OFF TO A GOOD START: #9

Caring For the Drug Affected Infant

1.0 Hour Training Credit

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A foster infant who was prenatally exposed to drugs has been placed in your home. What do you need to know to care for this baby? This packet will answer some of those questions.

**HOW ARE BABIES Affected?**

Babies are affected differently dependent on the types of drugs they were exposed to and the child’s own biological and temperament makeup. It is critical that a caregiver carefully monitor the infant and be sensitive to the infant’s clues.

With drug affected infants, caregivers need to be sensitive to physical health (such as weight gain or loss) and a child’s reaction to the environment around him (such as over sensitivity and under sensitivity.)

Babies prenatally exposed to drugs or alcohol are at risk for:
- Lower Birth Weight
- Prematurity
- Small for Gestational Age
- Failure to Thrive
- Neurobehavioral symptoms such as tremors and irritability, sometimes drug withdrawal
- Possible infectious disease such as Chlamydia, syphilis, Hepatitis B and HIV
- Increased risk of SIDS (you may be asked to use apnea or cardiac monitoring)
- Possible Fetal Alcohol Spectrum Disorder if prenatally exposed to alcohol

**DRUG Effects & WITHDRAWAL**

Whether or when a baby will show withdrawal symptoms depends on the type of drugs he was exposed to. You should learn everything you can about how babies might be affected, but generally, here are some of the common symptoms related to specific drugs.

**Cocaine:** Cocaine takes about two to three weeks to leave the body so you may not see withdrawal symptoms right away. The most concerning issue is that the baby doesn’t wake to feed and may take less than one ounce of formula every 3 to 4 hours. After two weeks, body tone will increase and you may see small muscle spasms or contractions. Baby may also have lots of gas and intestinal discomfort.

**Methamphetamine or Amphetamines:** Baby may sleep a lot and be soft and cuddly, appearing to be a “good” baby. These drugs may stay in baby’s system for 1 to 2 weeks and have a depressive effect on baby, showing up in almost continuous sleeping and a lack of need to feed. Baby may experience increased gastric discomfort and may have watery or burning bowel movement, burning the baby’s bottom. Babies may also lack subcutaneous fat (right below the skin surface) so will be thin and easily lose body heat. It is important to keep babies warm to prevent seizures.
Children who were exposed pre-natally to drugs often show some of the following characteristics during birth to fifteen months include:

- Unpredictable sleeping patterns
- Feeding difficulties
- Irritability
- Atypical social interactions
- Delayed language development
- Poor fine motor development
- Gastrointestinal Problems (including dehydration, diarrhea, excoriated buttocks from harsh substances in the stool, gas or constipation)

**GENERAL CAREGIVING TECHNIQUES:**

You may not know exactly what drugs a child has been exposed to. More often than not, a child has been exposed to a combination of factors (such as drugs, alcohol, tobacco and poor nutrition). If you do have that information, try to learn as much as you can about how particular drugs can affect an infant. There are techniques, however, which can be used in a general plan of care for babies exposed to drugs.

Provide a calm environment; low lighting; soft voices; slow transition from one activity to another

Be aware of signs of escalated behavior and frantic distress states before they occur, e.g. increased yawns, hiccoughs, sneezes, flailing or arms, irritability, disorganized sucking and crying.

Use calming and special care techniques on a regular basis, such as

- Swaddling blankets tightly around the infant
- Using a pacifiers even when the infant is not organized enough to maintain a regular suck
- Rocking, holding or placing the infant in a swing, or Snuggli carrier
- Massaging the child
- Bathing in a warm bath, followed by a soothing application of lotion
- Rubbing ointment on diaper area to prevent skin breakdown

Encourage developmental ability when the infant is calm and receptive using only one stimulus at a time. Look for signs of infant distress and discontinue the activity if this occurs.

