Management of neonatal abstinence syndrome

Do not administer Naloxone to babies of known or suspected opioid dependent women during resuscitation or in the newborn period.

Known or suspected risk of substance withdrawal

**Supportive care**
- Rooming in
- Encourage breastfeeding
- Respond early to baby cues
- Reduce environmental stimuli
  - Reduce noise and light
- Promote clustering of care
- Avoid over-stimulation
  - Swaddle and nest
- Minimise hunger and high calorie needs
  - Demand breast feeding or frequent small formula feeds

**If signs of substance withdrawal**
- Perform clinical examination
- Consider/treat concurrent illness
- Review risk factors for sepsis
- Investigate to exclude infection and metabolic disturbances
- Review maternal history for licit/illicit substance use
- Discuss possible undisclosed substance use with woman
- Consider admission to SCN

**Finnegan scoring**
- Commence within 2 hours of birth
- Every 4–6 hours within 30 minutes after feeds
- Continue for:
  - 5–7 days for opioid exposed baby
  - 3–7 days non-opioid exposed baby

2 consecutive scores ≥12 OR 3 consecutive scores average ≥8?

Yes

Admit to SCN
- Refer to Flowcharts:
  - Withdrawal Management: Morphine
  - Withdrawal Management: Phenobarbitone

No

Criteria for discharge met?

Yes

Review and confirm
- Discharge plan
- Feeding plan
- Home medication—if appropriate
- Child safety plan & notifications
- Parent education—safe sleeping, smoke free environment, sedating substances
- Immunisations
- Community referrals
- Follow up appointments

No

Abbreviations: NAS Neonatal Abstinence Syndrome; SCN Special Care Nursery ≥ Greater than or equal to;