



**Keeping Baby Healthy:**  
A Guide for Parents, Families, and Friends of  
Substance Exposed Newborns



Congratulations on the birth or upcoming birth of your baby. This is an exciting but overwhelming time, the messages and advice you receive or too numerous to count. Much goes into preparing for your baby's future, it is important to remember during pregnancy mothers share everything with their babies. Some of these things have a long term impact on their babies' development and require specific interventions. Here is a guide to keeping baby healthy.

*Pinellas SEN Taskforce*



Pregnancy can be a confusing time for pregnant women facing choices about legal drugs, like tobacco and alcohol, as well as prescription and over the counter drugs that may affect their baby. Illegal drugs such as marijuana, heroin and cocaine pose additional dangers to a pregnant woman and baby. Research shows that use of any or all of these drugs can have severe health consequences for infants. This is because many substances pass easily through the placenta, so drugs a pregnant woman takes also reach the baby. Here are some known facts about drug use during pregnancy and the impact on babies:

The type and severity of withdrawal of an infant's withdrawal symptoms depend on the drug(s) used, how long and how often the birth mother used, how her body breaks the drug down, and whether the infant was born full term or prematurely.

Symptoms of withdrawal in a newborn can develop immediately of up to 14 days after birth and can include:

- Blotchy Skin Coloring
- Excessive or High Pitched Crying
- Abnormal Sucking Reflex
- Fever
- Over Active Reflexes; Startles
- Tightening and Rigid Muscles
- Irritability
- Rapid Breathing
- Increased Heart Rate
- Sleep Problems
- Stuffy Nose & Sneezing
- Sweating
- Trembling
- Low Weight Gain

***When Babies experience these Symptoms call the doctor immediately, these can be life threatening:***

- Seizures
- Poor Feeding or Not Eating
- Vomiting or Diarrhea

Effects of using some drugs could be long-term and possibly fatal to the baby:

- Low Birth Weight
- Birth Defects
- Small Head Circumference
- Premature Birth
- Neonatal Abstinence Syndrome (NAS)
- Fetal Alcohol Syndrome

*Newborns of tobacco using mothers also show signs of stress and drug withdrawal consistent with what was reported in infants exposed to other drugs. A recent study shows that use of opiates during pregnancy especially when combined with tobacco and/or certain antidepressants medications is associated with an increase likelihood of NAS in the baby.*

**Sometimes babies do not exhibit symptoms in the hospital but will begin to show signs at home. If you suspect a baby is showing signs of withdrawal please seek medical assistance immediately.**

Although some prescription and OTC medications are safe to take during pregnancy, a pregnant woman should tell her doctor about all prescription medications, over the counter cold and pain medications, herbal supplements, marijuana, tobacco, alcohol or illegal drugs recently used. This allows the doctor to accurately provide care to the mother including prescribing alternative medications and treating substance use disorders.

Some women report using marijuana to treat severe nausea with their pregnancy, while other women utilize medical marijuana while pregnant and not checking with their doctors. Research shows babies display altered responses to visual stimuli, increased trembling, and a high-pitched cry, which could indicate problems with neurological development, later resulting in the babies having issues with problem-solving skills, memory, and the ability to remain attentive.

Nursing mothers should contact their baby's pediatrician if their infants show any of these reactions to the breast milk: diarrhea, excessive crying, vomiting, skin rashes, loss of appetite, or sleepiness. There is evidence that THC is present in breastmilk and can result in decreased motor development at 1 year of age. Nursing mothers need to be aware that nicotine passed through breast milk so tobacco use impacts infant's brain and body development even if the mother never smokes near the baby. There is evidence that the milk of mothers who smoke smells and may taste like cigarettes. For more on latest information on the effects of specific medications and substances on pregnancy go to:

*<https://www.drugabuse.gov/publications/health-consequences-drug-misuse/prenatal-effects>*

**For More Information on Substance Use Treatment or Smoking Cessation Contact the following:**

Motivating New Mom's: 727- 744-1014 or 727- 432-3416

Healthy Start PAT Plus: 727-350-5900

Florida Quit: 1-877-822-6669

SAMHSA: 1-800-662-HELP



It is critical that families communicate with their babies' doctors the birth mother's prenatal experience, babies' behaviors that seem strange, or any concerns they have during well baby exams. The earlier the intervention the less trauma babies have to experience.

