



Opioid Use Disorder and Pregnancy

Taking helpful steps for a healthy pregnancy

Introduction



If you have an opioid use disorder (OUD) and are pregnant, you can take helpful steps now to ensure you have a healthy pregnancy and a healthy baby. During pregnancy, OUD should be treated with medicines, counseling, and recovery support. Good prenatal care is also very important. Ongoing contact between the healthcare professionals treating your OUD and those supporting your pregnancy is very important.

The actions you take or don't take play a vital role during your pregnancy. Below are some important things to know, about OUD and pregnancy, as well as the Do's and Don'ts for making sure you have a healthy pregnancy and a healthy baby.

Things to know

- OUD is a treatable illness like diabetes or high blood pressure.
- You should not try to stop opioid use on your own. Suddenly stopping the use of opioids can lead to withdrawal for you and your baby. You may be more likely to start using drugs again and even experience overdoses.
- For pregnant women, OUD is best treated with the medicines called methadone or buprenorphine along with counseling and recovery support services. Both of these medicines stop and prevent withdrawal and reduce opioid cravings, allowing you to focus on your recovery and caring for your baby.
- Tobacco, alcohol, and benzodiazepines may harm your baby, so make sure your treatment includes steps to stop using these substances.
- Depression and anxiety are common in women with OUD, and new mothers may also experience depression and anxiety after giving birth. Your healthcare professionals should check for these conditions regularly and, if you have them, help you get treatment for them.
- Mothers with OUD are at risk for hepatitis and HIV. Your healthcare professionals should do regular lab tests to make sure you are not infected and, if you are infected, provide treatment.
- Babies exposed to opioids and other substances before birth may develop neonatal abstinence syndrome (NAS) after birth. NAS is a group of withdrawal signs. Babies need to be watched for NAS in the hospital and may need treatment for a little while to help them sleep and eat.

About OUD

People with OUD typically feel a **strong craving for opioids** and find it hard to cut back or stop using them. Over time, many people **build up a tolerance** to opioids and need larger amounts. They also spend more time looking for and using opioids and less time on everyday tasks and relationships. Those who suddenly reduce or stop opioid use may suffer **withdrawal symptoms** such as nausea or vomiting, muscle aches, diarrhea, fever, and trouble sleeping.

If you are concerned about your opioid use or have any of these symptoms, please check with your **healthcare professionals** about treatment or tapering or find a provider at this website:
www.samhsa.gov/find-help.





Do talk with your healthcare professionals about the right treatment plan for you.

Do begin good prenatal care and continue it throughout your pregnancy. These two websites give helpful information on planning for your pregnancy:

<http://bit.ly/ACOGprenatal> and <http://bit.ly/CDCprenatal>.

Do stop tobacco and alcohol use. Call your state's Tobacco Quit Line at 800-QUIT-NOW (800-784-8669).

Do talk to your healthcare professionals before starting or stopping any medicines.

Do get tested for hepatitis B and C and for HIV.

Do ask your healthcare professionals to talk to each other on a regular basis.



Don't hide your substance use or pregnancy from healthcare professionals.

Don't attempt to stop using opioids or other substances on your own.

Don't let fear or feeling embarrassed keep you from getting the care and help you need.

What to expect when you meet with healthcare professionals about OUD treatment and your pregnancy



The healthcare professionals who are treating your OUD and providing your prenatal care need a complete picture of your overall health. Together, they will make sure you are tested for hepatitis B and C and for HIV. They will ask you about any symptoms of depression or other feelings. You should be ready to answer questions about all substances you have used. They need this information to plan the best possible treatment for you and to help you prepare for your baby. These issues may be hard to talk about, but do the best you can to answer their questions completely and honestly. Expect them to treat you with respect and to answer any questions you may have.



Remember: Pregnancy is a time for you to feel **engaged** and **supported**. Work with your healthcare professionals to gain a better understanding of what you need for a healthy future for you and your baby.

Do you have questions for your healthcare professionals? If so, write them down and take them to your next visit.

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Treating Opioid Use Disorder During Pregnancy

Getting the help and support you need from your healthcare professionals

Introduction



Opioid use disorder (OUD) is a treatable disease. When OUD is managed with medicines and counseling, you *can* have a healthy pregnancy and a healthy baby. However, during pregnancy, adjustments to your OUD treatment plan and medicines may be needed.

The actions you take or don't take play a vital role during your pregnancy. Below are some important things to know about OUD treatment during pregnancy, as well as the Do's and Don'ts for making sure you receive the best treatment possible.

Things to know

- Methadone and buprenorphine are the safest medicines to manage OUD during your pregnancy. Both of these medicines stop and prevent withdrawal and reduce opioid cravings, allowing you to focus on your recovery and caring for your baby.
- If you have used opioids, methadone and buprenorphine medicines can help you stop.
- Many pregnant women with OUD worry about neonatal abstinence syndrome (NAS), a group of withdrawal signs that may occur in babies exposed to opioids and other substances before birth. NAS *can* be diagnosed and treated.
- You may need medicine other than those for OUD to treat pain during or after delivery. Other options, such as an epidural and/or a short-acting opioid, can be used to keep you comfortable.
- All hospitals must report to state child welfare agencies when a mother who is using substances gives birth. This report is used to make sure that a safe care plan is in place to deal with both your and your baby's well-being. It is not used to remove your baby from your care. Participating in OUD treatment before and after the birth of your baby shows your commitment to providing a safe, nurturing environment for your baby.

Treatment vs. Withdrawal

Some pregnant women with OUD consider completely withdrawing from using opioids, but seeking treatment is always the most helpful course of action. Withdrawal may make you more likely to start using drugs again and even experience overdoses.



If you are not currently in treatment, talk with your healthcare professionals about treatment medicines and behavioral counseling. If you need to find a provider, visit this website: www.samhsa.gov/find-help.



Do ask about the risks and benefits of taking one of the medicines for OUD during pregnancy.

Do talk to your healthcare professionals about your OUD treatment medicine dose if you are experiencing cravings or withdrawal symptoms.

Do ask your healthcare professionals about counseling and recovery support services.

Do make sure your treatment plan includes steps to treat other medical or behavioral health problems such as depression or anxiety.

Do request that your medical chart includes several ways to address your pain during and right after delivery.

Do ask your healthcare professionals to help you make and keep follow-up visits and to talk to each other on a regular basis.



Don't consider changing your OUD medicine unless you are taking naltrexone, which has not been studied in pregnancy. Changing your OUD medicine may increase your risk of returning to substance use.

Don't use alcohol or any medicines that might make you sleepy, especially benzodiazepines, when taking OUD medicines.

Don't let your OUD go untreated because you want to prevent your baby from experiencing NAS. Treatment medicines can be used safely during pregnancy and dosing changes will not change the risk or severity of NAS for your baby.

What to expect when you meet with healthcare professionals about OUD treatment and your pregnancy



Creating a treatment plan requires your healthcare professionals to talk to you about the risks and benefits of different medicines and then together select the one that's best for you. You and your healthcare professionals will also discuss other medical conditions or behavioral health problems that could affect your treatment. Your healthcare professionals will help you decide how best to involve your family and friends in your recovery. They can also suggest support groups to join and other services that can help you throughout your recovery.



Remember: The **benefits** of taking methadone or buprenorphine during pregnancy far outweigh the risks of not treating your OUD. You and your healthcare professionals can **work together** to adjust your treatment plan to achieve success.

Do you have questions for your healthcare professionals? If so, write them down and take them to your next visit.

