7. MATERNAL MEDICATION / SUBSTANCE USE

7.1. QUICK REFERENCE GUIDE

**Infant at risk of Narcotic Abstinence Syndrome (NAS)**

- **High Risk**
  - Hx of eliciting substance use
  - WANDAS Patient
  - Poly-substance use
  - Some maternal treatments (e.g. Methadone)

- **Low Risk**
  - Maternal alcohol use
  - Maternal marijuana use
  - Some maternal treatments (e.g. Buprenorphine)

- **SSRI / SNRIs**
  - Maternal depression
  - Maternal anxiety disorders
  - Escitalopram (Lexapro)
  - Sertraline (Zoloft)
  - Venlafaxine (Effexor)

**Symptom Profile**
- **High Risk**
  - Vary with substance
  - Early (<24h) especially if recent use
  - Onset usually 3-4 days
  - Duration variable days - months

- **Low Risk**
  - Vary with substance
  - Rarely require treatment
  - Buprenorphine:
    - Symptoms usually mild
    - Symptoms early (<24h)
    - Gradually resolve (1-2w)

- **SSRI / SNRIs**
  - Symptoms may appear shortly after birth (<12h)
  - Commonly:
    - Tremors, unsettled
    - Poor/difficult feeding

**Always consider differential diagnoses!**

**NAS Scoring**
- Commence Finnegan chart at 2 hrs of age
- Score infant 4 hourly

- **Score ≥ 8**
  - Score ≥ 8 on 3 consecutive scores

- **Score ≥ 12 on 2 consecutive scores**

- **Admit SCN**
  - Discuss with paed consultant / SR
  - Handover to SCN registrar
  - Most babies needing Rx will discharge from SCN to home
  - Untreated infants returning to PNW should continue flowchart

- **Score < 8**
  - Score 4 hourly until day 5 of age

**Discharge Planning**
- Consider when:
  - Day 5 of age
  - Minimum 24 hrs with Score <8
  - Appropriate feeding and weight gain
  - Social supports in place
  - WANDAS / SW / Paed consultant OK