**Selecting baby's Doctor:**

Keep in mind — especially if you tend to feel intimidated by doctors — that you'll be hiring this person as a professional to provide care for your baby. Arrive with specific questions about the topics that are most important to you. Here are some questions to consider:

- Which hospital is the doctor affiliated with?
- Will the doctor (or someone else in the practice) see your newborn in the hospital or will the first contact be an office visit?
- Do the doctor's hours suit your schedule? You might prefer one who works certain days of the week or who offers evening or Saturday-morning hours.
- Does the doctor accept and answer questions by email?

- How are appointments handled for children who are sick? Is there good chance your child will get to see his own doctor?
- How does the office handle telephone inquiries? Does it set aside specific times for parents to call in with questions or is there an open advice line during office hours? And if staff members handle the inquiries, do they dispense their own advice or relay the doctor's?
- How are appointments handled for children who are sick? Is there good chance your child will get to see his own doctor?
- Are there separate well-baby and sick-baby waiting rooms?
- Is the staff warm and helpful?
- How do you reach the doctor if your child gets sick after hours? When your doctor is not on call, who covers? (Some doctors send patients to urgent care clinics, for example, while others will meet you at the office even at night.)
- Does the doctor have a subspecialty or an area of interest?
- Do you and the doctor have similar views on topics such as circumcision, breastfeeding, immunizations, alternative medicine, and parenting issues such as attachment parenting, co-sleeping, single parenthood, and daycare? If not, is the doctor open to – and supportive of – other opinions and approaches?
- Pay attention to such intangibles as the doctor's style. Do you want a doctor who offers choices and lets you decide which one works best for you — or would you be more comfortable with one who gives a lot of direction?
- Take note of the overall atmosphere of the office. Is it clean, warm, and inviting?

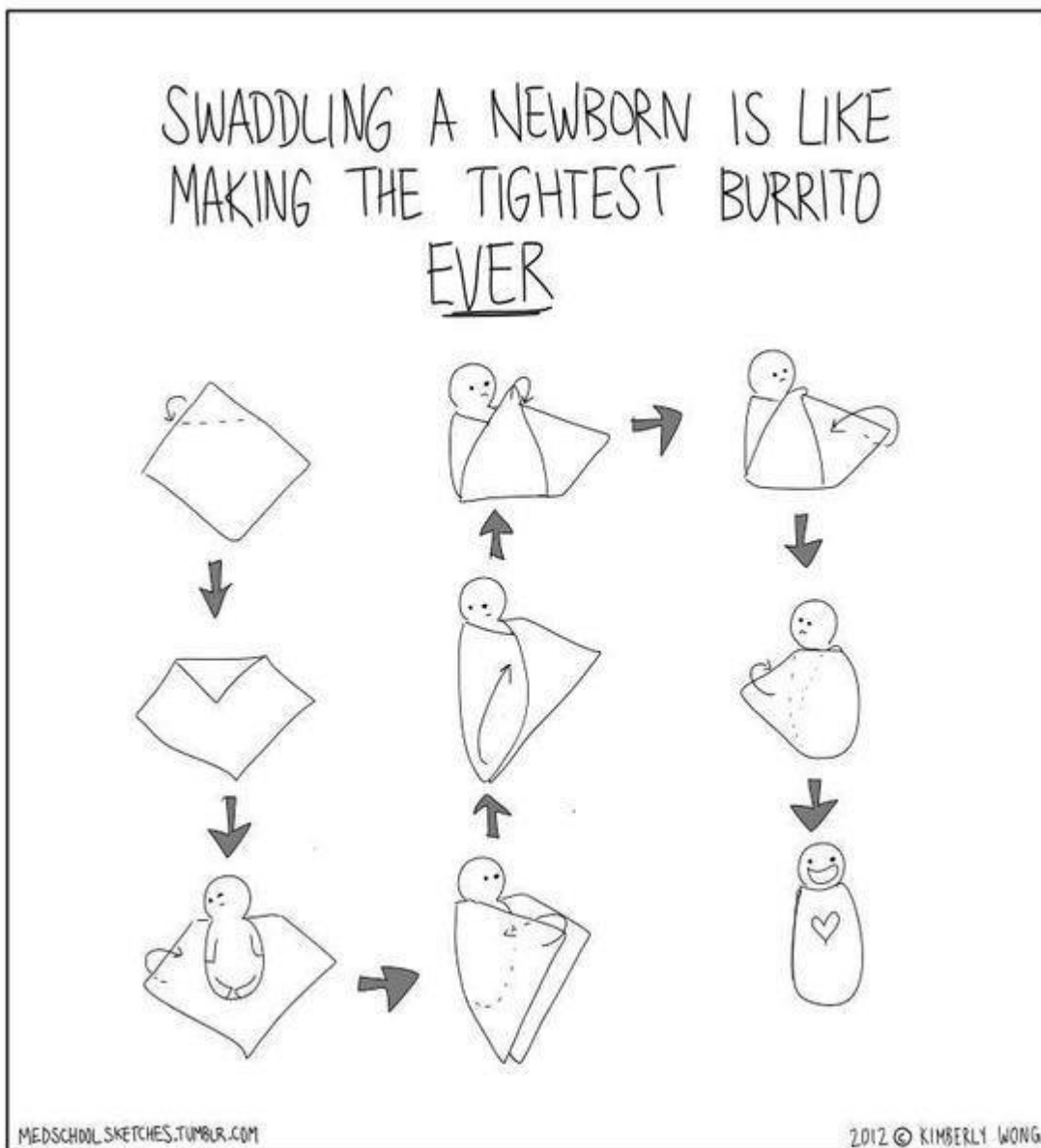
The American Academy of Pediatrics and [HealthyChildren.org](http://HealthyChildren.org) can supply you with names of board-certified pediatricians in your community through our [Find a Pediatrician](#) tool.



