Supporting women drug users who have infants, in low resource settings: Focus on Neonatal Abstinence Syndrome

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BACKGROUND

Women drug users with newborns and infants face a range of social and health issues that can make parenting especially challenging. In low resource settings, drug treatment services and paediatric services may have limited knowledge of the impact of maternal drug use on newborns, and social stigmatisation of drug using mothers can severely limit these new mothers' access to important health services and to the social networks that sustain non-drug using new mothers. Babies born to women who used opioids during pregnancy can experience withdrawal, known as "neonatal abstinence syndrome." Information about neonatal abstinence syndrome and diagnosis and treatment of infant withdrawal is often unavailable in low resource settings. This information brief provides information about the ways in which drug use can impact infant health and offers basic steps that service providers in low resource settings can take to support the health of new mothers who use drugs and their babies.

WHAT ARE THE ISSUES?

Neonatal Abstinence Syndrome (NAS): Some babies born to women who used opioids during pregnancy may experience neonatal abstinence syndrome.

- **What is NAS?** When a pregnant woman uses opioids, her foetus is also exposed to drugs. After her baby is born, the supply of drugs to the foetus is cut, and the baby may go into withdrawal.

- **What are the symptoms of NAS?** Symptoms of NAS include irritability, high-pitched cry, excessive sucking on fists or thumbs, sleeping and feeding difficulties, and gastrointestinal dysfunction. In severe cases, NAS may lead to convulsions or coma. The severity of NAS may vary widely: It may be mild and transient, incremental, onset may be delayed, or it may occur in phases-initially acute, followed by improvement then an onset of subacute withdrawal.[1] Most data on the onset of NAS suggests that it usually sets in within the first 72 hours of life, and lasts for 6-8 weeks.

- **How likely is it that a baby will have NAS?** There is considerable debate among doctors about the frequency with which NAS occurs in infants born to women who use opioids during pregnancy. U.S. sources report that NAS occurs in 55-94 percent of neonates born to opiate-dependent women,[2] however, data from women-centred multidisciplinary services in the United Kingdom, report rates as low as 7 percent.[3]

  Can NAS be treated? Neonatal abstinence syndrome is readily treatable and is not life-threatening, however, in many countries treatments are not available and doctors may lack the clinical expertise to diagnose or treat these babies. It requires a qualified physician to diagnose neonatal abstinence syndrome. The condition is easily treatable and (with

Impact of non-opioid drug use during pregnancy on newborns: Many drug users who use opioids may also be using other drugs. Polydrug use can impact newborns in a number of ways:

- **Alcohol use** during pregnancy can lead to Foetal Alcohol Syndrome, which can have permanent effects on babies.

  Cocaine use during pregnancy can lead to premature birth, low birth weight, and a smaller head in the newborn, and possible developmental delays and mild behavioral disturbances in babies. Most children exposed to cocaine in utero have normal intelligence

  Methamphetimine use during pregnancy can lead to premature birth and low birth weight. Research on the impact of methamphetamine use during pregnancy on newborns is limited.

  Smoking cigarettes during pregnancy can lead to premature birth and low birth weight. Some research has found that babies who were exposed to nicotine in utero have an elevated risk of sudden infant death syndrome (crib death).

[1] Kaltenbach K, Berghella V, Finnegan L., Opioid dependence during pregnancy. Effects and management, Obstetrics and Gynecology Clinics of North America. 25(1), 1998, 139-151.
[2] Comer V. G. and Annitto W.J., Buprenorphine: A Safe Method for Detoxifying Pregnant Heroin Addicts and Their Unborn, The American Journal of Addiction, 13, 2004, 317-318.
[3] Hepburn M., Drug Misuse in Pregnancy. Current Obstetrics and Gynecology, 3 1993.