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Treating Babies Who Were Exposed to Opioids Before Birth

Support for a new beginning

Introduction



Many pregnant women with an opioid use disorder (OUD) worry about harmful effects of opioids to the fetus. Neonatal abstinence syndrome (NAS) is a group of withdrawal signs that may occur in a newborn who has been exposed to opioids and other substances. NAS signs may include high-pitched and excessive crying, seizures, feeding difficulties, and poor sleeping. **NAS is a treatable condition.**

The actions you take or don't take play a vital role in your baby's well-being. Below are some important things to know about what to expect if your baby needs special care after birth, as well as the Do's and Don'ts for understanding and responding to your baby's needs.

Things to know

- A baby born to a mother who used opioids or took OUD medicine during pregnancy is typically observed in the hospital by a medical provider for 4–7 days for any physical signs of NAS. A care plan is created for your baby right away if signs of NAS are noted.
- Some babies with NAS may need medicines such as liquid oral morphine or liquid oral methadone in addition to non-medicine care supports.
- Other parts of treatment in hospitals include rooming-in and putting the baby's crib near your bed. You can also give this type of care to your baby through skin-to-skin contact, gentle handling, swaddling, using pacifiers, breastfeeding, and spending quiet time together.
- Your baby will be able to leave the hospital when he/she is successfully feeding and has been monitored for at least 24 hours after no longer needing medicine (if it is used). Some hospitals may also provide medicine for your baby in an outpatient clinic after he/she has been discharged from the hospital.
- Breastfeeding has many benefits for your baby. Breastfeeding can decrease signs of NAS and reduce your baby's need for medicine and hospitalization. Sometimes, breastfeeding is not recommended, so talk with your healthcare professionals to find out what's right for you and your baby.

Medicine Dose and NAS

If you are taking medicine for your OUD, reducing your dose will NOT help your unborn baby, but it might put your baby at risk. Changing or reducing your OUD medicine while pregnant is not a good idea because it can increase your risk for a return to substance use and might increase the chances of having your baby too early or having a miscarriage. The goal for your OUD medicine dose is to minimize withdrawal and to reduce the chances of going back to substance use.





Do gain the skills and knowledge to understand and respond to your baby's needs. Your baby may need extra contact and cuddling to reduce NAS signs.

Do continue breastfeeding as long as possible when recommended.

Do ask for support so you feel prepared and comfortable with breastfeeding.



Don't change your medicine or dose of medicine without talking to your healthcare professionals.

Don't be afraid to mention any cravings or urges to use opioids to your healthcare professionals and seek the help you need.

What to expect when you meet with healthcare professionals about OUD treatment after birth



Before you leave the hospital, your healthcare professionals should describe the signs of NAS and provide you with contact information of someone who can help you if you have concerns. They will make sure that you know how to soothe your baby (for example, dimming lights, softly playing white noise, skin-to-skin contact, using a pacifier, and swaddling). They will also explain that the safest sleeping and napping position for a baby is on the back and will show you how to place your baby in the [Safe to Sleep](http://bit.ly/NIHSafeSleep) position (<http://bit.ly/NIHSafeSleep>). This position, and having babies sleep in their own space with nothing in the sleep area, reduces the risk of sudden infant death syndrome. You should also expect to have follow-up plans that include home visits and early pediatric follow-up visits (within 5 days of leaving the hospital).



Remember: Before leaving the hospital, make sure you **receive information** on caring for your baby if there are special needs as well as names and contact information of others who can give you additional support.

Do you have questions for your healthcare professionals? If so, write them down and take them to your next visit.

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Good Care for You and Your Baby While Receiving Opioid Use Disorder Treatment

Steps for healthy growth and development

Introduction



If you have an opioid use disorder (OUD), receiving the right medicine along with counseling and recovery support services is important at all stages in your life. From pregnancy to delivery to caring for your baby, addressing your OUD and taking care of yourself is a continuous process. You will be better able to protect and care for your baby with a focus on creating and updating your treatment plan and getting the support you need. In all situations, your commitment to treatment and recovery will go a long way.

After your pregnancy, the actions you take or don't take matter. Below are some important things to know about OUD and caring for your baby, as well as the Do's and Don'ts for creating a healthy environment for your family.

Things to know

- Birth control is important to prevent pregnancies you do not want as well as to ensure proper space between pregnancies. Talk to your healthcare professionals about the full range of birth control options, including long-acting reversible contraception and the best birth control options while you are breastfeeding.
- Breastfeeding is healthy for you and your baby, so you should continue breastfeeding as long as possible. The amount of OUD medicine that passes into breast milk is extremely small. Talk with your healthcare professionals to find out what's best for you and your baby.
- You may need additional treatment and support to help with your recovery. It is important to seek help early!
 1. To find a treatment provider in your area, visit this website: www.samhsa.gov/find-help.
 2. Join a support group: LifeRing (<https://lifering.org>); Mothers on Methadone (www.methadonesupport.org/Pregnancy.html); Narcotics Anonymous (www.na.org/); Secular Organizations for Sobriety (SOS; www.sossobriety.org/); SMART Recovery (www.smartrecovery.org/); Young People in Recovery (www.youngpeopleinrecovery.org/).

Medicine Dose

Now is a good time to ask your OUD treatment professionals to check your medicine dose. An effective dose during pregnancy may be too high or too low once your baby is born. It is normal to feel tired and stressed, but if these feelings are causing you to have cravings or urges to use opioids again, tell your healthcare professionals.





- Do schedule** a follow-up visit with your healthcare professionals as soon as possible after you leave the hospital.
- Do talk** to your healthcare professionals before starting or stopping any medicines.
- Do talk** to your healthcare professionals about birth control and family planning.
- Do continue** breastfeeding for as long as possible and ask for support if you need it.



- Don't change** the type of OUD medicine right after delivery.
- Don't hesitate** to ask for help when you are feeling stressed or depressed.
- Don't be afraid** to tell your healthcare professionals that you are having cravings or urges for opioids.

What to expect when you meet with healthcare professionals about OUD treatment while caring for your baby



If your medicine is no longer working and you feel sleepy or are tempted to start using again, your healthcare professionals can help. Be honest about any cravings or urges you may have to use opioids. The stress that comes with being a new mother may increase these urges.

Your healthcare professionals can offer counseling and other support services. But before they do, they need to know if you have other medical and mental health problems. They will test you for these conditions before you leave the hospital and at your follow-up visits to make sure you get the treatment you need. They will continue to recommend support services that allow you and your baby to receive the high-quality health care that you need.

Your healthcare professionals will work with you to create a birth control plan. Together, you will discuss if you want to have another child, how many children you would like to have, and how you would like to space out the births of your children. At this time, they will check in on how you are doing with breastfeeding and make sure you have the support you need.



Remember: The longer you follow your OUD treatment plan, the better your chances are of **staying in recovery** and strong for your baby. **Counseling** and **support services** are important to keep you and your baby safe and healthy at home.

Do you have questions for your healthcare professionals? If so, write them down and take them to your next visit.

