



Eat, Sleep, Console Admission Guidelines

Mom presents for labor admission:

Review maternal history:

- History of drug use this pregnancy?
- Is patient in a drug treatment program where Buprenorphine or methadone is prescribed?

NO

Routine admission orders/care

YES

Prior to Delivery:

- Urine toxicology screen
- Educate to **Eat, Sleep, Console** method and provide patient an ESC binder
- Social Work Consult
- Inform mom and support that newborn drug screen will be completed after birth and hospital stay will be **at least 4 days** to monitor for withdrawal

After delivery:

- Cord Stat to lab
- Assessment and documentation for ESC should continue q 2-4 hours following feedings for remainder of hospital stay

Place order for "Neonatal Withdrawal Syndrome" in Epic

- ✓ OT/PT/Speech order
- ✓ Social work referral
- ✓ Case Manager involvement
- ✓ Lactation referral (if eligible/desires to BF)
- ✓ Diaper Care: Aquaphor to be started immediately to prevent skin break down

Follow-up: Case Manager to set up per Physician

Eat, Sleep, Console

A guide for families and
caregivers



A warm welcome to you and your little one!

Congratulations! Whether you are now pregnant or have just given birth, we are here to support you.

We will do everything we can to help your little one have the healthiest start possible. Caring for any newborn, especially one who has medical concerns, can be challenging. If a newborn baby is withdrawing from medications, he or she has a condition called **Neonatal Opioid Withdrawal Syndrome (NOWS)**. This can happen when the baby is no longer getting medications that they were getting during the pregnancy.

It is unknown which babies will experience symptoms of withdrawal. This is why your baby will need to be observed for at least 4 days in the hospital. Substances that can cause NOWS include Oxycodone, Methadone, Subutex (Suboxone), Vicodin, Percocet, Heroin, and other drugs and medications. Use of these substances combined with Nicotine, Antidepressants, or Marijuana can increase your infant's symptoms. Each drug/medication has different effects on every baby, and the length of withdrawal will vary.



Preparing for delivery

What to expect before you deliver:

The days and weeks before the birth of a baby can be exciting and stressful. This is intended to answer some of your questions and help you feel more prepared. Also, be sure to talk with your health care provider about your questions and concerns.

To prepare for your new baby:

- Be open with people who will take care of you and your baby. Tell them about any symptoms, concerns, or cravings you may have.
- Follow the plan developed for you by your health care provider.
- For the health and safety of your baby, continue to take any medications prescribed by your health care provider. Although these medications may cause NOWS, it will be far worse for you and your baby if you are not treated. Your baby needs a healthy mom.

It is normal to be emotional during pregnancy. It helps to have a network of friends, family, and trained counselors who can support you during this time.

If you are using illegal drugs or drugs not prescribed for you, we encourage you to get help right away. If you need help, please call your physician.



Care in the hospital

Screening for NOWS

After your baby is born, we will watch him or her closely for at least 4 days in the hospital.

Symptoms of NOWS include:

- Crying
- Tremors/jitters
- Stuffy nose
- Difficulty feeding and sucking
- Poor weight gain after the fourth day of life
- Increased breathing rate
- Irritability
- Trouble sleeping
- Sneezing/yawning
- Tight muscles (arms and legs seem stiff)
- Vomiting, diarrhea
- Skin irritation

NOWS symptoms can last from one week to a few months. It is difficult to know how long the symptoms will last because they are different for each child. The length of the withdrawal depends on what substances the baby was exposed to. It also depends on the baby's metabolism. It is important to tell your baby's health care provider about **all** of the medications and/or drugs your baby was exposed to during pregnancy.

Screening your newborn

We will screen for drugs in your baby's system. Most babies at risk of NOWS will have their urine, first bowel movements (called meconium), and/or umbilical cord set to the lab for testing. While you are in the hospital, the health care team will help you understand the signs of withdrawal and how to care for your baby. A social worker will meet with you during your hospital stay to provide support and to help develop a safe plan for you, your baby, and your family.





