Drug-Exposed Newborn or Unknown Exposure but Infant Showing Withdrawal Symptoms

1) Confirm maternal history (illicit and prescribed drugs, smoking, alcohol)
2) Send umbilical cord for testing
   - If cord unavailable, send meconium
3) Involve social work to assess home safety

Is newborn at risk for developing NAS / discontinuation syndrome?

YES - exposure involves

Short-acting opioids (heroin, fentanyl, morphine, hydromorphone, oxymorphone, codeine, hydrocodone, oxycodone, dihydrocodeine, tramadol, propoxyphene)

Start Neonatal Withdrawal Inventory scoring when symptoms arise (refer to scoring sheet and treatment algorithm).
Recommend Observation for at least 72 hours from time of birth

Long-acting opioids (methadone, buprenorphine, levorphanol, any controlled-release or extended release will prolong half-lives of opioids)

Start Neonatal Withdrawal Inventory scoring when symptoms arise (refer to scoring sheet and treatment algorithm).
Recommend Observation for at least 96 hours from time of birth

YES - exposure excludes opioids

Stimulants (cocaine, methamphetamine), marijuana, SSRIs/SSNRIIs can cause discontinuation signs of CNS irritability but rarely require pharmacotherapy

Start Neonatal Withdrawal Inventory scoring when symptoms arise (refer to scoring sheet).
Recommend Observation for at least 72 hours from time of birth

If one week or longer has elapsed between the last maternal opioid use and delivery of infant, the incidence of NAS is relatively low.

In addition to opioids, does exposure include other drugs that affect the CNS such as nicotine, benzodiazepines, marijuana, SSRIs/SSNRIIs/anti-seizure?

Yes

May have more significant CNS withdrawal symptoms that require longer observation

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