Challenges of Foster Parents who Care for Infants with Neonatal Abstinence Syndrome
Agenda

➢ Welcome

➢ Responsibilities of Foster Parents Prior to the Baby’s Discharge

➢ Transitioning a NAS Infant to a Foster Home

➢ Working with Parents of Drug-Exposed Infants

➢ Closure

Course Objectives:

➢ Participants will become familiar with the responsibilities of caring for NAS infants prior to their discharge from the hospital.

➢ Participants will be provided with information on how to care for the infant when transitioned to the foster home.

➢ Participants will become familiar with ways to build a working relationship with birth parents of drug-exposed infants.
All Health Care Providers are required by law to make a referral to the Department of Children’s Services (DCS) Child Abuse Hotline whenever a newborn tests positive for any type of drug exposure.

DCS classifies ANY infant born after being exposed to drugs in the womb as a “Drug Exposed Infant.”

Babies that have been diagnosed with NAS fall into the DCS “Drug Exposed Infant” category. But not all babies that are classified as “Drug Exposed Infants” by DCS are diagnosed with NAS.
DISCHARGE INFORMATION

➢ Rooming in prior to discharge is required by some hospitals. It helps foster parents become familiar with the infants cues.

➢ Each hospital will have their own protocol as it relates to rooming in, number of visitors, and providing meals.

➢ Caregivers might be expected to provide all infant care during the hospital stay.

➢ Foster parents are required to provide a car seat and view a video on car seat safety.

DISCHARGE INFORMATION

➢ Any medications prescribed at discharge will be reviewed with resource parents.

➢ The nurse and hospital staff will review a list of discharge instructions, including follow-up appointments with doctors and clinics.

➢ Foster parents are encouraged to ask questions before leaving to ensure they are comfortable taking the infant home.

➢ Hospital staff can provide Infant CPR instruction or a class can be located if needed.
# Transitioning a NAS Infant to a Foster Home

## Parent/Caregiver Education of NAS Symptoms

<table>
<thead>
<tr>
<th>Signs &amp; Symptoms</th>
<th>What Is This?</th>
<th>What Parents &amp; Caregivers Can Do</th>
</tr>
</thead>
<tbody>
<tr>
<td>Excessive high pitched cry</td>
<td>Drug withdrawal can be very uncomfortable sometimes painful &amp; make your baby irritable.</td>
<td>Help soothe baby by swaddling, holding baby close or offering a pacifier.</td>
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<tr>
<td>Continuous high pitched cry</td>
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<td>Sleeping less than 1 hour to 3 hours</td>
<td>Withdrawal symptoms can make your baby uncomfortable making it difficult for baby to sleep.</td>
<td>If baby wakes up, offer a pacifier to help baby go back to sleep. If your baby is asleep when you get to the bedside, let baby sleep until baby wakes up to eat. During a feeding is the best time to hold your baby.</td>
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<tr>
<td>Condition</td>
<td>Description</td>
<td>Guidance</td>
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<td><strong>Moro Reflex</strong></td>
<td>Moro reflex is a normal reflex for newborn babies. Babies experiencing withdrawal have sensitive central nervous systems that can cause extra abnormal movements (jitters and/or jerks) after the Moro reflex.</td>
<td>Approach your baby quietly. Don't speak loudly and use gentle, firm pressure when touching your baby. Do not stroke your baby.</td>
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<td><strong>Tremors</strong></td>
<td>A few tremors are normal for a baby to have. Babies experiencing withdrawal may have more tremors due to their sensitive central nervous systems.</td>
<td>Keep your baby swaddled. If your baby is having tremors, gently but firmly hold their arms and legs close to their bodies. Sometimes this will help stop the tremors. Always use a gentle but firm pressure when touching your baby.</td>
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<td><strong>Increased Muscle Tone</strong></td>
<td>Withdrawal can make a baby stiff and hard to bend the arms and legs.</td>
<td>This will go away after baby goes home. Be gentle when changing diapers. A physical therapist may work with you and your baby to help baby relax.</td>
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<td><strong>Excoriation</strong></td>
<td>Withdrawing babies are irritable and will rub their chins, knees, elbows, nose and toes against blankets, sheets or clothing.</td>
<td>Keep your baby swaddled. Sometimes nurses will place clear dressing on the knees to protect them. You can place mittens on your baby's hands to prevent scratching face.</td>
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<td><strong>Myoclonic jerks (twitching or jerking of arms and/or legs)</strong></td>
<td>Babies experiencing withdrawals can have very sensitive central nervous systems which can be easily stimulated by sound and/or touch.</td>
<td>Approach your baby quietly. Do not wake baby up unless it is time to eat. Speak softly to your baby and use a firm touch. Do not stroke or pat your baby.</td>
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<td>Generalized Convulsions/seizures</td>
<td>This is a rare but very serious symptom of drug withdrawal.</td>
<td>If your baby has seizures; medication will be given to help control them. You will have to learn how to give this medicine to your baby.</td>
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<td>Sweating</td>
<td>Babies usually do not sweat. Babies who are withdrawing have an increased metabolism which will sometimes cause them to sweat.</td>
<td>Do not overheat your baby. Keep baby in light clothing or just a diaper while baby is swaddled.</td>
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<td>Increased temperature (hyperthermia)</td>
<td>Just like with sweating, your baby's increased metabolism may cause your baby to run a fever.</td>
<td>Your baby may get Tylenol to help decrease temperature. Do not overheat your baby. Keep baby swaddled in a light blanket.</td>
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<td>Frequent yawning</td>
<td>Babies normally do not yawn very much but take note if the baby yawns more than 3 times within a short period of time.</td>
<td>This will improve as the withdrawal symptoms subside.</td>
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<td>Mottling</td>
<td>Mottling is a discoloration of the skin especially on baby's chest, trunk, arms and legs.</td>
<td>This can be normal for babies in withdrawal and will go away.</td>
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<td>Nasal stuffiness</td>
<td>Babies are nose breathers. It can be frustrating for babies experiencing withdrawal to get stuffed up. This does not mean they are sick; it is a symptom of withdrawal.</td>
<td>Frequent suctioning of the nose can make the stuffiness worse. Do not suction baby's nose unless there is drainage.</td>
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<td>Sneeze</td>
<td>Babies do not normally sneeze. If a Baby is withdrawing and sneezes more than 3 times during a set period of time; it does not mean your baby is sick. Sneeze is a symptom of withdrawal</td>
<td>Sneeze eventually goes away as symptoms of withdrawal subside. Let your nurse know if your baby sneezes.</td>
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<td>Nasal flaring</td>
<td>It may be harder for your baby to breathe normally while they are withdrawing. One of the signs of this is flaring their nostrils when they breathe.</td>
<td>Holding baby upright may help baby breathe easier. Make sure the head of the crib is elevated when your baby is lying in the crib.</td>
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<tr>
<td>Symptom</td>
<td>Description</td>
<td>Advice</td>
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<td>Respiratory rate</td>
<td>Breathing fast is another symptom of drug withdrawal. Sometimes you can see your baby's ribs when they breathe; these are called retractions.</td>
<td>Keep your baby calm and hold your baby upright. Keeping the head of the crib elevated can also help.</td>
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<td>Excessive sucking</td>
<td>Sometimes babies will act frantic when they are experiencing withdrawal. They will suck excessively on their pacifier, their hands or anything else that comes near their mouth.</td>
<td>Try and keep your baby calm, especially before a feeding. Swaddle in a blanket and offer a pacifier.</td>
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<td>Poor feeding</td>
<td>Even when your baby sucks well on a pacifier, it may be difficult to coordinate sucking on a bottle. Babies experiencing withdrawal are easily over stimulated which interferes with coordination while bottle feeding.</td>
<td>Do not rock or stimulate your baby while bottle feeding. Keep swaddled during the feeding. Help pace your baby while you feed. Your nurse and the speech therapist can give you</td>
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<td>Regurgitation</td>
<td>It is normal for a baby to have a wet burp or spit up a little during or after a feeding. Babies who are experiencing withdrawal often spit up more than is normal. It is not normal for a baby to vomit excessively during or after a feeding. This is called feeding intolerance.</td>
<td>Your baby will be on a special formula while in the nursery which should help with feeding intolerance. Pacing your baby while bottle feeding may also help. Your baby may also be on other medications to help relieve symptoms. You can learn how to give these medications while you are with your baby.</td>
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<td>Projectile vomiting</td>
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<td>Loose stools</td>
<td>Babies experiencing withdrawal will sometimes get upset stomachs and stomach cramps. This can cause loose, diarrhea like stools. These loose stools can cause a red, irritated bottom.</td>
<td>Be very gentle when changing your baby's diaper. Use sterile water wipes and put skin barrier on the bottom for protection.</td>
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<td>Watery stools</td>
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SOOTHING OR CALMING SUGGESTIONS