Special care for your baby

After your child is born, he or she will stay with you in your room for rest and recovery. Having your baby close to you has been shown to help babies who show symptoms of withdrawal. We encourage you to cuddle, provide skin-to-skin time, feed and care for your baby in a calm environment. If your baby needs prolonged inpatient care to treat NOWS, he or she may need to be transferred into the Neonatal Intensive Care Unit (NICU) within the Family Maternity Center.

The Eat, Sleep, Console Method

Together with your nurses and doctor, you will help determine how well your baby is eating, sleeping, and how easily he or she can be consoled. The nurses will collaborate with you every 2-4 hours to look at your baby's overall health and will develop a plan of care designed specifically for your baby. You will be provided a Newborn Care Diary to help you keep track of how frequently your baby is eating, how long your baby sleeps, and how easily he or she can be consoled. Remember, you are the best treatment for your baby and your participation in this is very important.

What does Eat, Sleep, Console (ESC) mean?

All babies eat, sleep, and need some kind of consoling throughout the day and night. Babies with NOWS can show symptoms of withdrawal, but may be able to eat, sleep, and be consoled like any other baby would. The Eat, Sleep, Console method looks at:

- **Eating:** The baby is able to feed normally for his or her age.
- **Sleeping:** The baby can sleep for at least one undisturbed hour.
- **Consoling (being soothed):** He or she can be soothed within 10 minutes.

Medication and Treatment

If your baby is having difficulty eating, sleeping, and is difficult to console due to withdrawal symptoms, he or she may need medication to help him or her through withdrawal.

Together, you and your care team will decide if medication is needed to ease the symptoms. If your baby is able to eat, sleep, and be consoled easily, he or she will likely not need medication.



Hold your baby close and often...

You can help your baby through withdrawal by staying nearby. Spend as much time as possible with your baby. Gently hold him or her close to your body. This will also help you respond quickly to your baby's needs, such as hunger.

Babies with NOWS are very sensitive to the sounds, lights, and activity around them. Many parents find that gently holding their babies close to their bodies soothes the babies. We encourage you to try skin-to-skin care or "kangaroo care" with your baby as much as possible. Not only will this help calm your baby, but it will help regulate temperature and heart rate, and it will help you bond with your baby.



Breastfeeding

You can help by feeding your baby whenever he or she shows signs of hunger (licking his or her lips, opening the mouth, and hand-to-mouth movements). **Breastfeeding is best for your baby.** If your doctor has prescribed medication for you, the baby will get small amounts of your medication through the breastmilk. This is generally considered safe. Breastfeeding is beneficial for all babies, but for babies with special needs, it is even more important. **The closeness of breastfeeding offers a baby comfort and reassurance.**

However, there are times when breastfeeding is not recommended. If you breastfeed, it is very important that you not take any medications unless your doctor has prescribed them and said they are safe. If you are or will be using any drugs or illegal medication (medicines prescribed to someone else), discuss your baby's feeding plan with your health care provider.

If you are taking methadone or buprenorphine (Subutex or Suboxone), it is important that you do not suddenly stop breastfeeding. When you are ready to stop or decrease breastfeeding, talk to your baby's health care provider and get help with this transition.

Feeding Baby

Identifying your baby's hunger signs will help keep you baby calm and satisfied.



I am hungry



I am *really* hungry



Calm me,
then
feed me!

Signs of hunger:

Early Signs:

- Baby is now awake
- Licking lips
- Opening mouth
- Sticking tongue out
- Smacking lips
- Hands to mouth

Middle signs

- Moving head side to side
- Squirming
- Fast breathing

Late Signs:

- Fussing
- Moving head more frantically
- Crying

See page 10 & 11 for tips on calming.

Tips for Bottle Feeding

1. I am showing hunger Cues...

- Alert, rooting, hands to mouth, sucking actively on pacifier.

