Newborn Withdrawal

Newborn withdrawal refers to a group of symptoms that are sometimes seen in a baby whose mother has taken certain drugs or medications during her pregnancy. (It’s also called prenatal substance exposure syndrome or, when the baby has been exposed to an opioid, NAS, for neonatal abstinence syndrome.) Symptoms usually appear 1 to 7 days after birth. Symptoms can be mild or severe, but they usually go away by the time a baby is 6 months old.

This fact sheet explains the causes and symptoms of newborn withdrawal. It also explains what you may experience in caring for a baby in withdrawal — and suggests things that can help you and your baby move through this process more comfortably and safely.

What causes it?
Newborn withdrawal can happen after a baby has been exposed to certain substances before birth. Symptoms arise as the baby’s body adjusts to life outside the womb, without exposure to the substances the mother took in pregnancy.

Many different substances — including many prescription medications — can cause withdrawal in a newborn. The most common substances linked to withdrawal are:

- **Opioids** — street drugs such as heroin and opium; medications such as codeine, morphine, methadone, Vicodin, Percocet, Oxycontin, Demerol, Suboxone
- **Cocaine** and crack
- **Amphetamines** — street drugs such as meth and ecstasy; medications used for ADHD and ADD such as Adderall, Ritalin, and Concerta
- **Benzodiazepines** — medications such as Valium, Xanax, Klonopin, and Ativan
- **SSRIs (selective serotonin reuptake inhibitors)** — prescription medications for depression and anxiety such as citalopram (brand name, Celexa), escitalopram (Lexapro), fluoxetine (Prozac), paroxetine (Paxil), sertraline (Zoloft)
- **Marijuana**
- **Tobacco**
- **Alcohol**

A newborn in withdrawal needs sensitive care early in life. You can provide it.

Not every baby born to a mother who has taken one of these substances in pregnancy will go through withdrawal. Experts aren’t sure why some babies are affected, and others not. It’s also difficult to predict the severity of the symptoms. For this reason, parents and caregivers of newborns should be aware of the possibility of symptoms and what they can do to address them.
What are the symptoms?
In withdrawal, your baby may have some or all of these symptoms:

- **Unusual irritability, continual crying.** Compared to other newborns, your baby is more cranky and fussy. Your baby cries often — and the cry is high-pitched. It may be difficult to soothe, calm, and comfort your baby.

- **Sleeping trouble.** Your baby sleeps less than other newborns. In general, your baby has trouble settling down for sleep — and may sleep only for short stretches of time. Your newborn yawns a lot.

- **Unusual stiffness, startling.** Your baby’s arms, legs, and back are unusually stiff or rigid. Your baby startles easily and in an exaggerated way.

- **Trembling, twitching.** Your baby trembles or twitches — or seems jittery or shaky overall.

- **Trouble feeding, sucking.** Your baby’s suck may be weak, frantic, or both. This makes it hard for your baby to get enough milk at feeding times. Your baby may have a constant need to suck.

- **Diarrhea and vomiting.**

- **Poor weight gain.** After the first week of life, your baby gains weight slowly or not at all.

- **Fast or interrupted breathing.** Your baby breathes fast or has apnea (frequent or long pauses between breaths).

- **Sweating.**

- **Sneezing, stuffy nose.**

- **Skin problems.** Your baby’s skin looks raw in places. The face and the diaper area are often affected by this skin breakdown.

How do we know it’s withdrawal? How is it diagnosed?
Medical providers diagnose withdrawal based on the symptoms they see in your baby. To help with diagnosis, providers often use a scoring sheet, in which symptoms are noted and their severity rated. In some cases, they may order tests of the umbilical cord or your baby’s bowel movements or urine. The tests may identify the substances the baby was exposed to.

Symptoms of withdrawal may start only after your baby has gone home from the hospital. For this reason, you may be asked to watch for these symptoms in your baby.

Will my baby always be affected?
Withdrawal is a process, with symptoms that are expected to be temporary. In this respect, withdrawal is different from a birth defect that can be caused by exposure to substances during pregnancy.