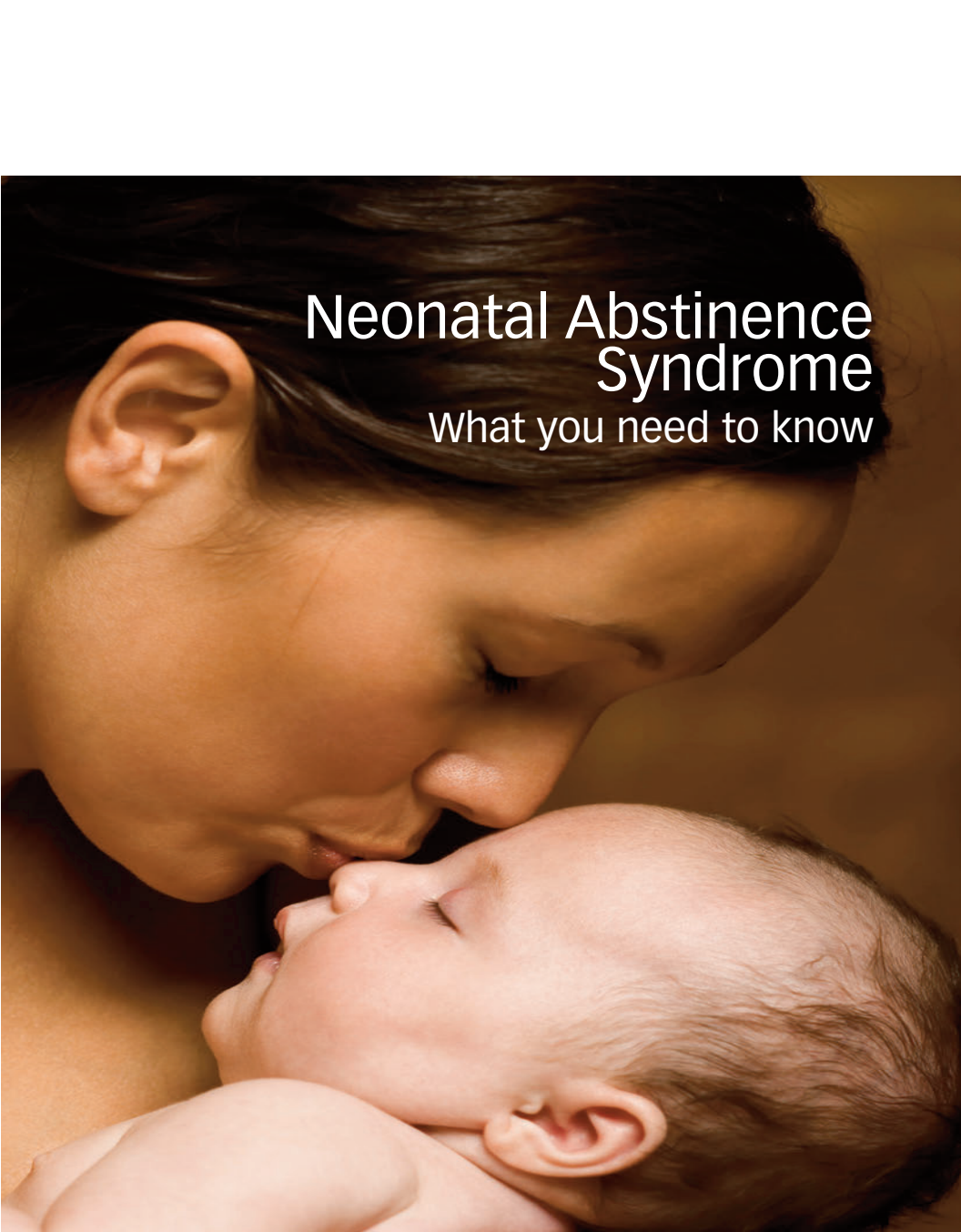
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Neonatal Abstinence Syndrome

What you need to know



UWNQC

Utah Women & Newborns Quality Collaborative

mihp.utah.gov/uwnqc

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Neonatal Abstinence Syndrome (NAS)

Congratulations on the birth of your new baby! This is a happy time for you, but all parents face challenges in their baby's first year. Some babies need extra attention, including those born with neonatal abstinence syndrome (NAS). NAS occurs when a baby experiences withdrawal symptoms similar to withdrawal symptoms that adults can have. This happens when the baby is born and is suddenly cut off from the medicines or drugs in the mother's body. Within 1 to 5 days, the baby may start to show signs that something is wrong.

It's hard to know which babies will have NAS. Some babies will have it even though their mothers only took small doses of medicines for a brief time during pregnancy. Others may show signs because their mothers took large amounts of drugs for a long time while pregnant. No matter the reason, this guide was written to help you learn about NAS and how to help your baby be healthy.

You play an important role in helping your baby get better. Pay attention to your baby's needs. Helping your baby stay calm and comfortable is some of the best medicine he or she will ever receive. If possible, room with or stay as close to your baby as possible so you can help participate in your baby's care.

When will my baby show signs of NAS?

The time it takes to show symptoms can depend on the following:

- How long the medication or drug is active in the mother
- The dose of the medicine
- Whether other drugs or substances were used at the same time, such as nicotine, opiates or narcotics that were not prescribed to the mother

What are the signs of NAS?

- High-pitched cry / crankiness
- Shaking / jitters
- Trouble sleeping
- Stuffy nose / sneezing
- Yawning
- Difficulty feeding due to problems sucking
- Stiff arms, legs and back
- Vomiting / diarrhea
- Poor weight gain after the 4th day of life
- Fast breathing
- Skin breakdown, particularly in the diaper area or on the face

Your nurse will be collecting your baby's first bowel movement (called meconium) for testing in the lab. A sample of the baby's urine or umbilical cord may also be collected.

Where will my baby and I be while he or she is being monitored?

It is important to stay in the same room with your baby in the hospital if possible. This will help make sure you can be close by when your baby cries or is fussy so you can hold and comfort your baby. If your baby only needs to be monitored for 2 days, you and your baby may be cared for in your room. If your baby needs to be monitored for longer, we will try our best to have you and your baby room together.

If your baby has signs of withdrawal, and needs treatment with medication, he or she will stay in the hospital. We will try our best to have you and your baby stay together and we will encourage you to stay as close to your baby as possible. This will help you care for your baby during his or her withdrawal.

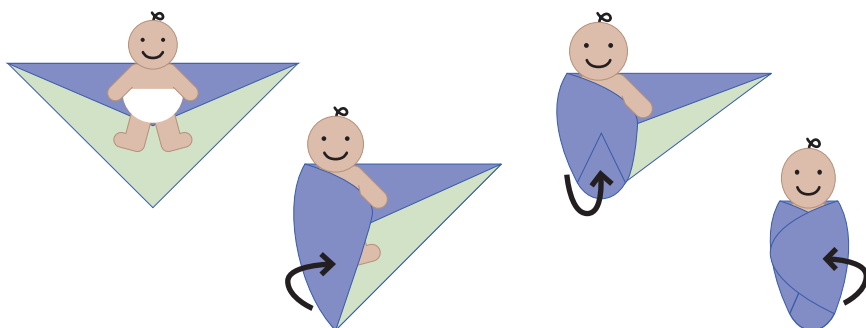
How can I help my baby?

Whether or not your baby needs medicine, you can help your baby by:

- Staying close to your baby
- Continually holding and swaddling your baby
- Making skin-to-skin contact with your baby
- Feeding your baby whenever he or she looks hungry
- Keeping things quiet and calm around your baby (few visitors, no noise, no bright lights)
- Breastfeeding

Your nurse can help you learn how to swaddle your baby if you want to practice or do not know how. If you have any questions at all, please ask.

How to swaddle your baby



Does my baby need medicine to get better?

If your baby has many strong signs of withdrawal, your doctor may give him or her medicine to help. The medicines that babies with NAS are given most often are morphine and methadone. Sometimes other medicines may be added to help your baby during this time. Your doctor or nurse can explain your baby's medication in more detail.

What happens if my baby is given medicine for NAS?

- Medicines like morphine or methadone will help your baby be more comfortable.
- Your baby may receive medicines on an as needed basis, or they may be scheduled every few hours.
- As your baby starts to get better, the dose of medicine will slowly be lowered, and then stopped.

How long will my baby need treatment?

NAS can last from one week up to many weeks. It is hard to know how long it will last. The length of withdrawal depends on the medicines or drugs — and the amounts — your baby was exposed to during pregnancy.

How long will my baby have symptoms?

NAS can last from one week to a few months. It is difficult to know how long it will last. The length of the withdrawal symptoms depends on what medicines or drugs the baby was exposed to. It also depends on how much of these the baby got while you were pregnant. It is important to let your baby's health care provider know what drugs and medicines your baby was exposed to during the pregnancy.

