

Safe Babies Foster Parent Training Program

Module 5: Neonatal Withdrawal and Related Health Issues

Learning outcomes

- Identify the signs and symptoms of neonatal withdrawal
- Describe the onset and duration of withdrawal in infants exposed to commonly used substances
- Review common issues of daily care and related health concerns
- Be aware of current trends in care and support
- Be aware of best practice recommendations for infant care in general

Before we begin, it is important to remember that...

- This is a general overview.
- Each infant has their own individual experience.
- Our knowledge is continually developing.



Long term outcomes

- There is a continuum of outcomes, ranging from no effects to severe life long physical and mental disabilities.
- It is difficult to predict long term effects as every pregnancy and infant are unique.
- The home environment is an important factor in outcomes.
- Current research is limited.

Neonatal withdrawal scoring tool

[illegible]

An upcoming assessment tool (FIR Square)

	Signs and symptoms √ = present 0 = not present	Intervals of observations											
Metabolic Vasomotor Respiratory	Temperature												
	Heart rate												
	Respiratory rate												
	Weight												
Central nervous system	Cry – high pitched												
	Tremors/jitteriness when disturbed												
	Abnormal muscle tone (↑ or ↓)												
	Uncoordinated sucking/swallowing												
	Feeding – weak or absent suck (W/A)												
	Feeding – duration (minutes)												
	Loose, watery or explosive stools (L/W/E)												
Other	Morphine dosage												
Observers initials													

Hospital management of baby

- Reduce environmental stimulation
- Move toward caring for baby with mother when possible and appropriate
- Pharmacological support
- Breastfeeding decision



Before baby goes home

- Feeding well
- Gaining weight
- Off morphine
- Showing neurobehavioral recovery
- All assessments completed and referrals made



Community follow up

- Physician/midwife/nurse practitioner
- Public health nurse
- MCFD
- Infant Development Program
- Infectious disease follow up
- Vision and hearing screening
- Nutrition services



Major issues in daily care

- Irritability
- Sleeping difficulties
- Feeding challenges
- Tone
- Behavior



Symptoms that may be related to substance exposure:

- Unpredictable sleeping patterns
- Feeding difficulties – prematurity (tires easily), sucking difficulties, frequent spitting up, difficulties tolerating formula
- Irritability – all infants have different temperaments. May need to swaddle infant with hands out, walk and carry infant, bath, massage, soother, soft music
- Social interactions – personalize to infant as they can tolerate

Dopamine depletion effects (for cocaine, crystal meth):

- Lethargic, excessive sleep periods
- Poor suck and swallow coordination
- Poor habituation



Breastfeeding

- “Hot topic”
- There are many reasons to support breastfeeding, including attachment, health
- Decision best made prior to leaving hospital in consultation with physician, family, MCFD
- Issue is more than the substance – includes presence of infectious disease, ability to pump and store safely
- Will need to factor into visitation and access plans



Summary of potential health issues

- Prematurity
- Increased risk of SIDS
- Failure to thrive
- Infectious diseases (Hep B, Hep C, HIV, MRSA)
- Developmental delays
- Lowered immunity
- Vision and hearing delays
- Shaken Baby Syndrome/abuse/neglect



Prematurity

- Normal pregnancy – full term is considered 37-40 weeks
- Infants born before 37 weeks are premature
- Common issues with prematurity include trouble maintaining temperature, breathing difficulties, feeding difficulties, susceptible to infections

Low birth weight babies

- Infants weighing less than 2.5 kg (or 5.5 lbs) at full term
- May need extra support for feeding
- Infant will need to have weight monitored regularly
- Could have potential for developmental problems



S.I.D.S.

- Increased risk for this population
- General incidence has decreased significantly since “back to sleep” recommendations have been in place

Reducing risk of SIDS

- Need to choose carefully where infant sleeps – crib newer than 1988 with a firm mattress, no bumper pads or toys in crib
- No smoking around infant
- Infant should not be overdressed and should use lightweight blankets
- Infants should sleep on back for first year. OK to sleep on stomach when they are rolling over on own



Hepatitis B

- All women are tested for Hepatitis B during pregnancy
- Spread through blood and body fluids
- Immunizations are given to infant at birth when mom is positive for Hepatitis B or health history is unknown
- Caregivers are eligible for vaccines
- Mom can breastfeed – informed choice

Hepatitis C

- Infection rates very high (up to 90%) in intravenous drug users
- Spread through blood and body fluids
- No treatment or vaccine available
- Infants whose mothers are Hepatitis C will have further blood tests – mom's antibodies in baby's system for one year or more
- 5-10% of infants may become infected from mom
- Mom can breastfeed – informed choice

HIV

- In Vancouver 30% of intravenous drug users are positive for HIV
- Transmission from blood and body fluids
- No vaccine available
- If mom is positive during pregnancy or has high risk history, treatment with antiviral is very effective – less than 1% of babies will become infected
- Regular follow up is advised
- Breastfeeding – not recommended

Antibiotic resistant infections

- MRSA – methicillin resistant staphylococcus aureas – this bacteria lives commonly on our skin for about 25% of the population – it is a normal bacteria but has become resistant to antibiotics
- Used to be more in hospitals but is now more in community
- NICU babies are an at risk population
- Breastfeeding – possible that infection transmits back and forth between mother and baby