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EVIDENCE: GOOD PRACTICES

Medical treatment:
NAS has been treated with a variety of medications including chlorpromazine, phenobarbital, benzodiazepine, paregoric elixir, and morphine drops.[4] The American Academy of Paediatrics recommends tincture of opium as the treatment of choice.[5] The Australian National Guidelines recommend morphine drops starting with a dose of 0.5 m/kg/day provided in four divided doses at six hour intervals; the guidelines recommend clinical judgement to determine individual doses and doses should be titrated to NAS scores.[6]

Supporting new mothers to cope with NAS:

- Women whose babies experience NAS may feel guilty about their baby's distress and require extra encouragement and support to help them cope with babies who are difficult to settle.
- Evidence from women-centred multidisciplinary services for pregnant drug users has shown that maintaining close skin-to-skin contact between mother and newborn and breastfeeding can reduce or eliminate some if all of the symptoms of NAS.[7]
- Parenting women who are using illicit drugs should not sleep in the same bed with their infant, however, due to the risk of smothering the infant. (It is safe for women on methadone maintenance therapy to breastfeed and to sleep in the same bed with their baby).

Breastfeeding:
Women who are using illicit drugs on an on-going basis should not breastfeed, and should be provided with alternative feeding regimes, such as baby formula. The Australian National Guidelines suggest that if a mother uses heroin in a "one-off" manner, she should express and discard her breast milk for the 24 hours period following heroin use and then return to breastfeeding; periodic heroin use is not an indication to stop breastfeeding. The Australian guidelines suggest that women prepare for this contingency by expressing breast milk and storing it in advance in case she relapses and uses heroin.

POLICY AND PROGRAMMING IMPLICATIONS

Educate women about Neonatal Abstinence Syndrome

Approach medical professionals to ascertain if and where professional medical treatment for NAS is available

Link pregnant drug users to supportive medical staff who have the expertise to treat NAS

Approach women in a supportive manner:
Women who use drugs and are parenting small children may feel guilty about their drug use and lack confidence about their parenting skills. These mothers will benefit from a supportive and nurturing approach to service provision.

Provide uninterrupted support to women postpartum:
Services that focus on pregnant drug users may neglect to provide continuous support to a women after she gives birth. Key services for new mothers include:

- Provide infant support, such as baby clothes, diapers, toys.
- Provide nutritional support as needed, including food for the mother and formula for the baby if the mother is HIV-positive or is actively using drugs.
- Provide breastfeeding support, for women who are HIV-negative and are not actively using drugs
- Instruct HIV-positive women not to breastfeed and provide formula. If this is not an option, advise HIV-positive women who are on ART to breastfeed exclusively for 6 months (no other food besides breastfeeding).[8]
- Offer parenting instruction
- Support access to drug treatment for new mothers
- Provide support for relapse prevention for mothers who are not using drugs
- Provide pregnancy tests to women postpartum and advise women that they can become pregnant even if they are not menstruating.

[4]Center for Substance Abuse Treatment, Medication-Assisted Treatment for Opioid Addiction in Opioid Treatment Programs. Treatment Improvement Protocol (TIP) Series 43. DHHS Publication No. (SMA) 05-4048. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2005 Chapter 13: Medication-Assisted Treatment for Opioid Addiction Treatment during Pregnancy, p. 70. http://www.ncbi.nlm.nih.gov/books/bv.fcgi?rid=hstat5.section.83488
[5]American Academy of Pediatrics Committee on Drugs, Neonatal drug withdrawal, Pediatrics, Jun 101(6), 107901088, 1998.
[6]Australian National Clinical Guidelines for the Management of Drug Use during Pregnancy, Birth and the Early Development Years of the Newborn. 2006 March. www.health.nsw.gov.au/pubs/2006/ncg_druguse.html.
[7]Hepburn, Mary, Providing care for pregnant women who use drugs: The Glasgow Women's Reproductive Health Service, in Klee, Hilary, Marcia Jackson and Susan Lewis. 2002. Drug Misuse and Motherhood, Routledge: London and New York, 2002, pp. 250-2v60; Australian National Clinical Guidelines.

[8]WHO. 2008. Towards Universal Access: Scaling up HIV services for women and children in the health sector. Progress Report.