklet too.
- What questions would you like your nurse, doctor, or midwife to answer before you go to hospital to give birth?

Take your time reviewing the information in this booklet. It might seem like a lot of information. You may want to read it in sections over time.

What is Eat Sleep Console?

We have learned that the most important signs that your baby is adjusting after birth is if they eat and sleep well, and can be consoled, just like all babies. We also know that you are the most important person to help your baby adjust.

Eat Sleep Console Assessments

We will watch your baby closely for signs of withdrawal every few hours. Let your nurse know when you are finished with a feed. This is a good time for us to check in.



You can also help us watch your baby by keeping track of:

- When your baby eats
- Their pees and poops
- How long they sleep
- How well they can be consoled

We will give you a **Newborn Care Diary** to help you keep track of these things. You can see a sample at the back of this booklet. Your care team will review this Diary with you when they check on your baby.

What if my baby needs more help?

Some babies need medicine on top of everything you are doing. This is not a sign of failure. You are still the most important person in your baby's care. If you are able to carry on providing your baby with maximum support, your baby will require less medicine for a shorter period of time.

Breastfeeding and substance use

Breastfeeding is healthy for most mothers and babies. Women that take prescribed opioids, including opioid agonist therapy, can breastfeed. If you are taking opioids prescribed by your health care provider, breastfeeding will also reduce your baby's symptoms of withdrawal.

Breastfeeding is **not recommended** if you are regularly using street drugs, like heroin or cocaine or medicines not prescribed to you. Ask your health care provider for more information.

Eating well: What is normal?

Most babies eat at least 8 times every 24 hours. It is normal for babies to feed at night.

Both breastfed and formula fed babies should be fed when they are hungry. When your baby is hungry, they will show **hunger cues**.

Early hunger cues

Feed your baby whenever they show hunger cues. Most babies will eat enough this way.

A hungry baby will:

- Stir, moving their arms and legs
- Open their mouth, yawn, suck on a finger or fist
- Turn their head toward you or something that is touching their cheek, often with their mouth open (called **rooting**)
- Make soft cooing noises



Crying is a late hunger cue.

Strategies for feeding your baby

Regardless of how you feed your baby, cuddle or hold your baby close, with their head supported and higher than their body. If they are very restless, it may help to swaddle them around their body and legs, just for eating. If your baby has trouble eating, ask your nurse about the elevated side lying position.

- **There is no specific amount to give a baby in a feed. Let your baby decide how much they want to eat. After the 1st week, if they have 5 or more wet diapers a day, and are growing well, they are getting enough.**
- **If you breastfeed, your baby may cluster feed** (have many short feeds over a few hours).

Baby's age	Baby's stomach size	Baby's stomach can hold
1 day	Walnut	5 – 7 mL
3 days	Ping pong ball	22 - 27 mL
10 days	Large chicken egg	60 – 81 mL

When your baby has had enough to eat, they will show **fullness cues**.

Fullness Cues

A baby that has eaten enough will:

- **Slow down or stop sucking**
- **Turn their head or push away**
- **Close their mouth**
- **Fall asleep**



It is normal for babies to lose weight after birth, and return to their birth weight by 2 weeks old.

How can I help my baby eat well?

- **Feed your baby often.**
- **Feed as soon as you notice your baby's early hunger cues.**
- **Keep your baby skin to skin, with you or a support person, as much as possible.**
- If not skin to skin, swaddle your baby while feeding.
- Dim the lights, and keep the noise level low.
- To reduce spitting up:
 - Gently burp your baby during and after feeds.
 - Hold your baby upright after feeding.
- Write down when your baby feeds and has a pee or poo, to see if your baby is eating enough.
 - Use the **Newborn Care Diary**.

Common Concerns and Possible Solutions

"My baby has trouble latching at the breast"	<ul style="list-style-type: none">• Give expressed milk by dropper with finger sucking.• Try different feeding positions.• Ask for help. Your nurse may suggest a latching aid.
"My baby seems frantic or disorganized when trying to suck at the breast or bottle."	<ul style="list-style-type: none">• First, settle your baby:<ul style="list-style-type: none">• Offer a clean finger or soother first. Then, give milk by dropper with the clean finger or soother.• Hold your baby skin-to-skin. If this is not possible, swaddle your baby.• Dim the lights and keep the noise level low, if possible.• When your baby is settled, offer breast or bottle.
"I do not make much breastmilk."	<ul style="list-style-type: none">• Breast massage and hand express or pump every 1 to 3 hours.• Write down when and how much you express.
"Sometimes I make a lot of breastmilk, and sometimes I do not."	<ul style="list-style-type: none">• Feed your baby similar amounts of breastmilk through the day. You can breast feed or use expressed milk. If you are taking opioid agonist therapy, this helps your baby get the same amount of medicine at each feed.
"Milk runs out of my baby's mouth when they bottle feed."	<ul style="list-style-type: none">• Tip the bottom of the bottle down to slow the milk flow.• Ask your nurse for help. They may suggest a different nipple, or other techniques.