Gradually increase the amount and time of daily development activities; encourage the child to develop self calming behaviors and self control of his own body movements. Go slowly, but help a child gradually adjust to accepting more stimulation.
THE BASICS

- Watch and observe the baby. Keep good records and share with doctor.
- Make sure child is getting enough nutrition. Watch how much he eats.
- Monitor the stimulation in the environment. Learn a variety of comforting skills.
- Work with your health provider for particular strategies for your child’s particular condition and the drugs he was exposed to.
- Accept that you will need to spend extra time and patience to help a baby do well. Drug exposed infants need an active and attentive caregiver.

SUGGESTED STRATEGIES FOR SPECIFIC ISSUES

Feeding: It is critical that foster parents pay close attention to a baby’s feeding pattern and intake. You have to work hard to get enough nutrition into a baby and not just respond to a feed on demand schedule. Make sure your feeding area is a place of low stimulation, avoiding bright lights, loud noises, talking voices or television.

Feed smaller amounts at one time; allow the infant to rest frequently during feeding. Feedings should be 3 to 4 hours apart (too many frequent feedings may exhaust a baby) and for difficult feeders, you should plan to spend 30 to 45 minutes a feeding. Place the infant upright for feeding and after feeding, place child on side in C position to prevent choking. If vomiting occurs, clean the skin immediately to prevent irritation.

A baby may not be able to close his mouth around the nipple without your support, so use your forefinger to the chin to provide extra support or gently support the baby’s cheeks. The C Position also can support a baby’s sucking ability.

You may wish to try a smaller 2 oz. bottle or enlarge the nipple hole slightly or try gently “pumping” the bottle regularly to help encourage the child to feed. If the child falls asleep and has not finished feeding, gently wake the baby by unwrapping the swaddle or rubbing his arms to wake.

If a baby is having trouble getting enough to eat, talk to your health provider about possibly using a hypercaloric formula. Because a baby is in need of nutrition, avoid watering down formula or giving an infant water unless instructed by a physician.

USING THE “C POSITION” TO COMFORT BABIES

The C Position is a handling technique shared by the Pediatric Interim Care Center. In Washington State. Hold the baby with his chin gently down resting toward his chest, with arms forward, and round his back slightly in a C position. Legs should be slightly bent in an upward position. If being held next to you is too stimulating, turn baby away from you and curl him or her into a C-Position over your arm.

If laying a baby down, maintain this C position with the infant on his side. Make sure there are no loose pillows or toys in the crib. Take a blanket and roll it into a firm ring and encircle the baby’s body to maintain the C position. Swaddling the baby will also help the baby maintain the C position. This position is especially helpful in feeding for children who have trouble or when a baby is going through withdrawal. As the withdrawal symptoms diminishes, introduce the back sleeping position as recommended by pediatricians to reduce the risk of SIDS.
Diapering: Especially for children exposed to harsh chemical and drugs, change diapers quickly. For babies exposed to meth, harsh chemicals are eliminated through the stool and these can burn a babies tender bottom skin. This is called “excoriation” and it shows up as raw, irritated skin or diaper rash. Rinse off the area gently with water and a very mild baby shampoo, and air dry with baby’s butt exposed. Avoid using ointments or lotions until healed.

Swaddling: Drug exposed infants cannot control their bodies, breathe, and suck all at the same time. Swaddling, or wrapping babies snugly helps control their movements and provide comfort, thus controlling their bodies for them.

To swaddle a baby, use a lightweight, somewhat stretchy blanket. Fold one corner in to make an offset triangle. Put babies shoulder at the long end of the triangle and wrap the left end of the triangle over the baby’s arm, then bring in the bottom point up over the baby’s legs and body. Complete the swaddle by wrapping the right corner tightly around the baby’s body. Swaddling should be used often for the drug affected baby, especially during the first month.

Sleeping: Some babies may have shortened sleep cycles and move to an alert state very quickly. Some babies may sleep much longer periods due to depressed nervous systems and may need help to waken and eat. You should carefully monitor sleep and not let a baby sleep too long without feeding. Some babies may need help getting to sleep with vertical rhythmic rocking (try up and down instead of side to side), swaddling, gentle handling, slow transitions, massage, and decreased sensory stimulation.