Can I breastfeed my baby?

If advised by your physician, breastfeeding may help your baby. It is generally safe for mothers to breastfeed if they are in a stable treatment program, even if you are taking medicine given to you by a doctor or nurse — and even if the medicine is for drug withdrawal. Breastfeeding is not safe for mothers who are not in a treatment program, or who are using alcohol or illegal drugs. Talk to your doctor about breastfeeding and the medicines you may be taking. Talk to your doctor about treatment options for opiate addiction.

It is very important that you not take any other medications while breastfeeding unless your baby's doctor says the medicines are safe. If you are or will be using any drugs or illegal medicines (medicines prescribed to someone else), it is best that you do not breastfeed. This is because the dangers are too great for your baby.



What do I do if my baby experiences NAS?

Your baby will need a lot of attention in the beginning. He or she may be fussy and hard to calm, but don't give up on comforting your baby. You have everything your baby needs.

It can be stressful for parents to have a baby who cries a lot. Many parents describe the time their baby spends in withdrawal as an emotional roller coaster. We understand that this is a very stressful and emotional time for you. Take comfort in knowing that we all have the same goal: to help you and your baby through the withdrawal so you can go home as soon as possible. Ask friends and family for help so that you get the breaks and the support you need.

When can I take my baby home?

Your baby's medical team will help decide when it is safe for your baby to go home and will help you learn about caring for your baby.

Your baby is ready to go home when he or she:

- Has had monitoring completed depending on the medicine you were on during the pregnancy.
- Is no longer needing medicine, if it was started.
- Is feeding without difficulty.
- Is able to maintain a stable heart rate, breathing rate, and temperature.
- Has referrals in place for community support such as a home visiting nurse.
- Has a primary care provider (PCP) and a follow-up appointment.
- Has completed all the newborn health care (hearing screen, hepatitis B shot, newborn blood screening).

If your baby needed to stay in the NICU, it will be especially important for you to spend as much time as possible taking care of your baby on your own before you go home. This will help you feel comfortable and confident in caring for your baby at home.

Will my baby have problems after we go home?

The symptoms of NAS may continue for more than a week and possibly up to several months. Over this time, the symptoms will start to fade. Your baby will be discharged when there is little risk for serious problems at home.

Once at home, your baby may continue to experience the following:

- Problems feeding.
- Slow weight gain.
- Poor sleeping patterns.
- Sneezing or stuffy nose.

Your baby's doctor and nurse will help teach you ways to take care of your baby. They will also teach you how to help your baby if he or she is having any of the problems listed above. Practice different ways of caring for your baby while in the hospital. You will learn what works best for your baby. Ask your baby's doctor or nurse if you have any questions. We feel that any question you have is an important one. We want you to feel comfortable taking care of your baby in the hospital and when going home.

How can I care for my baby and me at home?

Remember, babies cry a lot and babies with NAS tend to cry more often and easily. Helping yourself and managing your stress will help you care for your baby.

- Settle into a quiet, low-lit room to feed your baby.
- Gently rock or sway your baby to calm him or her. (Do not walk or sway your baby while feeding).
- If you feel upset, walk away and take deep breaths for a few minutes.
- Never shake your baby or put anything over your baby's face to quiet your baby.
- Call a family member, friend, or your baby's doctor or nurse if you feel upset, angry, scared, or just need help. Everyone needs help sometimes.

Asking questions helps you help your baby



If you have any questions or concerns about your baby when you are at home, or if something just does not seem right, talk to your baby's doctor or nurse. It is important to feel comfortable taking care of your baby, and asking questions — any questions help you help your baby.



Ways to support and care for your baby

Parents and caregivers of a baby with NAS can help the baby get better.

Here are some things you can do:

Make your baby comfortable by setting up a routine, letting few people visit, talking softly, keeping the room quiet and dim (turn off the TV or radio, turn your phone down or off, and turn down the lights).

Let your baby sleep as long as needed and without being woken up suddenly.

Make feeding time quiet and calm, and burp your baby often.

Learn to spot your baby's "I am upset" signs, whether he or she is yawning, sneezing, shaking, crying, or frowning. Also know the signs that say your baby is happy, hungry, or relaxed.

When your baby is upset, stop what you are doing, hold your baby skin-to-skin or gently swaddle him or her in a blanket on your chest. Let your baby calm down before trying anything new, or gently sway or rock your baby.

Gently and slowly introduce new things to your baby one at a time.

As your baby becomes calmer for longer periods of time, start checking to see if he or she might like to have the blanket wrapped more loosely or taken off sometimes.

Extra ways to calm and help your baby

Behavior

Calming Suggestions

Prolonged or high-pitched crying (crying that lasts a long time or is louder than normal)

- Hold your baby close to your body, skin-to-skin or swaddled in a blanket.
- Decrease loud noises, bright lights, and any excessive handling.
- Gently rock or sway your baby while humming or singing.

Sleeplessness (problem sleeping)

- Reduce noise, bright lights, patting, or touching your baby too much.
- Play soft, gentle music.
- Gently rock or sway your baby while humming or singing.
- Change your baby's diaper if wet or dirty.
- Check for and treat diaper rash with a lotion or ointment, such as Vaseline®, A&D®, or Desitin®.

Excessive sucking of fists (sucking on fists a lot)

- Feed your baby when hungry and until content.
- Offer a pacifier or finger if your baby wants to suck but isn't hungry.
- Cover hands with mittens or sleeves if skin becomes raw.
- Keep areas of damaged skin clean.
- Avoid lotions or creams on the hands as the baby may suck on them and swallow these products.

Difficult or poor feeding (problems feeding)

- Feed your baby when hungry and until content.
- If your baby is having problems with spitting up, feed smaller amounts and more often.
- Feed in a calm and quiet area.
- Limit visitors so that your baby does not get handled too much.
- Feed your baby slowly.
- Allow your baby to rest a little during and after the feedings.
- Help your baby feed by supporting his or her cheeks and lower jaw (if needed).

Extra ways to calm and help your baby

| Behavior | Calming Suggestions |
|-----------------------|--|
| Sneezing, stuffy nose | <ul style="list-style-type: none">■ Keep baby's nose and mouth clean with a soft washcloth. |
| Breathing troubles | <ul style="list-style-type: none">■ Avoid over dressing or wrapping your baby too tightly.■ Always have your baby sleep on his or her back, never on the tummy.■ Call your baby's provider if your baby is having trouble breathing (breathing is fast, labored, noisy, and/or there is a bluish tinge to the skin). |
| Spitting up | <ul style="list-style-type: none">■ Burp your baby each time he or she stops sucking.■ Hold your baby upright for a period of time after feeding.■ Keep your baby's bedding and clothes free of spit up. |
| Trembling | <ul style="list-style-type: none">■ Keep your baby in a warm quiet room.■ Avoid excessive handling of your baby during care routines or when people come to visit. |
| Fever | <ul style="list-style-type: none">■ Do not over dress or over bundle your baby.■ Report a temperature greater than 100° F to your baby's doctor. |



Key Contacts

My doctor's name and contact information:

Other contacts:

Taking care of your baby also means taking care of yourself, from following your doctor's orders to keeping up with your treatment plan. Please remember, we are here to help you and your family!

Notes

Babies use their bodies and voices to communicate all the time. Write down the things that seem to make your baby happy and unhappy. Also, note the best ways to calm your baby.

How do I know when my baby is unhappy?

How do I know when my baby is happy?

What seems to relax my baby?

How else can I help my baby?



This brochure was gratefully adapted
from the Illinois Perinatal Quality
Collaborative & Illinois Department of
Public Health.

Neonatal Abstinence Syndrome (NAS): What You Need to Know



Be with your baby:
You are the treatment!