"My baby is losing weight."

or

"My baby is not gaining enough weight."

- Record your baby's feeds on the **Newborn Care Diary**.
- Feed your baby at least 8 times every 24 hours.
- Give your baby expressed milk after breastfeeding.
- Your health care provider may suggest adding formula powder to your breastmilk. Or, they may suggest using a high calorie formula.

Feeding Your Baby from a Bottle

- Offer the nipple of the bottle to the side of your baby's mouth, with no milk in it at first. Let the baby latch and start to suck on the nipple. Do not worry about air in the nipple— it will just go out of the baby's nose. Then, slowly tip the bottle up to horizontal, so the milk starts to flow. Watch how your baby handles the milk.
- If your baby eats too fast, lower the bottom of the bottle. Or, stop and cuddle or burp your baby. Look for hunger cues to restart.
- Allow your baby to have bursts of sucking and pauses to rest and catch up on breathing, just like with breastfeeding.



Your nurse will help

Your nurse will:

- Give you a **Newborn Care Diary** where you can record your baby's feeds, pees, and poops.
- Help you latch your baby if you breastfeed.
- Teach you how to hand express.
- Help you recognize hunger and fullness cues.
- Weigh your baby daily, and help you assess if baby is eating enough.
- Ask a feeding specialist to help, where available.
- Work with you to solve feeding concerns.



Source: United States Breastfeeding Committee

Babies tend to sleep for short periods of time. Ideally, your baby will sleep for at least 1 hour between feeds. Many babies sleep better when being held or **contained**. Before birth, babies are held tight in your uterus. They may have trouble falling asleep in the open space of a crib. Contain your baby to reduce startles and muscle tremors.

How to contain your baby



Skin to Skin

(often called Kangaroo Care)

As often as you can, hold your baby directly against your skin. Your heartbeat, voice and smell will soothe your baby.



C Position Hold

Hold baby firmly to your body in C-position. Keep your baby's hands together in the middle of your chest, close to their mouth.



Hand Hugs

Place your hand gently but firmly on your baby's head. Place your other hand on baby's body. This will help your baby settle and fall asleep.

You will quickly learn from your baby what they like. You know your baby best, and can use what works for them.

How can I help my baby sleep well?

- **Contain your baby to help them feel safe and comfortable.**
- Keep the lights dim and the noise level low.
- If your baby has fed well and still wants to suck, offer a soother.
- Do not disturb your baby when sleeping. If you feel sleepy, put baby on their back in their crib or bassinet.
- Learn how keep your baby safe when they sleep. Make a plan to keep baby as safe as possible while sleeping in hospital and at home.

How can I keep my baby safe while they sleep?

To prevent SIDS (Sudden Infant Death Syndrome):

- Always place your baby on their back to sleep for naps and at night.
- Do not bedshare with baby.
- Put your baby to sleep in a crib or bassinet next to your bed.
- If you breastfeed in your bed, put your baby into their bassinet or crib to sleep when finished.
- If you are sleepy, put baby in their bassinet or crib. Or, ask someone else to hold your baby.
- Keep soft objects, toys, bumper pads and loose bedding (like blankets) out of your baby's sleep area. Consider using a sleep sac.
- If you are doing Kangaroo Care, it is best to stay awake, use a wrap, and recline in a chair. Do not lie flat. Ask your nurse how to do Kangaroo Care safely.
- Read ***Safer sleep for my baby*** or ***Honouring our babies*** to learn more.

Common Concerns and Possible Solutions

“My baby wakes often when on their back, in the crib.”

- Hold your baby.
- Try different holding positions. Find what works for your baby.
- If your baby is on a constant vital sign monitor, the nurse may tell you tummy sleeping is okay.
- **All babies must sleep on their back** if not on a constant vital sign monitor.

“How can I keep my baby from getting too hot when swaddled?”

- Swaddle in only a diaper.
- Do not put a hat on your baby.
- When you change your baby's diaper, you can check their armpit temperature. Tell your nurse if the temperature is over 37.4°C.

Your nurse will help

Your nurse will:

- Offer ideas and show you ways to help your baby sleep.
- Help you make a plan to keep your baby as safe as possible while sleeping in hospital, and at home.
- Welcome and assist your support people to help baby sleep while you catch up on your sleep.

Babies learn about the world around them by hearing, smelling, seeing, touching, and tasting. Every baby responds to their surroundings in their own way.

