



NEONATAL ABSTINENCE SYNDROME FAMILY GUIDE TOOL KIT



Developed in partnership with the
Northwestern Pennsylvania Neonatal Abstinence Syndrome Coalition
and the Ohio Perinatal Quality Collaborative.

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CONGRATULATIONS ON THE BIRTH OF YOUR NEW BABY!

This is a happy time for you! However, it is important to know that **all parents face challenges** in their baby's first year. Your family and friends who support you can help you be successful.

Some babies need extra loving, including those born with Neonatal Abstinence Syndrome (NAS).

It doesn't matter why your baby is going through withdrawal; you need to help your baby now.

This guide was written to:

- Help you learn about NAS;
- Encourage you to share your substances or medication history with your doctor and nurse;
- Answer your questions about NAS so you can take good care of your baby; and
- Help you help your baby be healthy and safe.



The information in this guide should not take the place of medical care and advice from your healthcare provider.

- Please do not stop taking any medications or drugs suddenly.
- Always check with your doctor before you start or stop taking any drug or medication.
- It is very important to tell your nurse and your baby's doctor about all medicines used during your pregnancy; this will help the doctor treat your baby properly. This is also the best way for you to help your baby.

If you have a question that is not answered in this guide, ask your doctor or nurse. They are there to answer your questions. Many other parents probably have had the same question as you do.

Disclaimer: The images of people in this booklet are visual representations only.

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BACKGROUND

There are times we need to take medications to take care of ourselves. Some of these prescribed medications that can affect babies include blood pressure medications and antidepressants.

Make sure to talk to your doctor about all your medications and follow their directions. These medications may affect your baby and can increase the symptoms of Neonatal Abstinence Syndrome (NAS).

Some babies will have NAS even though their mothers only took small doses of medicines for a short time during pregnancy. Other babies may show signs because their mothers took or used large amounts of drugs for a long time while pregnant.

WHAT IS NEONATAL ABSTINENCE SYNDROME?

Neonatal Abstinence Syndrome (NAS) is a group of withdrawal symptoms in newborns that show up after being exposed to medications or substances, most often opioids, benzodiazepines and/or barbiturates during pregnancy.

NAS happens when the baby is born and suddenly cut off from the medicines or drugs in a mother's body, similar to medicine or drug withdrawal in adults.

This can include medications prescribed for you by your doctor, which is why it is so important to recognize signs and symptoms of NAS and know the proper ways to help your baby.

WHAT ARE THE SIGNS AND SYMPTOMS?

- High pitched cries or excessive crying;
- Crankiness;
- Stiff arms, legs and back;
- Trouble sleeping;
- Shaking and jitters;
- Fast breathing and/or stuffy nose;
- Sneezing and yawning a lot;
- Increased temperature;
- Poor weight gain after a few days of life;
- Vomiting due to overeating or crankiness;
- Not eating well, having problems sucking or excessive sucking;
- Irritation on face, back or head, arms and legs due to restlessness;
- Irritation on the diaper area due to loose watery stools; and
- Seizures, also called convulsions. Seizures can be hard to spot and can last seconds to minutes. Your baby may suddenly start jerking his or her arms and legs and may go completely stiff. You may see eye rolling, staring, lip smacking, sucking, or a change in skin color. Seizures are a late sign of NAS.



WHEN WILL MY BABY SHOW SIGNS OF NAS?

Your baby may start to show signs of NAS between one and five days after birth. In some instances, NAS symptoms and effects can occur in babies up to one year after birth or beyond.

The time it takes for signs to show can depend on how much and what kind of medicine or drug the baby's mother took and for how long. It also can depend on whether or not the baby's mother used other kinds of substances such as alcohol, tobacco, or additional medicines.

WHAT WILL HAPPEN IF MY BABY IS IN WITHDRAWAL?

Beginning soon after your baby's birth, your baby will be monitored for withdrawal symptoms and a Plan of Safe Care may be developed.

The nurses will check for certain signs in your baby and give them a score depending on which NAS signs are present.



Each sign or symptom is important in evaluating the health and needs of your baby to determine the score value.

Your baby:

- Should be assessed for signs of withdrawal every three to four hours until they are ready to go home.
- Should have all signs scored within the preceding three to four-hour interval, not just signs that occur during the assessment.
- Should not be awakened unless they have been asleep for more than three hours.
- Should be fed before they are scored and calmed prior to assessing muscle tone and respiratory rate.

How your baby is scored will be explained to you when your baby is born. You can help score your baby by telling your nurse or doctor about signs you see, such as: sneezing, frequent yawning, vomiting, how often your baby stoolled, how long your baby was awake, and how long your baby slept.

Ask your delivering facility to share their scoring sheet with you, what the score means, and what treatment your baby will need. The scoring helps doctors decide which types of treatment your baby needs to get better.

BACKGROUND

Neonatal Abstinence Syndrome (NAS) can be present in babies for one week or last up to many weeks; it is hard to know how long it will last. The doctors and nurses will monitor your baby, and you can help also.

There are different types of scoring documents. Ask your birthing facility to share the type they use. During your hospital stay, NAS signs and symptoms should decrease. Your baby will be discharged when there is little risk for problems.

DOES MY BABY NEED MEDICINE TO GET BETTER?

If your baby's NAS score is high, they are likely experiencing NAS withdrawal and the nurse will ask the doctor to evaluate them.

Your baby may need medicine to help. Giving your baby medicine will help make them calm and be more comfortable. This will also reduce the risk of your baby having a seizure.

The most common medicine given to babies with NAS are morphine and methadone. Sometimes other medicines may be added to help your baby during this time.

As your baby starts to feel better, the dose of medicine will be slowly lowered and eventually stopped. It is important to ask your doctor or nurse to explain your baby's medication in more detail if you have any questions.

HOW LONG WILL MY BABY NEED TREATMENT?

Babies who do not need medication to control NAS symptoms may need to stay in the hospital for up to a week.

Many babies who need medication for NAS symptoms stay in the hospital three to four weeks. In rare cases, some may stay longer, it all depends on how your baby responds to treatment.