-
1. **Hold your baby:** When your baby is fussy or upset, hold your baby. Your family can help too.
 2. **Practice these calming techniques:**
 - Swaddle or tightly wrap your baby in a blanket to help soothe him or her. Ask your nurses to show you how to swaddle your baby.
 - Pacifier for non-nutritive sucking
 - Shooshing
 - Slow, rhythmic up and down movements
 3. **Feed on demand:** If you can, feed your baby breast milk. Feed your baby on demand by watching your baby for feeding cues instead of the clock.
 4. **Skin-to-skin:** Holding your baby skin-to-skin can help calm your baby. Be careful though - if you are feeling sleepy, place your baby in a bassinet.
 5. **Room-In:** Stay in the same room with your baby in the hospital if possible. This will help make sure you will be close by when your baby cries or is fussy, so you can hold and comfort your baby.
 6. **Quiet room:** Keep the noise level as low as possible by limiting visitors; asking your family, friends, and hospital staff to speak softly; keeping the TV volume low; and talking on the phone quietly.
 7. **Dim the lights** in your room.
 8. **Cluster care:** Ask your doctors and nurses to group their care visits together when possible to help limit disruptions for your baby.
 9. **Medications:** Some babies with NAS require medication to help with their symptoms of withdrawal, to allow them to sleep, eat, and be comfortable.

UWNQC gratefully acknowledges Boston Medical Center and IDPH and ILPQC for their contributions to this brochure.


PREGNANCY RESOURCES FOR OPIOID USE DISORDER

**IF YOU OR SOMEONE
YOU LOVE IS
PREGNANT AND
STRUGGLING WITH
SUBSTANCE USE AND
ADDICTION, THERE IS
HELP.**



**FOR MORE INFORMATION VISIT:
[MIHP.UTAH.GOV/OPIOIDS](https://mihp.utah.gov/opioids)**





Utah Maternal Mental Health Referral Network

Find help
for maternal
mental health
issues



maternalmentalhealth.utah.gov



What You Need to Know About Treatment and Recovery

**There is hope.
Recovery is possible.**

Addiction Is A Disease

Opioids are highly addictive, and they change how the brain works. Anyone can become addicted, even when opioids are prescribed by a doctor and taken as directed. In fact, millions of people in the United States suffer from opioid addiction.

Signs of Opioid Addiction

A major warning sign of addiction is if a person keeps using opioids even though taking them has caused problems—like trouble keeping a job, relationship turmoil, or run-ins with law enforcement. Other signs can include:¹

Opioid Use Disorder

Sometimes referred to as “opioid addiction,” opioid use disorder is a chronic and relapsing disease that affects the body and brain. It can cause difficulties with tasks at work, school, or home, and can affect someone’s ability to maintain healthy relationships. It can even lead to overdose and death.



Trying to stop or cut down on drug use, but not being able to.



Taking one drug to get over the effects of another.



Stealing drugs or money to pay for drugs.



Using drugs because of being angry or upset with other people.



Being scared at the thought of running out of drugs.



Overdosing on drugs.

¹findtreatment.gov/content/understanding-addiction/addiction-can-affect-anyone

To learn more about opioid misuse, go to
cdc.gov/RxAwareness.



Recovery Is Possible

Recovery does not happen overnight. Asking for help from family, friends, co-workers, and others can make a big difference. Tell them your reasons for quitting and ask them to check in with you about how things are going. If you know or suspect someone is struggling, ask if you can help.



Treatment Can Help

Treatment can help people get their lives back before it is too late. No single treatment method is right for everyone, but research shows that combining behavioral therapy with medication is the most effective approach for overcoming opioid addiction.

Addiction is a disease that for many involves long-term follow-up and repeated care to be effective and prevent relapse. **When people make a recovery plan that includes medication for opioid use disorder, their chances of success increase.** Medications can help normalize brain chemistry, relieve cravings, and in some cases prevent withdrawal symptoms.

Medication-Assisted Treatment Options

Talk with your doctor to find out what types of medication are available in your area and what options are best for you. Be sure to ask about the risk of relapse and overdose.

Methadone

- Available as daily liquid
- Can only be used in a certified opioid treatment program setting

Buprenorphine

- Available as dissolving tablet, cheek film, or 6-month implant under the skin
- Can be prescribed by a doctor for use outside of a clinic

Naltrexone

- Can be prescribed by any healthcare provider who can legally prescribe medication
- Only used for people who have not used opioids for at least 7–10 days

Find Treatment Services

Use these resources to find services that fit your needs:

Mental Health and Addiction Insurance Help: hhs.gov/programs/topic-sites/mental-health-parity/mental-health-and-addiction-insurance-help/index.html

Health Center Locator: findahealthcenter.hrsa.gov

Behavioral Health Treatment Services Locator: findtreatment.samhsa.gov

Opioid Treatment Program Directory by State: dpt2.samhsa.gov/treatment/directory.aspx

Additional resources to access help:

- **Medication-Assisted Treatment (MAT)**
- **Decisions in Recovery: Treatment for Opioid Use Disorder**
- **Facing Addiction in America | The Surgeon General's Report on Alcohol, Drugs, and Health**

REVERSE AN OVERDOSE WITH NALOXONE

Too many opioids in the body can cause a person to stop breathing. Signs of an overdose include:

Small, pinpoint pupils

Blue/purple fingernails & lips

Won't wake up, limp body

Shallow or stopped breathing

Faint heartbeat

Gurgling, choking noise

Anyone can get and use naloxone to reverse an opioid overdose.

- ✓ Naloxone knocks opioids off brain receptors and allows the person to breathe, providing enough time for emergency personnel to arrive.
- ✓ Naloxone can be obtained through your local pharmacy (without a prescription) or a community outreach provider (naloxone.utah.gov/outreach-providers).
- ✓ Know the steps to administer naloxone. Training videos at naloxone.utah.gov/media.

Call 9-1-1, get medical help, or call the Utah Poison Control Center 1-800-222-1222.



SUBSTANCE USE DISORDER RESOURCES

If you or someone you know is dealing with substance use disorder; or you feel you have become physically dependent or addicted to your opioid prescription, there is help available. By going to the websites below or calling 2-1-1 you can find treatment providers.

Utah Department of Human Services
Substance Abuse and Mental Health
dsamh.utah.gov

National Substance Abuse and Mental Health
Services Administration
findtreatment.samhsa.gov/locator

Other Resources:
Naloxone
naloxone.utah.gov

Poison Control
utahpoisoncontrol.org

Stop the Opidemic
opidemic.org

Utah Naloxone
utahnaloxone.org

Use Only as Directed
useonlyasdirected.org

(801) 538-6864
vipp@utah.gov
www.health.utah.gov/vipp



OPIOID PAIN MEDICATION

WHAT YOU NEED TO KNOW



WHAT ARE OPIOIDS?

Opioids are medications prescribed to treat pain. Common prescription opioids include:

Oxycodone (OxyContin, Roxicodone)
Oxycodone/Acetaminophen (Percocet)
Hydrocodone (Lortab, Vicodin, Norco)
Codeine
Fentanyl
Meperidine (Demerol)
Methadone
Tramadol (Ultram)
Morphine (MS-Contin)

Unlike antibiotics, you should only take the minimum amount of prescribed opioids needed to treat pain. You do not need to finish the prescription.

Regular use—even as prescribed by a doctor—can lead to dependence and, when misused, can lead to addiction, overdose, and deaths.

KNOW THE RISKS

Opioids affect the brain and body. In addition to constipation, nausea, and dizziness, other adverse health concerns include:

- ✓ Slowed breathing (sign of an overdose), which can lead to coma, permanent brain damage, or death.
- ✓ Opioids should not be combined with alcohol or other medications, such as benzodiazepines, without talking to a doctor or pharmacist.