2. Feed me using a slow flow nipple.

- Too much milk flow can overwhelm baby
- This gives baby time to pull milk into the mouth, swallow, and then take a breath before they take in more milk.

3. Position me so that I feel secure.

- Swaddled, hands to chest
- Side laying with a firm hold sometimes help me feel more secure.

4. Stop feeding me when I show signs that I am full...

- If I am coughing or choking
- I stop actively eating
- I become disorganized in sucking
- I become sleepy



How to swaddle your baby...



Tips for swaddling:

Keeps arms and flexed toward the body when swaddling to help baby calm

Baby may remain upset though swaddling. It may take a few minutes after the baby is swaddled to calm. **See the 6's of Consoling for more tips.**

How can I help my baby?

- Stay close to your baby
- Hold or swaddle your baby as much as possible
- Make skin to skin contact with your baby
- Feed your baby when they look hungry
- Keep things quiet and calm- limit visitors, decrease sounds except for white noise, and keep lights low in the room.

Calming a fussy baby

Babies communicate by crying. It is important to respond to your baby's cries. Here are some things you can do when your baby cries:

- Check your baby's physical needs. Is he or she hungry? Does he or she need a diaper change?
- Place your baby skin-to-skin
- Swaddle or hold your baby.
- Reduce stimulation by turning down the lights and sounds.
- Ask a friend or family member for help.
- Never shake a baby.

If your baby won't be consoled and the crying is wearing on your nerves, it is ok to take a short break. Before you do, follow the steps above and make sure his or her physical needs have been met. Call your nurse if you are feeling overwhelmed. When you are at home, you may lay your crying baby on his or her back in a crib or bassinet (a safe, secure place) while you step into another room for a few minutes (no more than 10 to 15 minutes).



Tips for Calming

Try 1 or 2 of these techniques at a time.

Some babies may get over stimulated by doing too many things at once.

You will get to know what your baby likes over time.

Some babies may console well with one technique, but this may change over time



Swaddling

Babies feel more secure when they are flexed with their hands and legs toward the center of their body (Hands to chest.)

Swaddling helps provide support and continuous touching like when baby was inside the belly.

Skin to Skin Contact



Skin to skin contact releases a special chemicals called oxytocin and endorphins that can help ease withdrawal symptoms for your baby.

It also helps with bonding and can help you feel more relaxed and less anxious.



Sucking

Sucking helps release natural chemicals to help sooth baby.

Shushing

Shushing helps simulate the noise that they baby heard inside in womb. Shush as loud as the baby is crying, decreasing the volume as they calm.

Shhhhh



Side Position

Try holding your baby in different positions to provide reassuring support.

Swinging

Swinging mimics movements the baby had in the belly. Babies sooth better when their head is supported but jiggles slightly with the swing





Eat, Sleep, Console: Going Home

What to expect

Your baby's health care provider will decide when it is safe to go home. A baby's withdrawal can take weeks to go away and it may be months before he or she achieves normal newborn behavior. Your baby is ready to go home when he or she:

- Feeds easily and has consistently gained weight
- Is able to maintain a stable heart rate, breathing rate, and temperature
- Is able to eat, sleep and be consoled easily by his or her primary caregiver.
- Has a referral for community support, if appropriate.
- Has a primary care provider and a follow-up appointment scheduled
- Has completed all the newborn screens and vaccinations (hearing screen, bilirubin test, critical congenital heart disease test, newborn blood screening, and hepatitis B vaccine)

Feeding and Weight Gain

Feed your baby when he or she shows signs of hunger. It is important to feed your baby often, at least 8-12 times a day in a quiet, calm place with little noise and few interruptions. If you bottle feed, use the same type of bottle and nipple for all feedings. Always hold your baby while feeding.

If your baby has problems with spitting up, feed your baby slowly, more often and in smaller amounts. Be aware of your baby's cues, such as searching for or pulling away from the nipple, or needing to pause during feeding to swallow or burp. It may be helpful to give your baby a rest during and after feedings.