Irritability: Reduce the noise in the environment; turn down the light; swaddle the infant; Put the baby in a Snuggli and carry close to your body. Use an infant swing or offer a pacifier. Walk with a baby and gently rock a baby. Use a gentle cupping of your hand against the baby’s bottom in rhythm with your heartbeat and sway from your knees, not your hips. Be patient. Drug affected infants are having a tough time in their body and they need a gentle, caring adult to help them out. Try to avoid rocking side to side, but think of a “head to toe” movement, either by vertical rocking or curling the baby in the C position over your arm to rock a child back and forth in a head to toe movement. It’s best to minimize over stimulation, such avoiding passing a baby from lap to lap or talking with someone while you are feeding.

Tremors: Observe the child and note the onset of tremors, their duration and how the child compensates for them. Tremors may be more a result of opiate withdrawal, but spastic jerks are also common in children exposed to cocaine. Notify your health provider of any onset of tremors.

Muscle Tone: Muscle tone is the degree of stiffness in the baby’s muscles. These can be either unusually limp or unusually stiff, particularly in the neck and limbs. This is called “hypo-tonic” or “hyper-tonic” Or a baby might experience mixed tone, with stiffness coming and going.

Gradually Introducing Stimulation: As a baby moves out of withdrawal symptoms and gains in development, you can begin to increase the stimulation he or she receives, by being more animated in your speech, starting to sing a bit more, and introduce some interesting stimuli or new toys. What’s most important in this process is to be keenly observant of the baby. Learn the signs of being stimulated such as sneezing, yawning, arching, and flailing of arms. You have to be the moderator of his little world, by helping him adjust to the more normal stimuli in his world, but to be protective of his fragile response system.
**LOG**

**NAME OF CHILD:** __________________________________________

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WANT TO LEARN MORE?

ALASKA CENTER FOR RESOURCE FAMILIES CAN HELP!

Call 479-7307 or 1-800-478-7303 if you would like to order any of the following materials on caring for the drug affected infant in foster care.


- **Course:** Methamphetamines: A Training Course for Resource Families

- **Information Packet:** Methamphetamines

- **Information Packet:** Techniques for Caring for Drug Affected Infants.

- **DVD:** Caring for the Drug Exposed Infant. Pediatric Interim Care Center 2000

Also Check out the Website: [www.drugexposedinfants.com](http://www.drugexposedinfants.com). Caring for Drug Exposed Infants Pediatric Interim Care Center Website
NAME: __________________________________________ PHONE NO.: ____________________

ADDRESS: ________________________________________

Street or Post Office City/State Zip

EMAIL: ____________________________________________

☐ Yes! I would like to receive ACRF’s upcoming training and the quarterly newsletter by email.

Are you a foster parent? ☐ YES ☐ NO If YES, what is your Foster Home License #: ________________

If NO, please check one: ☐ Pending Foster Parent ☐ OCS ☐ Birth Parent ☐ Adoptive Parent

☐ Residential Treatment Facility (License #: ____________) ☐ Agency:____________________________

☐ Other (please specify): ___________________________________________________________________

CHECK YOUR UNDERSTANDING

Off to a Good Start: #9: Caring for the Drug Affected Infant in Foster Care

To gain credit for reading and understanding this packet, please fill out this worksheet and return it to ACRF. If you correctly answer the questions, you will receive 1.0 hour of training credit.

1. Name three (3) ways that babies might be affected by prenatal drug exposure.
   a. ____________________________________________________________________________
   b. ____________________________________________________________________________
   c. ____________________________________________________________________________

2. Describe two (2) strategies to help a drug affected baby who is having trouble feeding.
   a. ____________________________________________________________________________
   b. ____________________________________________________________________________

3. Which of the following accurately describes “The C Position?
   ___ a. Crook your arm into a C position and lay the baby on his or stomach over your arms.
   ___ b. Roll up a towel and wrap around the baby as he sleeps on his side
   ___ c. Position baby with chin down, arms forward, legs slightly bent and back rounded slightly.
   ___ d. Swaddle a blanket tightly around the infant with his arms to midline position.

Return this questionnaire to:
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Fairbanks, AK 99701