The length of withdrawal is different for each baby and will depend on the amount of medicine or substances your baby was exposed to during pregnancy:

- How long it takes for the substance to leave your baby's body; and
- How long your baby needs medicines to help ease the discomfort of withdrawal.



HOW CAN I HELP MY BABY?

If your baby is showing signs of withdrawal, sometimes love and care may be the best medicine. Practice caring for your baby while you are in the hospital, so you are more comfortable when your baby is at home.

You are an important part of your baby's recovery. Your baby knows your voice and wants to be comforted by you.

There are a number of different ways you can help your baby through this time.

These include:

- Stay with your baby at the hospital as much as you can;
- Continually holding and swaddling them;
- Making skin-to-skin contact;
- Keeping things quiet and calm around them;
- Breastfeeding;
- Using services within your county; and
- Talking with your baby's doctor daily to know how your baby is doing.



CAN I BREASTFEED MY BABY?

Breastfeeding may help your baby, so if you wish to breastfeed, talk to your doctor or nurse about breastfeeding and the medications you are taking, including any newly prescribed medications.

Your doctor or nurse will be able to tell you if it is safe for your baby and ask about breastfeeding (lactation) support.

It is generally safe for mothers to breastfeed if they are in a stable drug and alcohol treatment program, even if they are taking medicine given by a doctor or nurse and the medicine is for substance withdrawal.

Mothers who are not in a drug and alcohol treatment program or who are using alcohol or substances should talk to their doctor or nurse about breastfeeding their baby.

If you choose to breastfeed, you need to know that if you stop breastfeeding abruptly (suddenly, without weaning gradually), your baby may experience withdrawal or increased withdrawal symptoms if you have been on medication while nursing.

If you are not in a drug and alcohol treatment program for substance use disorder/ opioid use disorder, now is a good time to talk to your doctor about entering one.

Please see DDAP's find treatment webpage or call 1-800-662-HELP (4357).

<https://apps.ddap.pa.gov/gethelpnow/CareProvider.aspx>



BACKGROUND

A Plan of Safe Care can be developed anytime during your pregnancy. Beginning soon after your baby's birth, your baby will be monitored for withdrawal symptoms. Your doctor and nurses will help you prepare for discharge and your baby's Plan of Safe Care may be developed which can link you to services for your baby.



WHAT IS A PLAN OF SAFE CARE?

[Plans of Safe Care](#) go beyond the immediate safety factors of the baby. It addresses the baby's health, development and treatment needs, as well as the needs of the baby's family or caregiver.

WHAT IS THE GOAL OF A PLAN OF SAFE CARE?

The goal of a Plan of Safe Care is to keep your baby safe and help you when you need it. To see Plans of Safe Care access: <https://www.dhs.pa.gov/keepkidssafe/About/Pages/Plans-of-Safe-Care.aspx>

WHO HELPS TO MAKE A PLAN OF SAFE CARE?

Healthcare providers will notify the Department of Human Services (via Childline) when a baby is affected by prenatal substance use, withdrawal symptoms or diagnosed with NAS, or Fetal Alcohol Spectrum Disorder (FASD). A Plan of Safe Care can help connect you to a multidisciplinary team (MDT) that will offer support to your new baby. This team can include agencies from drug and alcohol treatment programs, social support services and healthcare systems.

A Plan of Safe Care may incorporate services and supports for diverse, longer-term needs, including physical and mental health, substance use disorder/opioid use disorder treatment, parenting education, infant developmental screening and other family needs.

Your physician may recommend your baby have follow up appointments with Early Intervention and/or a Developmental Clinic to make sure they are meeting the proper milestones as they grow.

Plan of Safe Care participants may be from the following areas:

- **Health:**
 - Pediatrician
 - Primary Care Providers
 - Health specialists
 - Health insurance
- **Development:**
 - Developmental Clinics
 - Early Intervention
 - Parents as Teachers
 - Education with county agencies
- **Mother's healthcare:**
 - Primary Care Physician
 - OB/GYN
 - Prenatal education
 - Pain management
 - Breastfeeding support
 - Health insurance
- **Safety:**
 - Health of the infant
 - Immediate safety of the baby
 - Safety of the environment
 - Child welfare supportive and educational services
- **Parents/Caregiver's healthcare:**
 - Substance use disorder/Opioid use disorder treatment
 - Medication-assisted treatment (MAT)
 - Mental Health services
- **Parenting/Family support:**
 - Education on appropriate infant care
 - Coordinated care management for parents and family with the baby
 - Infant bonding support
 - Nurturing parenting support
 - Home care visits
 - Interventions for family violence
 - Continuing education for parents
 - Employment support
 - Safety nets and recovery support



BACKGROUND

When you are pregnant, many mothers have questions regarding pregnancy and can use additional support. When you prepare for your baby's arrival, you will feel more confident and comfortable when your baby is at home. You are an important part of your baby's recovery.

There are several individuals and resources that you can use to make sure you are prepared to have your baby. During your pregnancy talk to your doctor, nurse, social worker, or resource coordinator for resources close to home. They can also help you make a Plan of Safe Care for your baby.

WHAT IS A HOME VISITOR PROGRAM?

Home visiting programs help parents and caregivers with the support necessary to improve the health, safety, literacy, and economic security of the family.

In home visits, nurses and other trained professionals visit pregnant people, families, and children in the beginning of pregnancy to promote positive birth outcomes and provide parent education and support, ultimately promoting the child health, well-being, learning and development.

Home visitation programs may be available to serve pregnant people, infants, and toddlers. Your county may have a program for children and families who are touched or affected by substance use disorder/opioid use disorder.

Doula programs and Nurse Family Partnerships (NFP) are a few of the home visitor pregnancy programs that may be in your area.

WHAT IS DOULA PROGRAM?

A doula is a professional who is trained in providing continuous emotional, physical, and educational support to people during pregnancy, labor and delivery, and the early post-partum period with home visits. A doula also encourages the mother to be informed about different birth choices.

Doulas are not medical professionals and do not perform medical tasks or deliver babies. Community doula programs may be available to any pregnant person who resides in your area. Contact your local Human Services agency to see if there is a program near you.