As your baby begins life, you should begin an open and ongoing conversation with your baby’s doctor. Talk with the doctor about withdrawal symptoms or any other behaviors or signs that you wonder about. Share your baby’s milestones and ask any questions about care. Reach out for support. In the days, weeks, and months to come, your baby’s doctor can guide you as your baby grows and develops.

How is newborn withdrawal treated?
The treatment for a newborn in withdrawal depends on the symptoms, their severity, and their cause. Your baby’s care may include the following:

- **Extra monitoring.** Your baby will be checked frequently in the hospital. Depending on the symptoms the care team sees, your baby may need tests and a longer stay in the hospital.

- **Medication.** Some babies need medication to manage symptoms or to help their bodies adjust to life without the substance they were exposed to in pregnancy.

- **Sensitive care.** All newborns need good care. However, a baby in withdrawal needs care designed to ease symptoms and to address any challenges to normal resting, feeding, and development.

Sensitive care
A baby in withdrawal is sensitive — and requires sensitive care. The next section of this handout describes how you can provide sensitive care in the hospital and at home. It offers ideas for responding to specific symptoms you may see in your newborn. These strategies also promote bonding and help you and baby engage, learn, and enjoy.

Keep in mind that a big part of sensitive care is learning your baby’s cues for comfort and needs. Cues are certain behaviors that you can learn to interpret. They can include things like crying, smiling, arching the back, staring, and turning the head. It may help to write down your baby’s cues and how you respond to help your baby feed well, settle down, rest, grow, and engage. Use the Notes section on the back page of this handout to write down what you’re learning from your baby.
Basics of sensitive baby-care. **In the hospital and at home, give your baby the following:**

- **Closeness.**
  - Spend as much time as possible with your newborn. Your touch, voice, and presence are familiar and reassuring.
  - Sleep in the same room with your baby (though not in the same bed). This makes it easier to check on your baby and to respond if your baby seems cold, wet, or hungry. Always put your baby to sleep on his or her back, on a firm mattress. Keep the room at a temperature that’s comfortable for you — that’s the right temperature for baby, too.
  - Hold your baby skin-to-skin, during breastfeeding or any time. This closeness comforts your baby — and may ease some symptoms of withdrawal. It’s also a wonderful and gentle way to get to know each other.

- **Quiet, calm, and consistency.**
  - Limit visitors. Your baby will do better with fewer people and less stimulation.
  - Keep things quiet. Voices, music, and phones should be soothing and low.
  - Avoid too much of anything: bright lights, heat and cold, lots of “fun” toys or games. A baby in withdrawal needs rest, not excitement. Save the peek-a-boo surprises for later.
  - Stick to a routine. Your baby will feel reassured by a predictable schedule of feedings, naps, and cuddles.

- **Patience and attention.**
  - Notice your baby’s behaviors and symptoms. Write down what you observe. You may want to discuss some things with your baby’s doctor. Many things you’ll come to understand as cues to what your baby likes or needs.
  - Be responsive. You and your newborn are beginning a lifelong conversation. As you learn your baby’s ways of communicating, you’re also finding your voice — your way of responding to what your baby is saying to you.
  - Be patient with your baby — and with yourself. The newborn period can be intense, and withdrawal can pose an additional challenge. Reach out for support as you and your baby move through this process together.

- **Comfort positions and pressures.**
  - Try different ways of holding your baby. A baby may feel more secure and comfortable held over your shoulder, curled in a C-shape, or with his side or tummy along your thighs as you sit. The hospital nurses may show you positions that work well with your baby.
  - Experiment with massage and touch. Many babies are soothed by firm, rhythmic strokes and pats. Try patting your baby’s back and bottom as you walk, sway, or rock. (Avoid light, feathery touch — this irritates many babies.)

