

VCMC/SANTA PAULA HOSPITAL CLINICAL PRACTICE GUIDELINES NEONATES EXPOSED TO ILLICIT DRUGS OR NARCOTICS DURING PREGNANCY

The contents of this clinical practice guideline are to be used as a guide. Healthcare professionals should use sound clinical judgment and individualize patient care. This CPG is not meant to be a replacement for training, experience, CME or studying the latest literature and drug information.

1. **When an infant is born to a mother who abused narcotics, alcohol or other illicit drugs during this pregnancy:**
 - a. Obtain a urine drug screen on the baby immediately after birth.
 - b. Collect meconium within the first 24 hours of life, in case needed for further testing.
 - c. Consult with social worker.
 - d. Inform Department of Child and Family Services (DCFS) as soon as possible (do not wait until discharge day).

2. **If a mother is taking medications for a substance use disorder (e.g., methadone or buprenorphine), using illicit narcotics (e.g., morphine, heroin), or if there is a suspicion of ongoing narcotic abuse:**
 - a. The infant needs to be evaluated by a Neonatal Nurse Practitioner (NNP) or neonatologist for admission to the Neonatal Intensive Care Unit (NICU) within 24 hours of birth.
 - b. The infant should not breast feed until the following have been clarified: 1) maternal abstinence from illicit drug use (e.g., cocaine, amphetamines); 2) negative maternal HIV status; 3) maternal engagement in a substance abuse treatment program (e.g., methadone maintenance clinic) with plan to continue in the postpartum period.
 - c. The infant should not be discharged before 1 week of age unless evaluated and cleared by a neonatologist or attending with pediatric privileges.
 - d. Some infants may not show signs of withdrawal until 2-3 weeks of age. Therefore, ~~so~~ if the infant is asymptomatic and discharged home, he or she will need to be monitored closely by the Primary Medical Doctor (PMD) for possible late onset signs of withdrawal.
 - e. The infants of ~~the~~ mothers on prescription narcotics during pregnancy need to be evaluated by a physician for Neonatal Abstinence Syndrome (NAS).

3. **Obtain a urine drug screen on all newborns whose mothers have a history of illicit drug use within the past 5 years, a previous history of a drug exposed infant, or maternal history of HIV or Hepatitis C infection. Consider obtaining a urine drug screen on newborns whose mothers had absent, late or inadequate prenatal care; late fetal demise; precipitous labor; abruptio placentae; hypertensive episodes; severe mood swings; cerebrovascular accidents; myocardial infarction; or repeated spontaneous abortions.**

Reference:

Mark L. Hudak, MD et al. AAP Clinical Report: Neonatal Drug Withdrawal. Pediatrics Volume 129, Number 2, February 2012.