WHAT IS NURSE FAMILY PARTNERSHIP?

A Nurse Family Partnership pairs first-time low-income pregnant people with nurses to improve pregnancy/birth outcomes, child health and development, and family economic self-sufficiency.



BACKGROUND

When your baby comes home, the journey continues. If you practice caring for your baby while you are in the hospital, you will be more comfortable when your baby is at home. You are an important part of your baby's recovery.

It's important to remember, babies cry a lot and babies with Neonatal Abstinence Syndrome tend to cry more often and more easily. You may not always be able to get your baby to stop crying and that is OK- crying never hurt a baby.

There are several resources that you can use to make sure you are prepared to bring your baby home. During your hospital stay, talk with your baby's social worker or resource coordinator for resources close to home.

They can also help you make a Plan of Safe Care for your baby. Nurses and physicians will help you prepare for discharge, and your baby's Plan of Safe Care can link you to services.



BRINGING BABY HOME

Babies can continue to have mild symptoms of withdrawal for up to six months after leaving the hospital. Once at home, your baby may continue to experience the following:

- Problems feeding;
- Slow weight gain;
- Fussiness or crankiness;
- Sneezing or stuffy nose; and
- Sleeping for brief periods of time.

Your baby's doctor and nurse will teach you ways to take care of your baby. They will show you how you can help your baby if they are having any of the signs and symptoms listed above.

Follow the doctor and nurse's directions for taking care of yourself and your baby. Asking questions helps you help your baby. Babies with Neonatal Abstinence Syndrome may have additional needs, home visitor programs can help you learn how to help your baby.

BACKGROUND

Babies with Neonatal Abstinence Syndrome may not be meeting developmental milestones. Your physician may recommend your baby have follow up appointments with Early Intervention and/or a Developmental Clinic to make sure he or she is meeting the proper milestones as they grow.

There are several home visitor programs that may be in your area:

- Early Intervention;
- Early Head Start (EHS);
- Family Check Up (FCU);
- Healthy Families America (HFA);
- Parents-As-Teachers (PAT);
and
- Self-Care Augmented.



WHAT IS EARLY INTERVENTION?

Early Intervention provides services and support for young children who have delays or developmental disabilities and is designed to help families and caregivers foster the growth and development of the child. While all children grow and change at their own rate, some children can experience delays in their development. Sometimes this can be cause for concern.

Early Intervention:

- Is individualized to enhance the child's growing and learning;
- Can also assist families link to a variety of community services and supports;
- Provide ideas for how the family can help their child at home and in the community;
- Can include:
 - Information on how children develop;
 - Parent and caregiver education;
 - Support services;
 - Developmental instruction and therapies that assist in child development; and
 - Assistance for your child's early childhood educator with strategies to promote your child's development.

WHO IS ELIGIBLE FOR EARLY INTERVENTION?

Infants, toddlers, and preschool children who have special needs due to a minimum of 25% in developmental delays or disabilities and meet other requirements can receive Early Intervention support and services at no cost to families.

WHERE DO CHILDREN AND FAMILIES RECEIVE SUPPORT & SERVICES?

Services and support are embedded in the learning opportunities that exist in the child's typical routine within the home, community, and other early childhood education programs. Early childhood education programs can include childcare centers, nursery schools, pre-kindergarten programs or Head Start.

WHO SHOULD FAMILIES CONTACT TO SEE IF THEIR CHILD IS ELIGIBLE FOR EARLY INTERVENTION?

A first step for any family with a concern about their child's development is to call CONNECT services. The CONNECT helpline staff will refer a family to your local Early Intervention agency, who will determine if the child is eligible for services. The CONNECT toll free number is 1-800-692-7288 or you can call your county's Early Intervention program.

WHAT IS EARLY HEAD START?

Early Head Start enhances the ability of low-income families to meet the developmental and early learning need of their children at home. Children who are eligible can receive services such as:

- Year-round comprehensive child and family development services;
- Weekly, home-based visits;
- Bimonthly Family Interaction Time events;
- Parent information, health and safety education;
- Referrals to other local resources; and
- Services, free of charge, to low-income pregnant women and children from birth to age 3.



WHAT IS FAMILY CHECK UP (FCU)?

Family Check Up support strategies to better engage parent and parent-centered intervention for reducing problem behaviors in children from toddler through adolescence.

WHAT IS HEALTHY FAMILIES AMERICA (HFA)?

Healthy Families America strengthen families by promoting positive parenting, enhancing child health and development, and preventing child abuse and neglect.

WHAT IS PARENTS-AS-TEACHERS (PAT)?

Parents- As- Teachers build the capacity of parents to care for their children while promoting school readiness and healthy child development.

WHAT IS SELF CARE AUGMENTED?

Self Care Augmented aims to prevent and address factors associated with child abuse and neglect through motivational interviewing and additional training to identify and respond to imminent child maltreatment and risk factors.

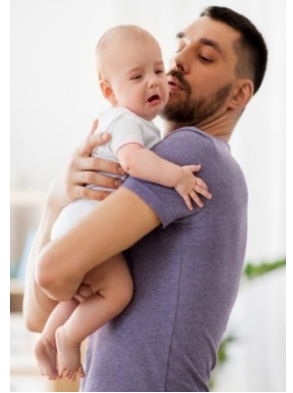
BACKGROUND

When your baby leaves the hospital, they will be exposed to a new world with many things they are not familiar with. It's important to gently introduce them to different situations and items one at a time so they do not get overstimulated or upset. This time can also be difficult for you too, which is why it is important to take time for yourself so you can give your baby the proper care they need.

WAYS TO SUPPORT YOU

Taking care of yourself will help you to care for your baby. Eating, sleeping, managing your stress, taking breaks, and asking others for help are ways to care for yourself.

- **Call someone to come and help you—everyone needs help sometimes.**
- Do not hold or touch your baby when you are angry.
- When all else fails, put the baby in a safe place (crib) and WALK AWAY!
- Calm down, regroup, and check on the baby in five minutes.