All babies can get overwhelmed when their surroundings are busy. Babies tell us if they are overwhelmed or stressed by the way they react.

By watching your baby, you will learn how much they can take in before getting overwhelmed or stressed. You can **console** your baby to lower their stress.

Stress cues

A stressed or overwhelmed baby may:

- **Act irritable or fussy**
- Make jerky movements
- Tense their muscles
- Turn away
- Ignore their surroundings
- Sneeze or hiccup



How can I console my baby?

- Watch for stress cues. Stop what you are doing and console your baby.
- Use a quiet, even voice when talking, humming or singing to your baby.
- Move slowly and gently with your baby.
- Make sure your baby's diaper is dry.
- Put protective cream on your baby's bottom with every diaper change.
- If your baby feels too warm, dress them in fewer layers. Cotton clothes are best.
- Change your baby's wet clothing if they sweat.

How to console your baby



Peaceful room

Dim the lights.

Make the room as peaceful and calm as you can.



Gentle sounds

Use a quiet, even voice when you talk, hum, or sing to your baby.



Soother

If your baby is well fed and still wants to suck offer them a soother.



Swaddle

While swaddling, try to keep your baby's hands together in the middle of their chest. Their hands should be close to their mouth.



Swaddle during bath

Place your swaddled baby in a tub and unwrap them slowly, washing as you go. This reduces startles.



Swaddle during care

Keep your baby's arms swaddled when you change their diaper.



Rocking chair

Hold your baby close, skin to skin if possible, while rocking slowly and gently in chair.



Vertical rocking

Hold baby and gently rock up and down, like you are on an elevator.



Baby carrier

Walk with your baby in a carrier. Or, hold your baby firmly to your body with both arms. Ask your nurse how to safely position your baby.

Your nurse will help

Your nurse will:

- Help you to recognize when your baby is overwhelmed or stressed.
- Offer suggestions of other ways to contain and console your baby.
- Welcome and assist your support people to help console your baby when you need a break.



**As a parent, you have a very special role.
Your love and care are most important to your baby at this time.**

Honouring our babies toolkit: Safe Sleep

A Summary for Families

(First Nations Health Authority)

fnha.ca/WellnessSite/WellnessDocuments/FNHA-Honouring-Our-Babies-Summary.pdf
or tinyurl.com/y4ys4zcy

QR Code



Safer sleep for my baby

(BC Ministry of Health and Perinatal Services BC)

healthlinkbc.ca/safer-sleep-baby



Safe Skin-to-Skin Cuddling

(Fraser Health)

patienteduc.fraserhealth.ca/search/results/20705
or tinyurl.com/y39mktk9



Breastfeeding – Health File Number 70

(HealthLink BC)

healthlinkbc.ca/healthlinkbc-files/breastfeeding
or tinyurl.com/y5n2mjyh



Baby's Best Chance (7th edition)

(Government of British Columbia and Perinatal Services BC)

HealthLinkBC.ca/babys-best-chance



Breastfeeding Your Baby

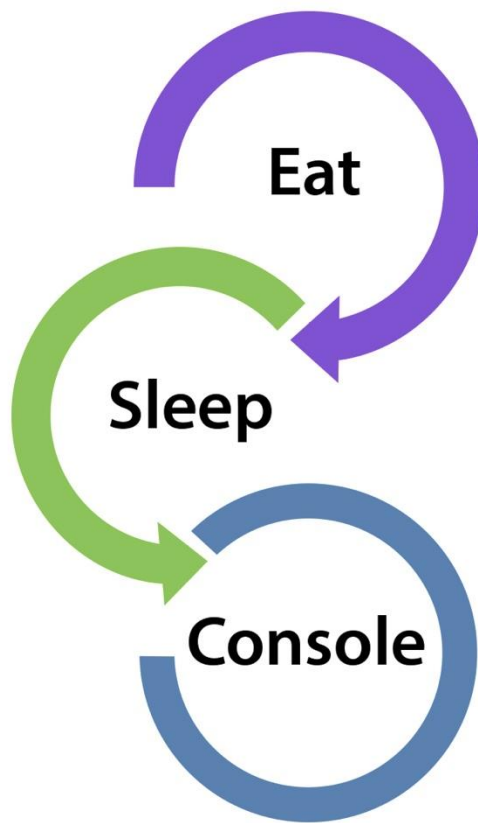
(BC Women's Hospital)

Information and videos on feeding and skin-to-skin holding

bcwomens.ca/health-info/pregnancy-parenting/breastfeeding-your-baby
or tinyurl.com/yy935a53



A QR code (short for 'quick response' code) is a type of barcode that you scan with your smart device's camera. Once scanned, it takes you to that web page.



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This information does not replace the advice given to you by your healthcare provider.

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To order: patienteduc.fraserhealth.ca