➤ Be alert to the infant’s cues.

➤ Pacifiers may be soothing and assist with the disorganized sucking experienced by the infants.

➤ Swaddle the infant with arms and hands close to their body.

➤ Try to keep the baby on a routine for feeding and sleeping.

➤ Feed in a quiet and calm place with little noise and interruptions.

SOOTHING OR CALMING SUGGESTIONS

➤ Sleep routine may include reading a story or singing.

➤ Use soft music when infant is going to sleep.

➤ Use low lighting and minimize noise during sleep times.

➤ Make sure the room is not overheated.

➤ Try an infant swing or vibrating infant seat when infant is irritable.

NOTES:
TRANSITIONING TO HOME

➢ NAS infants often show signs of jitteriness, fussiness, difficulty eating, and difficulty sleeping.

➢ Continue same comfort and soothing measures that were used in the hospital setting.

➢ Try to develop consistent eating and sleeping routine.

➢ Evenings may be difficult as the infants are more fussy during this time of day.

➢ The infant may take more time eating or falling asleep.

KEEP ALL APPOINTMENTS

➢ Appointments for the NAS infant may include, but are not limited to:

  • Pediatrician
  • Physical Therapy
  • Speech Therapy
  • Occupational Therapy
Day Care for NAS Infants

- It is recommended that infants diagnosed with NAS NOT be placed in a Day Care facility for at least 2 months.

- Foster Parents should have a plan for the NAS infant’s daily care prior to the infant being discharged from the hospital.

NOTES:
WAYS FOSTER PARENTS CAN TAKE CARE OF THEMSELVES

BRAINSTORMING!

NOTES:
Working with Parents of Drug-Exposed Infants

A Mom’s Story

WBIR-TV Video Clip
NOTES:
BUILDING A HELPING RELATIONSHIP

- TEACHER/MENTOR
- ADVOCATE
- SUPPORT SYSTEM

NOTES:
Resource Guide:

**WBIR TV**
“A Mom’s Story.”

**Tennessee Department of Health**

**East Tennessee Children’s Hospital**

**State of Tennessee, Department of Children’s Services**