

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

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

Is newborn at risk for developing NAS / discontinuation syndrome?

YES - exposure involves

YES - exposure excludes opioids

Short-acting opioids  
(heroin, fentanyl, morphine, hydromorphone, oxycodone, codeine, hydrocodone, oxycodone, dihydrocodeine, tramadol, propoxyphene)<sup>3</sup>

Long-acting opioids  
(methadone, buprenorphine, levorphanol, any controlled-release or extended release will prolong half-lives of opioids)<sup>3</sup>

Stimulants (cocaine, methamphetamine), marijuana, SSRIs/SSNRIs can cause discontinuation signs of CNS irritability but rarely require pharmacotherapy<sup>4,5</sup>

Start Neonatal Withdrawal Inventory scoring when symptoms arise (refer to scoring sheet and treatment algorithm).  
Recommend Observation for at least 72 hours from time of birth<sup>6,7</sup>

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Recommend Observation for at least 72 hours from time of birth<sup>5,6</sup>

If one week or longer has elapsed between the last maternal opioid use and delivery of infant, the incidence of NAS is relatively low<sup>7</sup>.

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

Yes

May have more significant CNS withdrawal symptoms that require longer observation<sup>6,8</sup>