If you are in a drug alcohol treatment program, stay as long as your doctor tells you to. To find a drug and alcohol treatment program near you, please call 1-800-662-HELP (4357).

If you smoke, do not smoke in the home or around the baby—smoke outside. Nicotine may make your baby's symptoms more severe. Find a Quit Smoking program at www.health.pa.gov/topics/programs/tobacco/Pages/Quitline.aspx or call the PA Quitline: 1-800-QUIT-NOW or 1-800-784-8669.

KEEPING YOUR BABY CALM

There are several things you can do to support and care for your baby after bringing them home. Gently introduce new things to your baby one at a time:

- Maintain a routine;
- Do not overdress your baby;
- Report a body temperature higher than 100 degrees Fahrenheit to your doctor;
- Limit visitors so your baby does not get overstimulated;
- Keep your baby's room quiet with the lights down low;
- Add visual, sight, sound and touch stimuli when your baby is calm; and
- Know that your baby's ability to handle new stimuli may vary from minute-to-minute and day-to-day.



As your baby becomes calmer for longer periods of time, start to check if they like to have the blanket wrapped or swaddled more loosely or taken off for short periods of time.

LEARN YOUR BABY'S "I'M UPSET" CUES

Your baby will tell you "I'm upset" by:

- Yawning;
- Sneezing;
- Having tremors or shaking;
- Putting his or her hand up like a stop sign;
- Showing color changes (pale) in skin;
- Frowning; and
- Looking away or closing his or her eyes.

If you see the above cues, stop what you are doing. Your baby is telling you "I'm upset."



SPECIAL WAYS TO HELP YOUR BABY IF THEY ARE UPSET

- Stop what you are doing;
- Check for signs of illness and call the doctor if you are concerned;
- Hold your baby:
 - Allow them to calm down and rest;
 - Carefully swaddle and rock gently or sway; and
 - Make skin to skin contact (their bare chest to your bare chest);
- Remember to let your baby sleep as long as needed and wake your baby gently;
- Let your baby calm down completely before trying anything new;
- Change the diaper or clothing if wet from sweat;
- Take the baby for a walk in the stroller or a car ride;
- Settle into a quiet, low-light room to feed your baby;
- Do not walk or sway your baby while feeding;
- Feed or offer a pacifier (over feeding can cause fussiness); and
- Play soothing music softly or introduce another soft sound like white noise or quiet shushing, singing or talking.



BACKGROUND

More than 3,500 babies in the United States die suddenly and unexpectedly every year while sleeping, often due to Sudden Infant Death Syndrome (SIDS) or accidental deaths from suffocation or strangulation.

While it's important for you to know the safest ways to support your baby, it's also important to make sure this is shared with anyone who cares for your baby, including grandparents, family, friends, babysitters, and child care center staff.

WHAT CAN YOU DO?

- Always place your baby to sleep on their back every time up until they are one year old.
- The crib or bassinet should be bare and firm with a tight-fitted sheet. Do not use soft or loose bedding, including crib bumpers, blankets, pillows, and soft toys.
- Schedule and go to all well-child visits. Your baby should receive all recommended vaccinations or immunizations.
- Avoid exposing your baby to smoke, alcohol and substances.
- Supervised, awake tummy time is recommended daily to help your baby grow and develop.
- **Infants should never sleep in seating devices like car seats, swings, and bouncers.** Babies should always be transferred to a crib or portable crib for safe sleep.

HOW CAN I REDUCE THE RISK OF SIDS?

- Breastfeed as much and for as long as you can;
- Don't let your baby get too hot;
- Give a pacifier at nap time and bedtime;
- Don't use home monitors or commercial devices, including wedges or positioners, marketed to reduce the risk of SIDS; and
- Share a bedroom with your baby for at least the first six months and preferably until the baby turns one.



It is important that you do not share the same sleeping surface—babies should be in a crib or bassinet.

CAN I SWADDLE MY BABY WHEN THEY SLEEP?

Yes, it is fine to swaddle your baby, but make sure the baby is always on their back. The swaddle shouldn't be too tight or make it hard for the baby to breathe or move the hips. When your baby looks like they are trying to roll over, you should stop swaddling. Your nurse can help you learn how to swaddle your baby if you want to practice but don't know how. More information on swaddling and a diagram can be found below.

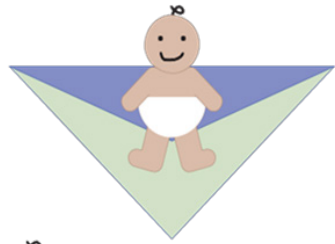
HAPPIEST BABY ON THE BLOCK

The Basics of *the 5 S's* Method for Soothing Babies

The *5 S's Method* was invented to remember the different variations of the calming, womb-like sensations babies are used to. Happiest Baby on the Block, techniques developed by Dr. Harvey Karp.

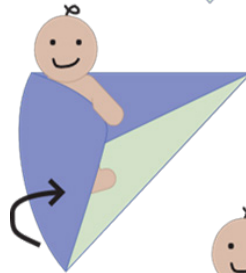
1. The 1st S: Swaddle

Swaddling recreates the snug packaging inside the womb and is the cornerstone of calming. It decreases startling and increases sleep. Babies shouldn't be swaddled all day, just during fussing and sleep.



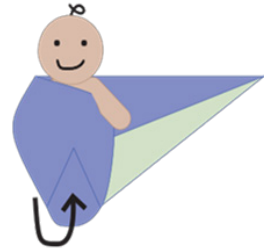
2. The 2nd S: Side or Stomach Position

The back is the only safe position for sleeping, but it's the worst position for calming fussiness. This S can be activated by holding a baby on their side, on stomach or over your shoulder. Do this while awake only.



3. The 3rd S: Shush

Contrary to myth, babies don't need total silence to sleep. In the womb, the sound of the blood flow is a shush louder than a vacuum cleaner!



4. The 4th S: Swing

While slow rocking is fine for keeping quiet babies calm, you need to use fast, tiny motions to soothe a crying infant mid-squawk.



5. The 5th S: Suck

Many fussy babies relax into a deep tranquility when they suck. Using a pacifier can make it easier to calm your baby.