Try for small, frequent feedings. Schedule a follow-up appointment for a weight check. Some babies require higher-calorie feedings for weeks or months to improve their weight gain. Talk with your baby's health care provider about his or her nutritional needs.

Sleeping

On average, babies with NOWS go home from the hospital when they are 1 to 6 weeks old. At this age, they usually sleep 16 to 20 hours a day. Falling asleep and staying asleep is important for your baby. Help your baby set a sleep routine by providing a sleeping place that is consistently safe and quiet.

To establish a routine:

- Reduce noise and bright lights
- Do not pat or touch your baby too much when it is time to sleep
- Play soft, gentle music
- Gently rock or sway with your baby while humming or singing
- Swaddle your baby; place him or her back in a quiet, safe place, such as a crib or bassinet



Adjusting to a new environment

Help your baby become comfortable in a new environment by keeping the room quiet and the lights low. Limit the number of visitors. A routine is important in helping your baby adjust to his or her surroundings.

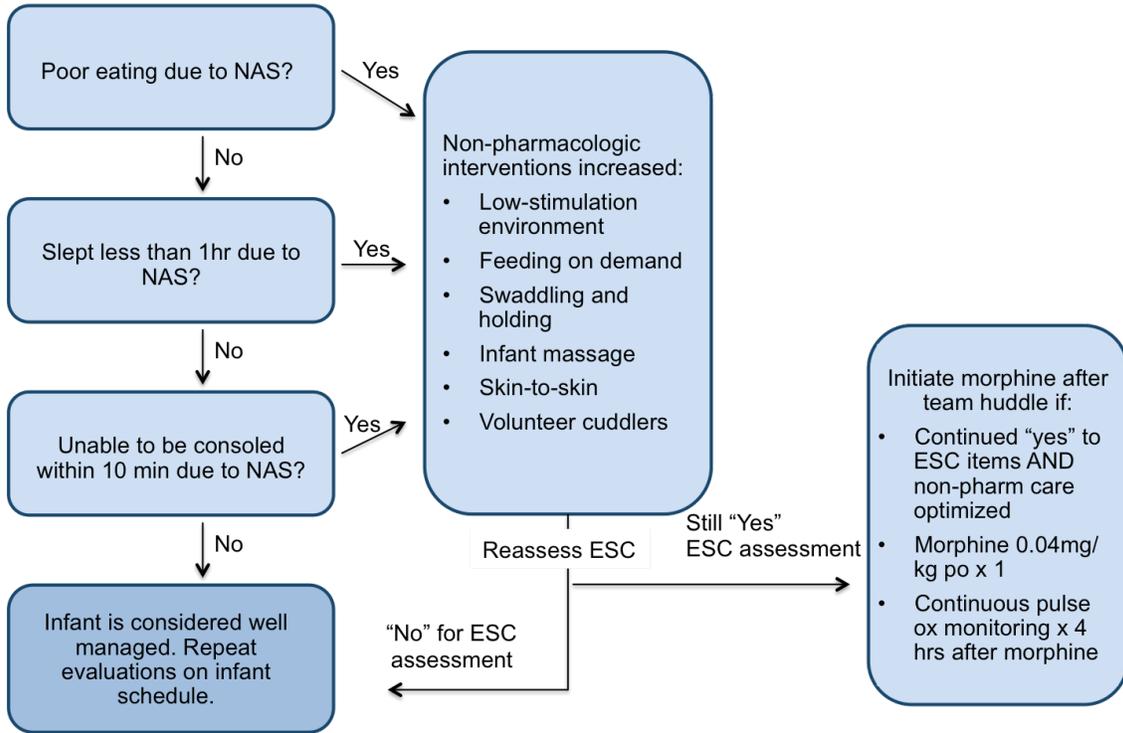
Introducing new stimuli

Introduce new stimuli (things that stimulate your baby's senses and create alertness) to your baby one at a time when he or she is calm and awake. Watch your baby's cues and allow a timeout if needed. A timeout is a quiet time without stimulation. Your baby's ability to handle new stimuli may vary each day. As your baby's calm periods increase, you can unswaddle him or her for short periods of time. This will allow your baby to become used to his or her own body. Re-swaddle if you see signs of distress.