Long-term use of prescription opioids, even as prescribed, can lead to **tolerance**. This means a higher and/or more frequent dose is needed to get the desired effect.

Drug **dependence** occurs with repeated use, causing the brain to only function normally when using the drug. The absence of the drug causes several physical reactions. The body can become dependent on opioids in as little as seven days.

Opioid **addiction** (Opioid Use Disorder), is a chronic disease characterized by compulsive use despite harmful consequences and long-lasting changes in the brain.

SAFELY MANAGE YOUR PAIN AND PRESCRIPTIONS

There are safer ways to manage pain. The treatments below have fewer risks and side effects:

Acupuncture/massage
Acetaminophen (Tylenol®)
Ibuprofen (Advil®)
Naproxen (Aleve®)
Physical therapy
Exercise
Certain medications that are also used for depression or seizures
Interventional therapies (injections)
Cognitive Behavioral Therapy

There are safer ways to store and dispose opioids.

- ✓ Store opioids in a locked place (e.g. like a med safe) out of reach of kids, family, pets, and guests.
- ✓ Keep opioids in the original container with the child-resistant cap secured.
- ✓ Take unused medications to collection bins located across the state for safe and convenient disposal. To find a dropbox location visit [useonlyasdirected.org](https://www.useonlyasdirected.org).

OVERDOSE SIGNS & SYMPTOMS

KNOW WHAT TO LOOK FOR

People overdosing may exhibit any or all of these signs:

Small, pinpoint pupils

Blue/purple fingernails and lips

Won't wake up, limp body

Shallow or stopped breathing

Faint heartbeat

Gurgling, choking noise

ALWAYS ACT

Even if you're not sure someone is overdosing, act as if their life depended on it. Call 9-1-1, administer naloxone if available, and perform rescue breathing. Don't leave them alone!

NO PRESCRIPTION NECESSARY.

UTAH LAWS ENCOURAGE NALOXONE ACCESS AND USE

Utah laws allow pharmacists to dispense naloxone without a prescription.

Anyone can get naloxone, including family members, friends, and caregivers of at-risk individuals. In short, both individuals taking opioids and anyone who could assist someone experiencing an overdose can get this life-saving antidote.

GOOD SAMARITAN ACT

If you see or come across an overdose or someone with overdose symptoms, you can administer naloxone without fear of legal liability.

OVERDOSE HELP



Call 9-1-1, get medical help, or call the Utah Poison Control Center during an overdose event.

OPIDEMIC.ORG



NALOXONE CAN REVERSE AN OPIOID OVERDOSE



STOP THE
OPIDEMIC

WHAT IS NALOXONE?

Naloxone is a life-saving medication that can reverse an opioid overdose.

- ✓ Naloxone knocks opioids off the receptors in the brain for 30 to 90 minutes. This reverses the overdose and allows the person to breathe, providing enough time for emergency personnel to arrive.
- ✓ Naloxone only works with opioids such as oxycodone, hydrocodone, fentanyl, methadone, codeine, or heroin.
- ✓ Naloxone has no effect if a person does not have opioids in their body.
- ✓ Naloxone can be administered by anyone.
- ✓ Naloxone has been used for more than 40 years.
- ✓ Naloxone is safe and has little to no side effects.
- ✓ Naloxone is not addictive and has no potential for abuse.
- ✓ Naloxone is not a controlled substance.
- ✓ Individuals who regularly use opioids may experience withdrawal symptoms if given naloxone. These symptoms may be uncomfortable, but are almost always not life threatening.

WHO IS AT RISK?

People taking opioids can stop breathing and die.

People who have previously overdosed.

People who have had a period of abstinence from taking opioids, such as recently being released from jail/prison or detox programs.

People taking high doses of opioids.

People taking other substances with opioids, such as anti-anxiety medications, sleep aids, or alcohol.

People taking opioids for a long period of time.

People who use heroin.

Additional risk factors at naloxone.utah.gov/prescribers

WARNING

If you or a loved one has been prescribed an opioid, or if you know someone at risk, you should have naloxone. Naloxone may be obtained through your local pharmacy or a community outreach provider. Find a location near you at naloxone.utah.gov.

KNOW WHAT TO DO.

- 1 **Call 9-1-1.** A person may overdose again if naloxone wears off.
- 2 **Try to wake the person.** Yell his/her name and rub hard in the middle of their chest (sternal rub).
- 3 **Check for breathing and pulse.**
- 4 **Administer naloxone, if available.*** Naloxone may be sprayed in the nose or injected into the muscle.

NASAL SPRAY



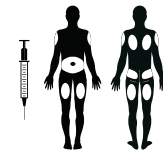
Narcan®

Insert in either nostril until your fingers touch the bottom of the person's nose. Press firmly on plunger to administer.



Generic

Screw parts together. Use one full vial. Spray half (1 cc/mL) in each nostril.



INTRAMUSCULAR ADMINISTRATION

Inject 1 cc/mL into large muscle.

- 5 **Try rescue breathing.***
- 6 **Prevent choking.** Put the person on their side.
- 7 **Administer 2nd dose of naloxone** after 3 minutes if the person does not wake.
- 8 **Don't leave.** Stay until an ambulance arrives.

*Training videos at naloxone.utah.gov/media

YOU ARE AT HIGH RISK FOR AN OPIOID OVERDOSE IF YOU:

- Are taking high doses of opioids for long-term management of chronic pain
- Have a history of substance abuse or a previous non-fatal overdose
- Have lowered opioid tolerance as a result of completing a detoxification program or were recently released from incarceration
- Are using a combination of opioids and other drugs such as alcohol and benzodiazepines (Klonopin, Valium, Xanax)
- Are unfamiliar with the strength and dosage of prescription opioids and the purity of street drugs like heroin
- Are alone when using drugs
- Smoke cigarettes or have a respiratory illness, kidney or liver disease, cardiac illness, or HIV/AIDS

NALOXONE RESOURCES

Utah Naloxone Laws

- Individuals can report an overdose without fear of criminal prosecution for illegal possession of a controlled substance or illicit drug (Good Samaritan Law 2014 GS HB 11)
- Naloxone can be prescribed and dispensed to third parties (usually a caregiver, friend, or family member of a person at risk for an opioid overdose) (Naloxone Access Law 2014 GS HB 119)
- Pharmacies can dispense naloxone through the use of a standing order issued by a physician (Naloxone Standing Order 2016 GS HB 240)

Websites

- naloxone.utah.gov
- opidemic.org
- useonlyasdirected.org
- utahnaloxone.org

Phone

Call 2-1-1 for local services and treatment centers

YOU CAN PREVENT DEATH FROM AN OPIOID OVERDOSE

Recognize Overdose Warning Signs:

- Very limp body and very pale face
- Blue lips or blue fingertips
- No response when you yell his/her name or rub hard in the middle of the chest (sternal rub)
- Slowed breathing (less than 1 breath every 5 seconds) or no breathing
- Making choking sounds or a gurgling, snoring noise
- Small pupils that do not respond to light

If you see or hear any one of these behaviors, call 9-1-1 or get medical help immediately!



WHAT TO DO AFTER CALLING 9-1-1

1. Try to wake the person.

Yell his/her name and rub hard in the middle of the chest (sternal rub).

2. Try rescue breathing.

- Make sure nothing is in his/her mouth.
- Tilt his/her head back, lift chin, and pinch nose shut.
- Give 1 slow breath every 5 seconds until he/she starts breathing.



3. Administer naloxone, if available.

4. Prevent choking. Put the person on his/her side.

5. Don't leave. Stay until an ambulance arrives.

Call 9-1-1, get medical help, or call the Utah Poison Control Center.



WHAT IS NALOXONE?

Naloxone (Narcan) is a drug that can reverse overdoses from heroin or prescription opioids such as oxycodone, hydrocodone, methadone, morphine, and fentanyl.