BACKGROUND

Motor vehicle crashes are a leading cause of death among children. It is important to make sure children aged 12 and under are buckled in age- and size-appropriate car seats, booster seats, or seat belts, and are always in the back seat.

Pennsylvania law states that a car seat must be used correctly as designated by the car seat manufacturer.

BRINGING BABY HOME

Premature and low-birth weight infants have special needs. The hospital may require a **Car Seat Tolerance Screening** for your baby to make sure they can tolerate riding in the semi-reclined car seat. You should pick a car seat that has:

- A minimum weight and height/length requirement appropriate for your baby; and
- A small harness with slots so it can fit **at or below** your baby's shoulders and a crotch strap that fits close to the body for proper positioning.



- Babies born with NAS can be fussy—always make sure to stop the vehicle in a safe location to tend to a crying infant or fussy child.

CAR SEAT USE

- Always put your infant or toddler in a rear-facing car seat and use one as long as possible until they reach the highest weight or height allowed by their seat.
- When your child outgrows the rear-facing seat, it is time to switch to a forward-facing one. A forward-facing seat with a harness should be used as long as possible until they reach the height and weight limits for this seat.
- When your child outgrows these limits, they should use a belt-positioning booster seat until the vehicle's lap and shoulder seat belt fits properly. This usually happens when they are 4 feet, 9 inches and are 8 to 12 years old.
- Once your child is old enough and large enough to fit in the vehicle seat, they should always use the lap and shoulder seat belts. Children younger than age 13 should be restrained and always sit in the back seats of your car.
- **Always** make sure to read the car seat instructions and the vehicle owner's manual for proper use of the car seat. You should check to make sure the car seat is not recalled or expired, with a known history, and all parts are present and working correctly.

CAR SEAT LAW—PRIMARY LAW

- All drivers are responsible for securing children in the appropriate restraint system.
- **Children younger than age 2 must be secured in a rear-facing car seat** until the child outgrows the maximum weight and height limits of the car seat.
- All children from birth to age 4 must be secured in an approved car seat anywhere in the vehicle.
- All children 4 years of age and older, but younger than age 8, must be secured in a seat belt system and an appropriate belt-positioning booster seat anywhere in the vehicle.
- All children 8 years old and older, but younger than age 18, must be secured in a seat belt system anywhere in the vehicle.



REAR-FACING CORRECT USE:

- **SELECTION:** Check the car seat's weight and height in the instructions or on the label. Be aware of the limits as the child grows.
- **DIRECTION:** Keep a child in a rear-facing car seat until age 2 or until they reach the maximum weight or height of the car seat. A child who has outgrown a rear-facing only car seat should be transferred to a rear-facing convertible car seat.
- **LOCATION:** **NEVER** place a rear-facing car seat in the front vehicle seat with an active passenger-side frontal air bag. If a rear-facing car seat is placed in the front seat, the air bag must have a manual on-off switch that is in the off position.
- **INSTALLATION:** Follow the car seat manufacturer's instructions to determine the appropriate rear-facing semi-reclined angle for an infant and how to achieve that angle.
- **HARNESING:** Place the harness in the correct harness slots **at or below** the child's shoulders for rear facing. Follow car seat instructions for proper positioning.

BACKGROUND

There is no known safe amount of alcohol to drink during pregnancy. Drinking alcohol while pregnant is dangerous and can cause harm to your baby.

Alcohol easily passes through the placenta—the organ that provides nourishment to the baby in utero.

Developing babies cannot process alcohol with their liver because it is not fully formed, so they absorb all the alcohol and have the same blood alcohol content as the mother.

WHAT IS FETAL ALCOHOL SYNDROME?

Fetal Alcohol Syndrome Disorders (FASDs) are a group of conditions that can occur in a person whose mother drank alcohol during pregnancy.

These effects can include physical problems and problems with behavior and learning. These conditions can last a lifetime, and there is no cure.

WHAT WILL HAPPEN IF MY BABY GOES INTO WITHDRAWAL?

- Tremors or shakiness;
- Nausea or vomiting;
- Clamminess or sweating;
- Insomnia or difficulty sleeping;
- Headache; and
- Enlarged pupils.



WHAT WILL HAPPEN TO MY BABY?

- Any amount of alcohol can harm a developing baby and increase the risk of miscarriage.
- Alcohol exposure during the first trimester can cause major birth defects.
- Drinking alcohol later in pregnancy can cause poor growth and brain damage that could lead to learning and behavioral problems.
- Babies and toddlers may not reach their development milestones when expected.

WHAT CAN YOU DO?

- To prevent FASDs, you should not drink alcohol while pregnant or if you think you might be pregnant.
- If you are drinking alcohol during pregnancy, it is never too late to stop drinking. Brain growth takes place throughout pregnancy, so the sooner a person stops drinking the safer it will be for them and their baby.

BACKGROUND

Smoking nicotine or vaping during pregnancy increases the risk of health problems for developing babies and can have negative side effects for mothers as well. Smoking decreases the amount of oxygen in a mother's blood. Nicotine can show up in your breast milk and can also reduce your milk supply.

Vaping carries the same risks to your unborn baby as smoking a cigarette and delivers other chemicals that are known to cause birth defects. Vaping also increases lead levels in mothers. Babies born to mothers who smoke may become fussy because of exposure to nicotine and they can have learning problems in school later in life.

WHAT WILL HAPPEN TO MY BABY?

- Smoking or vaping nicotine decreases the size of the blood vessels that carry food and oxygen to your baby.
- Your baby may not grow as much as they should which means they can be born premature and have serious health risks.
- Nicotine impacts the baby's practice breathing before birth and can make it harder for the baby to breathe when born.
- Your baby will be at higher risk of Sudden Infant Death Syndrome (SIDS), also known as crib death.

IS SECOND-HAND SMOKE HARMFUL?

Second-hand smoke is smoke from another person's cigarette, pipe, cigar, and vaping devices. Breathing in second-hand smoke puts your health at risk; it can make it hard to breathe and increase your risk for Chronic Obstructive Pulmonary Disease (COPD) and cancer.