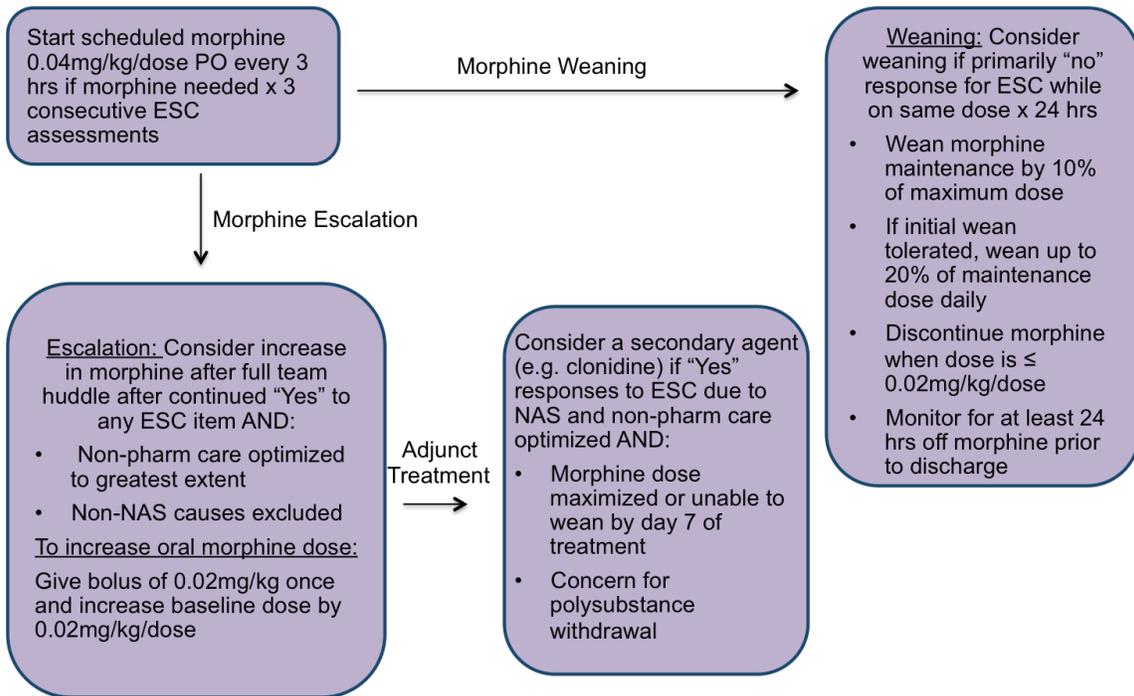
If your baby becomes excited, use a soft, thin blanket to wrap him or her snugly. Swaddle and carry your baby, and talk or sing in a soothing voice.

Call your baby's health care provider anytime you feel something is not right. You know your baby better than anyone else does. Trust your instincts.

Begin ESC assessments within 4 hrs of birth NAS Bundle of Care



Morphine Escalation/Weaning





Dear Parent(s),

Congratulations on the upcoming birth of your baby! Our team is committed to providing you and your baby with the best care. We are here to help and support you throughout your delivery.

The information in this letter will help you learn how to care for your baby, and what you can expect during your time in the hospital. **This information is very important to help you care for your baby after delivery.**

What is NOWS?

As you may know, the Family Maternity Center has a way to help care for babies who are exposed to certain medications or drugs during pregnancy. When a baby shows symptoms of withdrawal from one of these medicines, it is called **Neonatal Opioid Withdrawal Syndrome (NOWS)**

Symptoms of NOWS typically start within 1 to 5 days after delivery.

