Yukon-Kuskokwim HEALTH CORPORATION

Guideline Protocol

Suspected Neonatal Withdrawal

Signs and Symptoms of Neonatal Withdrawal

- Hyperactivity/excessive alertness
- Crying/irritability/restlessness
- High-pitched cry
- Poor suck/feeding difficulties
- Hyperphagia or excessive suck
- Tremors and/or seizures
- Poor sleeping patterns
- Diaphoresis
- Hyperacusis (sensitivity to noise)
- Vasomotor instability/mottling
- Autonomic dysfunction
- Temperature instability
- Diarrhea or vomiting
- Hypertonia or hypotonia
- Tachypnea, respiratory distress, or apnea
- Hypoglycemia
- Hyperactive reflexes (including Moro)
- Hypertension or tachycardia
- Yawning

Non-Pharmocologic Interventions (NPI)

- Rooming-in: Parent/caregiver presence to help calm/care for infant. Separation of parents and infant should be avoided unless medically indicated.
- Skin-to-skin to help organize infant feeding behaviors, calming, and sleep.
- Holding by parent/caregiver.
- Safe swaddling with extremities flexed.
- Optimal feeding: Offer feeds when cues and feed until content.
- Non-nutritive sucking with infant's hand, pacifier, gloved finger, etc.
- Quiet, low light environment.
- Rhythmic movement like jiggling or swing.
- Additional support from other family members, etc.
- Limit number of visitors and duration of visits.
- Clustering care/assessments with awake times.
- Safe sleep/fall prevention.
- Parent/caregiver self-care/rest.

Neonatal Drug Testing

- Urine: low sensitivity
- Meconium: high sensitivity, reflects drug use in the second and third trimesters, consider if clinical questions and practical

ESC Assessment

- Eating: YES to any (and cannot attribute to etiology other than withdrawal):
  - Takes >10 min to coordinate feeding
  - Breastfeeds <10 min
  - Feeds <10 mL (or other age-appropriate duration/volume)

- Sleeping: Sleeps <1 hour (and cannot attribute to etiology other than withdrawal)

- Consoling:
  1: Consoles on own.
  2: Able to console within 10 minutes with caregiver support.
  3: Takes >10 minutes to console or cannot stay consoled for at least 10 minutes despite caregiver best efforts.

Helpful Links

- **Template** for prenatal counseling.
- **Brochure** for families.
- **Video** from ANTHC.

Birthing parent with history of exposure to substance other than tobacco or cannabis is identified.

Any neonate develops signs or symptoms of withdrawal (see box).

Care team provides education about neonatal withdrawal and the monitoring plan. If possible, education is given at prenatal visits.

Counsel family and provide education about monitoring plan.

- Vitals Q4 hours.
- Low threshold to call OCS and consult social worker (if available).
- Institute Non-Pharmacologic Interventions (NPI). (See box.)
- Institute ESC assessment (see box) Q6h.
- Review behaviors/signs and NPI with caregiver Q2-4 hours using **newborn care diary**.
- Cluster care/assessments with infant awake times, but no less than Q4 hours.
- If significant concerns develop (eg seizures, apnea, etc.) transfer to NICU.

By definitions in ESC Assessment box, is infant…

Eating poorly?
OR
Sleeping <1 hour?
OR
Unable to console within ten minutes?

Yes

- Perform formal huddle with family, nurse, and hospitalist to optimize NPI.
- Hospitalist to notify pediatric hospitalist.

No

- Continue vitals Q4 and NPI support with caregiver.
- Observe infant in hospital until at least 72 hours of life. Infant must not have concerning ESC assessment in last 24 hours.

Does ESC assessment improve?

Yes

No

- If second positive score despite maximal NPI care (or other significant concerns), perform formal huddle with family, nurse, and hospitalist to discuss need for transfer for higher level of care that may include more resources for NPI support or medications.
- Consult pediatric hospitalist if not already done.

Feeding Details

- YKHC's **Policy & Procedure on Breastfeeding** states, "Mothers should NOT breastfeed or feed expressed breast milk to their infants if…Mother is using an illicit street drug, such as PCP (phencyclidine) or cocaine…(Exception: Narcotic-dependent mothers who are enrolled in a supervised methadone or suboxone program and have a negative screening for HIV infection and other illicit drugs can breastfeed)"
- Infants experiencing withdrawal can have higher caloric requirements. Have a low threshold to increase caloric density of feeds to 22-24 kcal/ounce.

Note: Chronic *in utero* exposure to illicit and/or prescription drugs can lead to habituation. Signs and symptoms of withdrawal worsen as drug level decreases while signs and symptoms of acute toxicity lessen with drug elimination.
Withdrawal from tobacco or Iqmik can manifest similarly.

This guideline is designed for the general use of most patients but may need to be adapted to meet the special needs of a specific patient as determined by the medical practitioner.
Approved by Clinical Guideline Committee 12/12/24.
Click here to see the supplemental resources for this guideline.
If comments about this guideline, please contact Amy_Carson-Strnad@ykhc.org.