MRSA prevention

- Hand hygiene
- Cover lesions
- Don't share personal products
- Don't share facecloths, towels or bedding



Universal precautions

- Handwashing is the best defence against spreading germs
- Cover your mouth when you cough or sneeze
- Treat all blood and body fluids as potentially infectious. Use gloves if you have open cuts/sores on your hands
- Don't share toothbrushes or razors



Reducing the risk of infection for baby

- Use universal precautions
- Keep immunizations up to date (baby and your family)
- Keep baby away from crowded areas, especially during the winter cold and flu season
- Restrict visitors who are sick
- Maintain a smoke free environment
- Caregivers should have yearly flu shot



A head to toe look at the baby

- Breathing, temperature, heart beat
- Color
- Tummy and genitalia
- Urine and bowel movements
- Skin
- Activity, sleep, and rest
- Health pattern



Sleep-wake cycles

- Occur through the day
- Range of total sleep hours is 12-16 hours/24 hours
- As infant matures, periods of sleep and wake cycles lengthen – often takes longer for infants with substance exposure
- Caregivers that are sensitive to infant states infant regulate their behavior

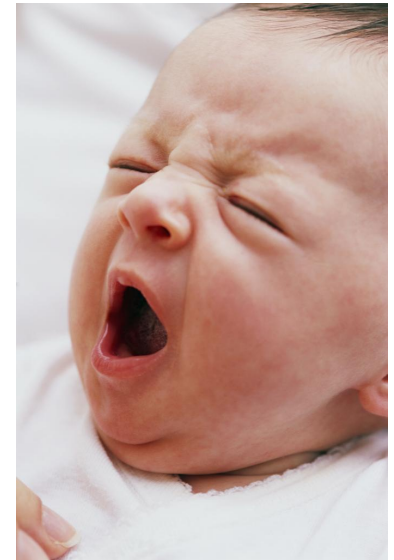


Promoting sleep

- First 4 weeks – little difference between day and night sleeping
- After 4 weeks – consistent bedtime routine to promote sleep – quiet room, promote self-soothing activity, massage, bath (each infant will have their own preferred strategies)
- 2-3 months – put infant to bed awake or drowsy so infant learns to self-soothe

Infant states

- Quiet sleep
- Active sleep
- Drowsy
- Quiet alert
- Active alert
- Crying



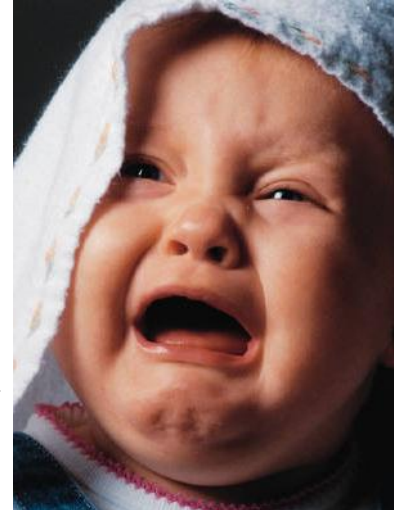
PICC strategies for therapeutic handling

- Swaddling
- C-position
- Head-to-toe movement
- Vertical rock
- Clapping
- Feeding
- Controlling environment
- Introducing stimuli



Some signs of stress in the infant

- Crying, fussing
- Turning head away
- Falling asleep (“shutting down”)
- Squirming, kicking, pulling away
- Pale or red skin
- Spitting up/vomiting



How caregivers can help infants to cope with stress

- Make environment calmer
- Allow baby to look away
- Talk quietly and slowly
- Swaddle, rock, cuddle
- Provide pacifier



Signs or readiness for interaction

- Eye contact
- Smiling
- Reaching hands out to you
- Cooing, baby noises
- Stops moving
- Calm movements of extremities



Dr. Ron Barr's research on infant crying (PURPLE Crying):

- Peaks around 2 months
- Unpredictable, often happens for no apparent reason
- Resistant to soothing
- Pain like expression on baby's face
- Long bouts, lasting 30-40 minutes or more
- Evening crying is common



When to call your doctor

- Temperature >37.2 , respiratory distress
- Persistent rash
- Lethargy, increased irritability, seizure activity
- Persistent change in feeding pattern
- Diarrhea or vomiting
- Greenish, watery, mucousy or bloody stools
- Persistent sinking or bulging of fontanel
- If you are not sure, CALL! You know baby best.

Call 911 if baby

- Has a seizure
- Turns blue
- Is distressed with breathing or has stopped breathing

Supporting the health of babies

- Safe sleeping
- Nutrition
- Dental health
- Growth and development
- Physical health – knowing your baby
- Home and car safety
- Immunization



Useful websites

- www.motherisk.ca
- www.cps.org
- www.dialadietitian.org
- www.bchealthguide.ca
- www.hcip-bc.ca
- Health Canada Product Recall

Reflection

Do you have any
questions or comments
that you would like to
share with the group?



*Thank you for
participating.*



*Please remember to complete
your evaluation form.*