We have learned that babies do best when they are cared for in a calm, quiet space with their parents caring for them. You are the best medicine for your baby.



Caring for your baby:

After birth, your baby will stay with you in your labor and delivery room if your baby is doing well.

Nurses and doctors will monitor your baby for symptoms of NOWS every 2 - 4 hours.

We will monitor your baby for **at least 4 days.**

Most babies who need medical treatment for NOWS will stay 5-14 days, but your baby may need to stay longer. Tell your family and your employer that you might need to be in the hospital for a couple of weeks.

Sometimes babies will need medicine...



If your baby needs medicine for NOWS, he or she will be moved to the **Neonatal Intensive Care Unit (NICU)** so that we can give your baby a small dose of medicine (morphine.)

While in the NICU, we want you to continue to feed and care for your baby.

On average, babies receiving treatment with morphine need to stay in the hospital for one to two weeks. However, sometimes it does take longer.

It is important that you or another family member **be involved with the care of your baby during the entire hospital stay.**

You are the best medicine for your baby!

During your baby's time in the hospital, you will be the primary caretaker for your baby. Make a plan to stay with your baby for as long as he or she needs to be in the hospital

- Keep your baby close to you or "skin to skin" while awake
- Gently sway your baby
- Keep the room quiet
- Wrap your baby
- Stay with your baby as much as possible.
- Breastfeed your baby unless told not to by a provider for medical reasons.

We will be nearby to help you if you have any questions or concerns.

How will I know when my baby ready to go home? When your baby no longer needs morphine, and is showing few symptoms of NOWS, your baby is ready to go home!

We look forward to working with you in the coming weeks to help you and your baby have the best experience possible.



FAMILY IS RESTING



*Please help
families by:*

Using quiet voices

Allowing time for sleep

Limiting visitors

Ways to Care & Support Your Baby



Behavior	Calming Suggestions
<p>Prolonged Crying (May or may not be high pitched)</p>	<ul style="list-style-type: none"> ▪ Hold baby close to your body ▪ Decrease loud noises, bright lights ▪ Hum, sing or talk softly ▪ Gently sway or rock from side to side
<p>Difficulty Sleeping</p>	<ul style="list-style-type: none"> ▪ Reduce noise, bright lights, lower TV volume ▪ Play soft, gentle music, or white noise ▪ Gently rock or sway ▪ Keep diaper dry- check for diaper rash or skin irritation ▪ Use diaper rash creams as prescribed ▪ Don't place your baby to sleep on tummy ▪ Feed on demand
<p>Difficult or Poor Feeding</p>	<ul style="list-style-type: none"> ▪ Feed small amounts often ▪ Feed baby slowly, allowing for rest periods between feeds ▪ Swaddle before feeding ▪ Position in side laying position ▪ Do Not prop the bottle ▪ Feed in quiet and calm surroundings with minimal noise and disturbance ▪ Allow time for resting between sucking
<p>Loose or Watery Stools</p>	<ul style="list-style-type: none"> ▪ Use ointment or cream to prevent diaper rash

Behavior	Calming Suggestions
Sneezing or Stuffy Nose	<ul style="list-style-type: none"> ▪ Avoid suctioning nose ▪ Keep baby in a semi-sitting position while feeding.
Vomiting	<ul style="list-style-type: none"> ▪ Burp the baby each time he/she stops sucking and after the feed ▪ Support the baby's cheeks and lower jaw to help with sucking/swallowing (ask for help with this) ▪ Keep baby clean and clothing and blankets free of vomit
Trembling/Jitteriness	<ul style="list-style-type: none"> ▪ Keep baby in a warm, quiet room ▪ Swaddle infant with arms to chest ▪ Provide skin-skin contact ▪ Keep room darkened or shield infant's eyes from the light
Reddened Areas of Skin	<ul style="list-style-type: none"> ▪ Areas may include the knees, elbows, chin, and tip of the nose ▪ Use clear transparent dressings over the reddened areas (ask your nurse to help with this)