Second-hand smoke is harmful to infants:

- Increases the risk of SIDS;
- Increases frequency of colds;
- Develop more ear infections;
- Slower lung growth;
- Develop asthma;
- Can develop cancer; and
- Many get bronchitis and pneumonia more often than babies who do not breathe second-hand smoke.



IS THIRD-HAND SMOKE HARMFUL?

Third-hand smoke is the toxins from smoke found on things after a cigarette has been put out. It can be found on ashtrays, table surfaces, clothing, rugs, curtains, and toys that babies put their hands and mouths on all day long. Because babies have tiny lungs and breathe faster than we do, more tobacco toxins get into their lungs.

BACKGROUND

Using methamphetamine when not prescribed, or using doses higher than prescribed, can be harmful during pregnancy and after the baby is born.

While it is recommended to not use methamphetamine while pregnant, stopping methamphetamine use suddenly could cause you to go into withdrawal.

If your healthcare provider prescribed methamphetamine, call that provider immediately and let them know about your pregnancy.

WHAT WILL HAPPEN TO MY BABY?

Methamphetamine misuse has been associated with a greater chance for premature birth (delivering your baby before 37 weeks).

It can also cause poor growth and low birth weight.

WHAT HAPPENS WHEN MY BABY GOES INTO WITHDRAWAL?

When mothers use methamphetamine near the end of their pregnancy, babies could show signs of withdrawal after they are born.

The symptoms of withdrawal for your baby may be:

- Jittery or startles easily;
- Tremors or shakiness;
- Difficulty eating;
- Sleeping too little;
- Sleeping too much;
- Having tight muscle tone;
- Having floppy or poor muscle control or tone; and
- Shortness of breath or a hard time breathing.



Your baby might need to be admitted to the special care nursery. Withdrawal usually goes away in a few weeks but may last a few months.

CAN I USE METHAMPHETAMINE WHILE I BREASTFEED?

Methamphetamine should not be misused while breastfeeding because it can pass into breast milk.

Methamphetamine has been detected in the blood and urine of breastfeeding babies.

BACKGROUND

Everyone needs help sometimes and we don't often know where to begin. No matter the reason why your baby is going through withdrawal, help your baby now. We all have different needs, here are a variety of resources that may help you.

RESOURCES FOR MORE INFORMATION

211

www.211.org

Call 211 or visit 211.org to find local services and get help today.

ALCOHOL TREATMENT

www.quitalcohol.com

Phone: 866-639-2419

Information and resources on alcohol, effects of alcohol, treatment, and rehab centers.

AREA AGENCIES ON AGING

www.aging.pa.gov

Phone: 1-800-753-8827

Provides contact information for your local Area Agency on Aging (AAA). Some AAA's offer Caregiver or Grandparent Support Programs which can provide resources, support groups and financial assistance to grandparents raising grandchildren.



BEREAVEMENT RESOURCE GUIDE

elunanetwork.org/assets/guides/BereavementResourceGuide_Pennsylvania.pdf

This resource guide includes information about Pennsylvania organizations available to help children and families affected by grief and addiction.

COUNTY ASSISTANCE OFFICES AND COMPASS

www.dhs.pa.gov or www.compass.state.pa.us

Phone: 1-800-692-7462

County Assistance Offices can help Pennsylvanians identify and apply for available benefits like Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF), Child Care Workers and the Children's Health Insurance Program (CHIP). COMPASS is an online tool that allows users to find out what benefits they qualify for and apply for those benefits online.

FIND YOUR LOCAL SOCIAL SECURITY OFFICE

www.ssa.gov

Phone: 1-800-772-1213

Search for your local Social Security office and contact them to determine if you or your grandchildren are eligible for any additional benefits.



GRANDFAMILIES FACT SHEET

www.grandfamilies.org

This fact sheet includes information on a number of programs throughout Pennsylvania designed to support grandparents as they raise their grandchildren.

GRANDFAMILIES.ORG

www.grandfamilies.org

A national legal resource that provides information to grandparents as they navigate the legal aspect of caregiving.

MARCH OF DIMES

www.marchofdimes.org

The March of Dimes educates medical professionals and the public about best practices. They support lifesaving research, provide comfort and support to families in NICUs and advocate for those who need them most. The March of Dimes also helps to guide moms through every stage of the pregnancy journey.



NATIONAL HIGHWAY TRAFFIC SAFETY ADMINISTRATION (NHTSA)

www.nhtsa.gov

NHTSA offers information on seat belts, car seats and booster seats, drunk, distracted, drowsy or drug-impaired driving, safety issues and recalls, road safety and much more.

NATIONAL ORGANIZATION ON FETAL ALCOHOL SYNDROME (NOFAS)

www.nofas.org/state-resources-for-pennsylvania

NOFAS supports individuals and families living with Fetal Alcohol Syndrome Disorder (FASDs) through referrals, advocacy, training for professionals, information dissemination, and a wide range of diverse initiatives and resources.

PA FAMILIES

www.pafamiliesinc.org

Phone: 1-800-947-4941

PA Families Inc. (PFI) is a not-for-profit Statewide Family Network providing support to families raising children and youth with emotional, behavioral, and special needs, as well as serving as an advocate in the different child serving systems.

PA FAMILY SUPPORT ALLIANCE

www.pa-fsa.org

Phone: 1-800-448-4906

The PA Family Support Alliance is a non-profit that provides education, support, and training to help ensure the safety of children throughout Pennsylvania.

PA LAW HELP

www.palawhelp.org

PA Law helps provide free information on a variety of civil legal issues including adoption, guardianship, and custody.



PARENTS AS TEACHERS

www.parentsasteachers.org

Parents as Teachers promotes the optimal early development, learning and health of children by supporting and engaging their parents and caregivers.

PATHWAYS.ORG

www.pathways.org

Empower parents to understand and encourage their baby's development to keep them on track or catch potential delays early. Provide free tools to maximize all children's motor, sensory, and communication development.

PENN STATE'S KINSHIP NAVIGATOR

www.aese.psu.edu/extension/intergenerational/program-areas/kinship/programs

As part of Penn State's Intergenerational Program, the Kinship Care Locator is an online database of resources for kinship caregivers.