There is no potential for abuse and side effects are rare; however, a person may experience abrupt withdrawal symptoms.

How long does it take to work?

Naloxone may work immediately or may take up to five minutes. More than one dose may be needed. The effects of naloxone can last 30-90 minutes.

REMEMBER, NALOXONE ONLY WORKS FOR OPIOIDS!

If you are at risk for an opioid overdose or care for someone who is at risk, talk to your doctor or pharmacist about getting a prescription for naloxone. For more information visit us at www.naloxe.utah.gov.

HOW IS NALOXONE ADMINISTERED?



Intramuscular Administration

Inject 1 mL in shoulder or thigh. Repeat after 2-3 minutes if there is no or minimal response.



Intranasal Administration

Generic

Spray 1 ml (1/2 of syringe) into each nostril. Repeat after 2-3 minutes if there is no or minimal response.

Branded

Spray 0.1 mL into one nostril. Repeat with second device into other nostril after 2-3 minutes if there is no or minimal response.

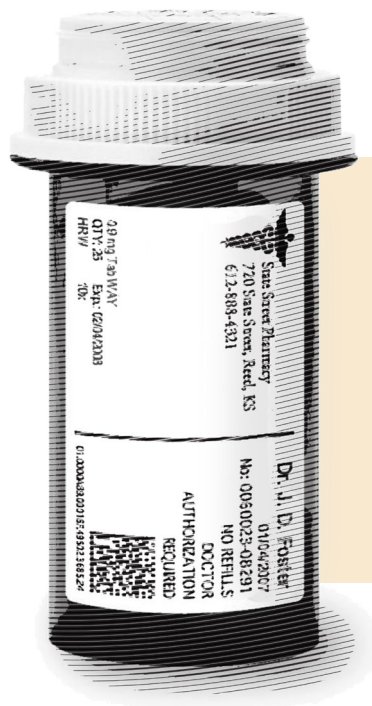


PREGNANCY AND OPIOID PAIN MEDICATIONS

Women who take opioid pain medications should be aware of the possible risks during pregnancy.

WHAT ARE OPIOID PAIN MEDICATIONS?

Opioid pain medications are prescribed by doctors to treat moderate to severe pain. Common types are codeine, oxycodone, hydrocodone, and morphine.



Talk to your provider before starting or stopping any medications to help you understand all of the risks and make the safest choice for you and your pregnancy.



ARE OPIOID PAIN MEDICATIONS SAFE FOR WOMEN WHO ARE PREGNANT OR PLANNING TO BECOME PREGNANT?

Possible risks to your pregnancy include^{1,2}:

- **Neonatal Opioid Withdrawal Syndrome (NOWS):** withdrawal symptoms (irritability, seizures, vomiting, diarrhea, fever, and poor feeding) in newborns³
- **Neural tube defects:** serious problems in the development (or formation) of the fetus' brain or spine
- **Congenital heart defects:** problems affecting how the fetus' heart develops or how it works
- **Gastroschisis:** birth defect of developing baby's abdomen (belly) or where the intestines stick outside of the body through a hole beside the belly button
- **Stillbirth:** the loss of a pregnancy after 20 or more weeks
- **Preterm delivery:** a birth before 37 weeks



U.S. Department of
Health and Human Services
Centers for Disease
Control and Prevention

LEARN MORE | www.cdc.gov/drugoverdose/prescribing/guideline.html

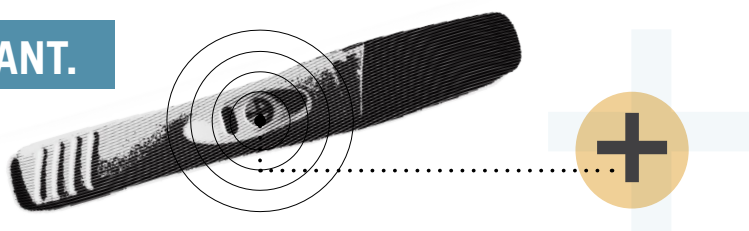
I JUST FOUND OUT THAT I'M PREGNANT.

Should I stop taking my opioid pain medication? What are the risks?

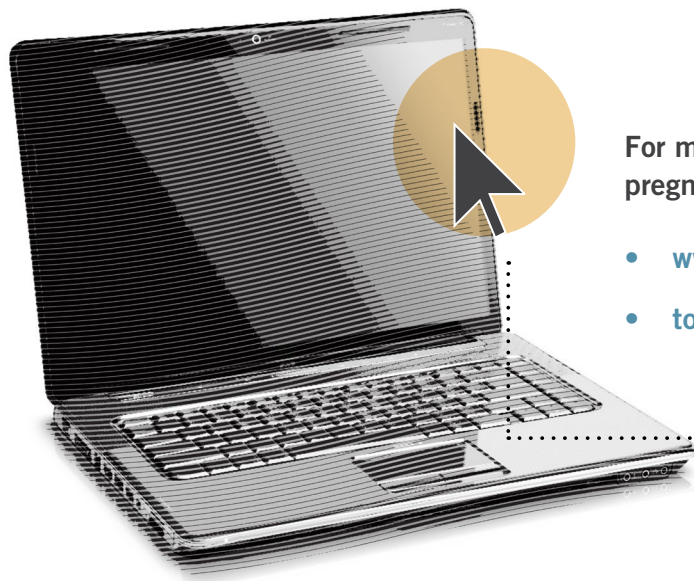
- First, talk to your provider. Discuss all risks and benefits of continuing any medication use during pregnancy.
- Some women need to take opioid pain medication during pregnancy and quickly stopping your medication can have serious consequences.
- In some cases, avoiding or stopping medication use during pregnancy may be more harmful than taking it.

WHAT ABOUT BREASTFEEDING?

- Women without HIV who are already taking opioid pain medications regularly (and not using illicit drugs) are generally encouraged to breastfeed.
- Be sure to ask your doctor about breastfeeding if you are taking any other medications.
- During breastfeeding, avoid codeine whenever possible, and if used, ask your doctor for the lowest possible dose due to possible risk of newborn illness and death⁴.



The information provided here applies to the use of opioid medication for pain. Opioid medications may also be used in medication assisted therapy (MAT) for treatment of substance use disorders. There are unique benefits and risks associated with MAT. To learn more about opioid medication use for substance use disorder treatment and considerations in pregnancy, visit www.samhsa.gov/medication-assisted-treatment/treatment.



For more information on opioid and other medication use in pregnancy or breastfeeding, go to:

- www.cdc.gov/treatingfortwo
- toxnet.nlm.nih.gov/newtoxnet/lactmed.htm

¹Broussard CS, Rasmussen SA, Reefhuis J, et al. Maternal treatment with opioid analgesics and risk for birth defects. Am J Obstet Gynecol 2011; 204:314:e1–11.

²Kellogg A, Rose CH, Harms RH, Watson WJ. Current trends in narcotic use in pregnancy and neonatal outcomes. Am J Obstet Gynecol 2011; 204:259:e124.

³Hudak ML, Tan RC, Committee On Drugs, Committee On Fetus and Newborn, American Academy of Pediatrics. Neonatal drug withdrawal. Pediatrics 2012;129:e540–60.

⁴National Opioid Use Guideline Group. Canadian guideline for safe and effective use of opioids for chronic non-cancer pain; 2010. Available at: <http://nationalpaincentre.mcmaster.ca/opioid/documents.html>.

Naloxone (NARCAN®) Nasal Spray



Naloxone (Narcan®) is a drug that can reverse overdoses from heroin or prescription opioids such as oxycodone, hydrocodone, methadone, morphine, and fentanyl. There is no potential for abuse and side effects are rare; however, a person may experience abrupt withdrawal symptoms and may become aggressive or agitated.