---

**Soothing tips for specific symptoms.** Along with the basic care above, try these ideas:

<table>
<thead>
<tr>
<th>What you may see</th>
<th>Things you can try</th>
</tr>
</thead>
</table>
| **Fussiness, crying.** Your baby seems upset, is having trouble settling down, has been crying for a long time. | - Hold your baby skin-to-skin or wrapped up close to your body. If the hospital nurses have shown you how to swaddle your baby, try that.  
  - Gently sway from side to side. Rock in a rocking chair. Hum or sing quietly as you move. Make a “shhhhh” sound — this sound comforts many babies.  
  - Dim the lights and take away any extra noise or stimulation in the room. |
| **Sleep problems.** Your baby can’t get to sleep, can’t stay asleep for very long. | - Try the soothing moves listed above — close holding, swaying or rocking, “shhhhh”-ing — in a quiet room.  
  - Check your baby’s diaper to see if it needs changing. Treat any diaper rash with cream or lotion. |
| **Feeding and sucking problems.** Your baby has a weak suck or feeds poorly. Your baby has a frantic or continual need to suck. Your baby spits up a lot. | - Feed whenever your baby seems hungry and until your baby seems satisfied.  
  - Feed your baby slowly. Allow for rests during feedings.  
  - If your baby sucks on his or her fists a lot or seems to have a strong need to suck (and isn’t hungry), offer a pacifier or your finger. Protect your baby’s hands by covering them with sleeves.  
  - For spitting up, keep your baby upright for a bit after every feeding. Gently burp your baby. |
| **Stuffy nose, sneezing, breathing trouble.** | - Keep your baby’s nose and mouth clear of mucus by wiping with a wet cloth or using a bulb syringe.  
  - Don’t overdress or swaddle too tightly.  
  - Always put your baby to sleep on his or her back — and get medical care if you notice any of the serious breathing problems listed in the “When to call the baby’s doctor” section on the next page. |
Common questions

- **Can I breastfeed my baby?**
  Breast milk is almost always the best choice for a newborn. Even if you’re taking prescribed medication, the small amount of medication that passes to your baby in your milk is usually considered safe. However, you should talk to your doctor about breastfeeding and your prescription medication — and **don’t take any other, nonprescribed medication or drugs without first checking with a doctor to make sure it’s okay for your breastfed baby.** You can also call the MotherToBaby phone line for advice about breastfeeding safety: 1-800-822-BABY (2229). Your call will be free and anonymous (no one will take your name).

- **Is it okay to play with my baby?**
  Gentle, loving interaction is always okay. But as long as your baby is having symptoms or seems easily upset, stick with low-key things like humming, holding, smiling, swaying. Over time, your baby’s calm periods should increase and you can try more stimulation. Start slow. When your baby is alert and peaceful, try dancing together to a little soft music. Show your baby a toy. Help your baby experience and explore new touches, smells, and sounds. If you pay attention to your baby’s cues, you’ll find a good pace for playing and learning together.

- **Does my baby need continuing medical care?**
  Yes. Every baby needs to see the doctor regularly, in the first year of life and beyond. The doctor needs to check that your baby is growing and developing well. So be sure to **keep all of your appointments with the baby’s doctor — and call with any questions.** Also follow the advice in the “When to call the baby’s doctor” box at right.

- **When will my baby stop having symptoms?**
  It’s hard to predict this. Withdrawal symptoms begin and end at different times in different babies. The process seems to depend on several factors, including which substance the baby was exposed to. Most of the time, withdrawal symptoms ease after a few weeks and go away by the time the baby is 6 months old.

- **What if I can’t handle it?**
  Caring for a newborn can be emotional and stressful — even more so if your baby is in withdrawal. Don’t try to do it alone. Ask a friend or relative to be your “go to” person anytime you need a break from your baby. See a counselor or support group. Being kind to yourself helps you better care for your baby.

---

Notes

---

**CUES that my baby is...**

**Calm:**

**Upset:**

**Hungry:**

**OTHER THINGS I notice about my baby:**

---

**TO RELAX AND COMFORT MY BABY, I can:**

---

**IF I FEEL FRUSTRATED OR OVERWHELMED, I can call:**

---

**MY BABY’S DOCTOR:**

Name:

Phone:

---

**When to call the baby’s doctor**

- Crying that lasts longer than 3 hours and isn’t helped by any of the soothing techniques described in this handout.
- Intense jerking of arms and legs, even when you try to gently hold them still. (This could be a seizure.)
- Vomiting or diarrhea (more than occasional).
- Poor feeding.
- NO dirty diapers in a 24-hour period, or fewer than 4 wet diapers after the 4th day of life.

See Intermountain’s Living and Learning materials for a more complete list of when to call the doctor.