PENNSYLVANIA BAR ASSOCIATION LAWYER REFERRAL SERVICE

www.pabar.org/site/For-the-Public/Find-a-Lawyer

Phone: 1-800-932-0311

The Pennsylvania Bar Association provides lawyer referrals and information on local Bar Associations.

PENNSYLVANIA DEPARTMENT of DRUG AND ALCOHOL TREATMENT

www.ddap.pa.gov

Phone: 1-800-662-HELP

Are you or someone you know suffering from a prescription drug or heroin problem? Your call to get HELP is completely confidential. 24 hours/7 days a week.

PENNSYLVANIA DEPARTMENT OF HEALTH

www.health.pa.gov

Phone: 1-800-986-BABY OR 1-800-986-2229

Referrals and information on newborn screening, breastfeeding, immunizations, Women, Infants, and Children (WIC) nutrition, car seats and more.

www.health.pa.gov/topics/Documents/Emergency%20Preparedness/2017%20DOH%20EP%20Guide.pdf

www.readyPA.org

If an emergency happens, create a plan of action for you and your family.



PENNSYLVANIA DEPARTMENT OF HEALTH COUNTY RESOURCE GUIDES

www.health.pa.gov

Each guide contains resources for children with special needs, health insurance, housing and more.

PENNSYLVANIA DEPARTMENT OF HUMAN SERVICES

www.dhs.pa.gov/Services/children/Pages/Child-Welfare-services.aspx

Phone: 1-800-932-0313

Pennsylvania's Child Welfare services include information and contact info for county Children and Youth offices, local family centers, and resources for preventing child abuse and neglect.

PENNSYLVANIA LEGAL AID NETWORK

www.palegalaid.net

Phone: 1-800-322-7572

The Pennsylvania Legal Aid Network connects individuals and families who meet income requirements to local Legal Aid programs that can assist them with legal matters.

PENNSYLVANIA'S PROMISE FOR CHILDREN

www.papromiseforchildren.com

Phone: 1-877-472-5437

For information about finding, paying for and other concerns related to childcare. Pennsylvania's Promise for Children, known as PA Promise, is a campaign to help families make good choices about their child's early learning and choose quality early learning programs that are right for their family.

Phone: 1-800-692-7288

For information about your child's development and connecting to Early Intervention services in Pennsylvania.



PENNSYLVANIA TRAFFIC INJURY PREVENTION PROJECT (PA TIPP)

www.pakidstravelsafe.org

Phone: 1-800-CAR BELT or 1-800-227-2358

PA TIPP is a statewide project focused on traffic safety issues for children from birth to age 21. Topics include bicycles, school buses, pedestrian safety, seat belts, car seats, transporting children with special health care needs, and underage drinking. Contact them to locate a car seat loan program, car seat safety check or for the many resources they offer on traffic safety.

SPECIAL KIDS NETWORK

www.health.pa.gov

Phone: 1-800-986-4550

The Special Kids Network offers a wealth of resources for children and youth with special needs or physical disabilities. The Network offers referrals to local resources, in-home coordination services and systematic support for families.

STATEWIDE ADOPTION NETWORK (SWAN)

www.adoptpakids.org

Phone: 1-800-585-7926

SWAN offers a network of resources and/or information for families and children going through the adoption custody and guardianship processes.

THE AMERICAN ACADEMY OF PEDIATRICS PARENTING WEBSITE

www.healthychildren.org

The American Academy of Pediatrics (AAP) and its member pediatricians dedicate their efforts and resources to the health, safety and well-being of infants, children, adolescents, and young adults.



The KINCONNECTOR HELPLINE

www.dhs.pa.gov

Phone: 1-866-KIN-2111 (1-866-546-2111.)

Help is available Monday - Thursday 9 a.m.- 10 p.m. and Friday 9 a.m. - 5 p.m.

The KinConnector helpline can help kinship care families access local, state, and federal resources. Kinship care is becoming more common in Pennsylvania, with grandparents, aunts, uncles, or siblings often stepping in to fill the role of parents who are seeking treatment or, in the most tragic cases, have died from the disease of addiction. The Kinship navigators will also be available to help families apply for federal, state, and local benefits such as Social Security, public assistance, or CHIP.

TOBACCO: MY LIFE MY QUIT

mylifemyquit.com

Call or text “Start My Quit” to 855-891-0089.

Get the truth about vaping, smoking and other tobacco products so you’re not left in the dark when it comes to your future. One hundred percent free, confidential, and made for teens.

Text your quit coach or call for support. Get text messages that give you a boost while you quit. Learn how to cope with stress in healthy ways. Find out why your body craves nicotine. Get tips and the support you need to quit for good!

TOBACCO RESOURCES

www.tobaccofreekids.org

e-cigarettes.surgeongeneral.gov

Information on U.S. resources, global resources, industry watch and youth initiatives. Also, information on nicotine and vaping.

TOBACCO/VAPING

pa.quitlogix.org/en-US/Sign-in

Phone: 1-800-QUIT NOW or 1-800-784-8669

Taking your first steps toward becoming tobacco free. If you are pregnant, let them know when you call.



UNDERSTANDING THE OPIOID EMERGENCY

www.beawarebeprepared.com

Information about opioids and their risks, preparing for an opioid emergency and at-home emergency treatment.

UNITED WAY OF PENNSYLVANIA

www.uwp.org

Phone: 211 or 717-238-7365

By dialing 211, you are connected with a United Way operator who has access to a database of health and human services resources available in local areas.

BACKGROUND

Babies use their bodies and voices to communicate to us all the time. Some babies need extra loving, including those born with Neonatal Abstinence Syndrome (NAS).

Write down the things that seem to make your baby happy or unhappy and best ways to calm your baby.

