Burton Hospitals
NHS Foundation Trust

Title: Management of Babies Born to Women Known to have Misused Substances in Pregnancy		**Policy No:** WC/NP/21N **Version No:** 6
Document Type:	**Corporate / Directorate:**	**Effective from:**
Clinical Guideline	Directorate	21st June 2017
Responsibility:	**Essential Reading for:**	**Information for:**
Dr A Manzoor **Consultant Paediatrician**	All Paediatric Medical Staff All Paediatric Nursing Staff	All Midwives
Original Issue Date:	**Date of Last Review:**	**Next Review Date:**
October 2000	June 2017	June 2020- Ext to March 24
Reason for amendment:		
Review and Update to comply with CNST Requirements		
Linked Trust Policies:	**Consulted:**	**Stored:**
	WC Business Unit Group All Paediatric Consultants Paediatric Registrars Neonatal Unit Ward Manager Matron Paediatrics Advanced Neonatal Nurse Practitioner	Division of Women & Children's Guideline Intranet Server
Approved by: **Clinical Director for Women and Children**	 **……** **Clinical Director** **Date: 21st June 21/6/17**	

Burton Hospitals NHS Foundation Trust
Directorate of Surgery
Division of Women & Children's Services

Management of Babies Born to Women Known to have Misused Substances in Pregnancy

1.0 Introduction

55-94% of babies born to mothers using opiates/recreational drugs are at risk of developing withdrawal symptoms during the neonatal period. The symptoms and signs of drug withdrawal are similar to adults and are scored using a neonatal drug withdrawal chart.

2.0 Managing Care

! DO NOT GIVE NALOXONE

Babies born to mothers known or suspected of using opiate drugs should never be given Naloxone because of the risk of precipitating a sudden and severe withdrawal.

All babies born to mothers with a history of drug use will be admitted to the postnatal ward for a period of at least five days of observation – this is because of the risk of later onset of withdrawal. Urine toxicology is not routinely sent.

2.1 Supportive Management

- Minimal intervention
- Recommend skin to skin contact
- Nurse in a dark environment
- Swaddling the baby
- Provide a dummy or pacifier for non nutritive sucking
- Frequent small feeds (may need calorie supplementation)
- If babies sucking and swallowing reflex is poor then support the cheeks and lower jaw to enhance feeding

Mothers should be encouraged to breast feed unless they are HIV positive. Babies should be assessed for a drug withdrawal on admission to the Postnatal Ward and thereafter four hourly after feeds (Use one chart per day).

A score of 8 and above must be followed by a 2 hourly recording and 3 scores of 8 or greater require confirmation by a second observer (preferably senior midwife, NNU sister). If two observers agree that the score is 8 or higher, the baby needs medical treatment and need to be admitted to NNU.

3.0 Treatment Using Oral Morphine

- Treatment is with oral morphine 40 mcg/kg given 4 hourly
  Consider reducing the dose depending on scores below after at least 48 hours of starting

treatment

- Do not start to decrease until symptom control is achieved
- Calculate average score for previous 24 hours (omitting highest and lowest score).
- Adjust dose depending on average score:
    - 8+ Same dose or increase by 10%
    - 6-8 decrease dose by 10% 24 hourly
    - <5 decrease dose by 25% 24 hourly

4.0 A Fitting Baby

A fitting baby should be started on morphine if not already receiving it and the fit should be treated with phenobarbitone (for dose see treatment of neonatal fits).

Convulsions should not be assumed to be due to withdrawal and other causes of convulsions should be considered.

5.0 Follow On Care

Once a baby scores less than 8 on the scoring sheet the scores may be assessed four hourly.

After stopping morphine an observation time of 48 hours should be undertaken prior to discharge to allow for breakthrough withdrawal

The Social Work department and Drug Rehabilitation Unit should be involved as early as possible (preferably antenatally). Babies should not be discharged unless authorised by Social Services.

Babies do not routinely need regular follow up in Paediatric Outpatients Department as they will be followed up by the Health Visitor, Midwife and GP.

If a baby has had fits it will need a developmental follow up appointment with Dr Manzoor (see Developmental Follow Up Guidelines).

6.0 References

Greenough et al (2006). Current Paediatrics 16, 172 - 175

Latif et al (2006). Paediatrics, Vol 117.No.6, e1163 - e1169

Jackson et al (2004) Arch. Dis. Child Fetal Neonatal Ed, 84 (4)F300-304

Department of Health (1999) Drug misuse and dependence: Guidelines on clinical management, Annex 5 Pregnancy and Neonatal Care

Dr Sobithadevi, Paediatric Specialist Registrar
Dr A Manzoor, Consultant Paediatrician