Before administering naloxone call 911. Naloxone may work immediately or may take up to five minutes. The effects of naloxone can last 30-90 minutes, so more than one dose may be needed.

REMEMBER, NALOXONE WORKS FOR OPIOIDS ONLY!

NARCAN® Nasal Spray 4mg may be distributed to 1) a person at risk of experiencing an opioid-related overdose or 2) a family member, friend, or other person(s) in a position to assist a person at risk of experiencing an opioid-related overdose.

NARCAN® Nasal Spray may be given every 2 to 3 minutes, if available. **Important Note: This spray is for use in the nose only.**

- Do not remove or test the NARCAN® Nasal Spray until ready to use.
- Each NARCAN® Nasal Spray has 1 dose and cannot be reused.
- You do not need to prime NARCAN® Nasal Spray.
- Store NARCAN® Nasal Spray at room temperature between 59°F to 77°F (15°C to 25°C) and keep away from direct light.

Signs of an Overdose:

- Very limp body and very pale face
- Blue lips or blue fingertips
- No response when you yell his/her name or rub hard in the middle of their chest (sternal rub)
- Slowed breathing (less than 1 breath every 5 seconds) or no breathing
- Making choking sounds or a gurgling, snoring noise

Opioid Overdose Risk Factors:

- Taking high doses of opioids for long-term management of chronic pain.
- Having a history of substance abuse or a previous non-fatal overdose.
- Having lowered opioid tolerance as a result of completing a detoxification program or recently being released from prison or jail.
- Using a combination of opioids and other drugs such as alcohol or benzodiazepines (Klonopin, Valium, Xanax).
- Being unfamiliar with the strength and dosage of prescription opioids and the purity of street drugs like heroin.
- Being alone when using street or pharmaceutical drugs.
- Smoking cigarettes or have a respiratory illness, kidney or liver disease, cardiac illness, or HIV/AIDS.



Written Instructions for Administering Naloxone (NARCAN®) Nasal Spray

What To Do During an Overdose:

- 1. Call 911.**
- 2. Try to wake the person. Yell the person's name and rub hard in the middle of their chest (sternal rub).**
- 3. Check for breathing and pulse.**
- 4. If the person is not breathing, begin rescue breathing.**
 - a. Tilt his/her head back, lift chin and pinch nose shut.
 - b. Give one breath every 5-6 seconds for an adult and every 3-5 seconds for a child or infant. Each rescue breathe should last the length of one second and chest rise should be visible.
 - c. Continue until the person begins breathing.
- 5. Administer naloxone.**
 - a. Lay the person on their back.
 - b. Remove NARCAN® Nasal Spray from the box.
 - c. Peel back the tab with the circle to open the NARCAN® Nasal Spray.
 - d. Hold the NARCAN® Nasal Spray with your thumb on the bottom of the plunger and your first and middle fingers on either side of the nozzle.
 - e. Tilt the person's head back and provide support under their neck with your hand.
 - f. Gently insert the tip of the nozzle into one nostril until your fingers on either side of the nozzle are against the bottom of the person's nose.
 - g. Press the plunger firmly to give the dose of NARCAN® Nasal Spray.
 - h. Remove the NARCAN® Nasal Spray from the nostril after giving the dose.
 - i. Prevent choking. Put the person on his/her side.
 - j. Repeat administration if the person does not respond in 2 to 3 minutes.
- 6. Don't leave. Stay until an ambulance arrives.**
 - a. If you call 911 and stay with the person experiencing the overdose until help arrives, you are protected from legal charges under Utah's Good Samaritan Law. You are also protected from any adverse reactions that may occur by administering naloxone because you are trying to save a life. However, you must remain at the scene and comply with medical providers and law enforcement.
 - b. The important thing is that you can -- and should -- act to help save a life by giving naloxone if a patient needs it.
- 7. Put the used NARCAN® Nasal Spray back into its box and discard.**

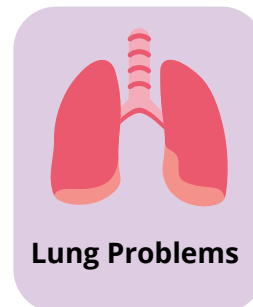
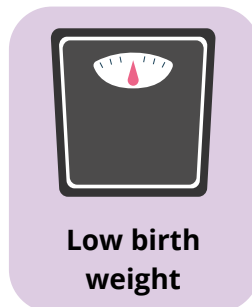
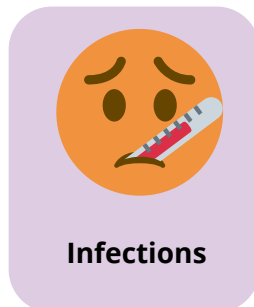
Patient Resource Guide

Smoking and Vaping Cessation During Pregnancy

Why Quit?

Quitting nicotine isn't easy, but it is one of the best things you can do for you and your baby.

Smoking and vaping during your pregnancy increases risks of:



Available Resources

- **Way to Quit and Quit Now:** <https://waytoquit.org/> (UTAH) and <https://www.quitwyo.org/> (WYOMING)
 - Tobacco Quit Line: 1-800-QUIT-NOW
 - Free telephone and online coaching, encouragement, and information
 - Wyoming Pregnancy and Postpartum Cessation Program enroll @<https://wyo.quitlogix.org>
- **Utah Medicaid Tobacco Cessation Program:** <https://medicaid.utah.gov/tobacco-cessation-program/>
 - Information and programs
- **Smoke Free Women:** <https://women.smokefree.gov/pregnancy-motherhood/quitting-while-pregnant/quit-for-two>
 - Programs, tips/tools, groups, and articles
 - Mother text program and Facebook page
- **American Cancer Society:** <https://www.cancer.org/healthy/stay-away-from-tobacco/guide-quitting-smoking.html>
 - Videos, articles, and methods for quitting
- **E-cigarettes (vaping) Mother to Baby:** <https://mothertobaby.org/fact-sheets/e-cigarettes/>
 - Hotline: 866-626-6847
 - Information and resources on quitting vaping
- **Become an Ex:** <https://www.becomeanex.org/pregnant-smokers/> & <https://www.becomeanex.org/quitting-e-cigarettes/>
 - Text and information to help you quit vaping and smoking



UWNQC
Utah Women & Newborns Quality Collaborative

mihp.utah.gov/UWNQC

Tools for mental wellness during pregnancy and after birth

S

Sleep: Aim for four to six hours of sleep in a row, at least three nights a week. Ask a family member or friend give the first feeding of the night so you can get enough rest.

U

Understand: Counseling with a trained maternal mental health professional prevents and treats mental health issues. Learn more by calling Help Me Grow at 801-691-5322, or by visiting postpartum.net.

N

Nutrition: Take a prenatal vitamin through one year postpartum. Avoid caffeine and sugar when possible. Include protein and unsaturated fats at every snack and meal. Drink two large pitchers of water daily.

S

Support: Share your feelings with a trusted friend or family member, or find a support group online or in-person. Ask for help with baby care – getting an hour each day to yourself is essential.

H

Humor: Make time for silliness and joy each day. A funny movie, time with friends, or tickling your children can all improve your mood. If laughing seems impossible, it is time to seek more support.

I

Information: Take the Edinburgh Postnatal Depression Scale monthly for a year postpartum to track your mental health. Call your provider if your score is 10 or above, or if you marked anything other than “never” on question 10 about self-harm.

N

Nurture: Care for yourself through: nature, spiritual practices, music and art, meditation, dates with friends, etc. Schedule weekly time in your calendar to do things you enjoy outside of motherhood.

E

Exercise: Walking 10-20 minutes a day can help your body, mind, and spirit heal and stay emotionally healthy. You can also try yoga or stretching if your provider gives you the go-ahead.