IDEAS FOR SPENDING TIME WITH BABY

- _____
- _____
- _____

WAYS YOUR BABY SHOWS THEY ARE UPSET

- _____
- _____
- _____

WAYS YOUR BABY LIKES TO RELAX

- _____
- _____
- _____

THINGS YOU CAN DO TO HELP YOUR BABY

- _____
- _____
- _____

THINGS YOUR BABY NEEDS

- _____
- _____
- _____

CAREGIVER QUESTIONS TO ASK DOCTOR OR TEAM MEMBER

- _____
- _____
- _____

BACKGROUND

The immunization schedule is carefully designed to provide protection at just the right time. While babies are born with some immunity, they have not yet built up the necessary defenses against the diseases that vaccines prevent. Children won't have the best protection from 14 serious diseases until they get all the recommended doses of each vaccine. By getting your child's vaccines on time you're not only protecting your baby — you're helping to protect your friends, family, and community, too. Talk with your child's doctor if you have questions about vaccines.

RECOMMENDED IMMUNIZATIONS PER CDC FOR CHILDREN BIRTH - 6

Vaccine Name	Birth	1 m	2 m	4 m	6 m	12 m	15 m	18 m	19-23 m	2-3 Y	4-6 Y
Hepatitis B	HepB	HepB			HepB						
Rotavirus			RV	RV	RV						
Diphtheria, Tetanus and Pertussis			DTaP	DTaP	DTaP		DTaP				DTaP
HIB - Haemophilus Influenza Type B			Hib	Hib	Hib	Hib					
Pneumococcal 13			PCV13	PCV13	PCV13	PCV13					
Polio			IPV	IPV	IPV						IPV
Influenza					Influenza (Yearly)						
Mumps, Measles and Rubella						MMR					MMR
Varicella						Varicella					Varicella
Hepatitis A						Hep A's (2 doses 6 months apart)					

A well - baby exam is an opportunity to review your baby's health and growth with his or her doctor and discuss any concerns.

Write down your baby's appointment dates.

WELL - BABY APPOINTMENTS

Timeframe	Date	Timeframe	Date	Timeframe	Date
3-5 days old		9 months		2.5 years	
1 month		12 months		3 years	
2 months		15 months		4 years	
4 months		18 months		5 years	
6 months		2 years		6 years	

BACKGROUND

Emergencies happen when we least expect it. Being prepared, having an emergency plan and including an emergency kit are the most important things you can do for your baby and your family.

To help you and your family be safe, it's important to have a plan of action before an emergency occurs.



Please fill in your support contact information in the area provided below.

SUPPORT PEOPLE

Name	Relationship	Telephone Number	Email

Below is a list of items that your baby may need, and you should include in your emergency kit.

EMERGENCY ITEMS YOUR BABY MAY NEED

- Medications and any medical equipment for at least one week;
- Mother's milk/ formula or powdered milk/ food/ bottle for at least three days;
- Diapers/wet wipes/anti-rash ointment for at least three days;
- Extra sets of clothing;
- Blankets and swaddle;
- Pacifier;
- Favorite toy or comfort item; and
- Emergency contact information.

Please fill in the emergency contact information provided below.

EMERGENCY CONTACT NUMBERS

Title	Name	Address	Telephone Number
Ambulance			
Hospital			
Doctor for baby			
Doctor for you			
Pharmacist			
Speech therapist			
Occupational therapist			
Physical therapist			
Mental health support			
Drug & Alcohol agency			
Medical insurance for you			
Medical insurance for baby			
Medical equipment supplier			
Other			
Other			

As you start your kit, include items that best suit your baby’s unique needs.

Make sure your emergency kit includes enough baby formula, baby food, diapers, bottles, toys and games to keep your children safe and comfortable after a disaster.

Keep your kit for baby packed at all times in the event of an emergency. Make sure to double check clothing and diaper size for baby growth.



BACKGROUND

One might say it takes a village to raise a child.

Our community partners have shared their knowledge, triumphs, and barriers to care, so that we could grasp the issues that families face on a day-to-day basis.

These community partners came together for the common goal, to identify the need and share strategies to address the issues in raising a baby born with Neonatal Abstinence Syndrome.



Our goal with this toolkit is to provide you, with an understanding of Neonatal Abstinence Syndrome, along with the care and process of creating a Plan of Safe Care for your baby.

We have outlined some specific strategies and listed options for referrals, so you the caregiver have a better understanding of what your baby needs and become better equipped to care for your baby.

Our Northwest Pennsylvania Neonatal Abstinence Syndrome Coalition created this Neonatal Abstinence Syndrome Family Guide Tool Kit as a resource, for you to help raise your baby to overcome the challenges they face and become successful in life.



WHO ARE THE COALITION MEMBERS?

- | | |
|--|--|
| Aetna Better Health | Mercer County Behavioral Health Commission |
| Allegheny County Health Department (contracted to CDC) | Mercer County Head Start- Early Head Start |
| Alliance for Nonprofit Resources | Mercer County Overdose Task Force |
| Beacon Health | Nicotine Free NWPA |
| Bethany Christian Services | PA Chapter American Academy of Pediatrics |
| Children and Youth Services | PA Traffic Injury Prevention Project |
| Clarion University of Pennsylvania | Pediatric Therapy Professionals |
| Community Services of Venango County Inc. | Pennsylvania Department of Health |
| Crawford County Drug and Alcohol Executive Commission | Penn Highlands Healthcare DuBois |
| Crawford County Overdose Prevention Coalition | Saint Vincent Hospital |
| Crawford County Human Services | Union City Family Support |
| Erie County Department of Health | UPMC Hamot |
| Erie County DHS/Office of Children and Youth | UPMC Hamot Women's Recovery Center |
| Erie Family Center | UPMC Northwest |
| Family First Early Head Start- Crawford | Venango County Drug and Alcohol Prevention |
| Forest-Warren Human Services | Venango County Human Services |
| Gaudenzia, Inc. | Venango County Overdose Task Force |
| Jefferson-Clarion Head Start, Inc. | Warren Drug and Alcohol |
| Meadville Medical Center | Warren General Hospital |
| Meadville Medical Center Health Systems | Women, Infants, and Children (Crawford County) |



pennsylvania
DEPARTMENT OF HEALTH

**“Sometimes asking for help is the
bravest move you can make.
You don’t have to do it alone.”**

Author Unknown