## Review of Routine Infant Care:

### Swaddling

Swaddling provides boundaries for baby, provides comfort and allows the baby to be positioned in a soothing position.





### Swaddling Tips:

- You can use a towel or receiving blanket
- A swaddled baby should not have the blanket over their face.
- The baby's hands should be placed up towards their face for self-soothing.
- Babies should not be swaddled after 2 months of age.

### Swaddle Bathing

Provides boundaries, Keeps baby warmer promoting a positive bath experience, Allows parents control in the bathtub and Provides positive bonding experience When taking baby out of bath, the swaddle makes transition soothing, not traumatic.



### Basic Bathing Safety Tips:

- You can use a towel or receiving blanket
- Set Water Heater to 120 degrees or below
- Gather all supplies before starting bath
- Never, Ever leave baby alone during bath





## Breastfeeding

Breastfeeding is a personal choice and assistance is available if you choose to breastfeed.

The benefits of Breastfeeding include:

- Decreases risk of ear infections, vomiting, diarrhea, pneumonia, urinary tract infections, and certain types of spinal meningitis.
- Breastfed babies are at lower risk for childhood obesity and Type 1 and Type 2 diabetes.
- Breastfed babies have lower risk of infant death
- Breast milk is easier to digest than formula.

### ***Breastfeeding is ok for:***

- Moms on Methadone and buprenorphine
- Mom with hepatitis C

### ***Breastfeeding is NOT ok for:***

- Moms who are HIV positive
- Mom taking certain medications, alcohol, or illicit drugs.

## Kangaroo Care:

Kangaroo care is a method of holding a baby that involves skin-to-skin contact. The baby, who is naked except for a diaper and a piece of cloth covering his or her back (either a receiving blanket or the parent's clothing), is placed in an upright position against a parent's bare chest.



The benefits of kangaroo care to the baby include:

- Improved (more regular) breathing pattern
- Gain in sleep time
- More rapid weight gain
- Decreased crying
- More successful breastfeeding episodes

Watch cues, sometimes babies will tolerate Kangaroo Care very well; sometimes, it is too much stimulation. Kangaroo care should always be pleasant for parent and baby, and should be baby led, not forced. **If parent is sleepy, don't do it, unless another support person is present and awake.**



Swaddling, Breastfeeding, and Kangaroo Care are Good techniques to be used for all babies, but especially for babies who are exhibiting withdrawal symptoms or are diagnosed with Neonatal Abstinence Syndrome.



### Additional Comfort Measures for Infants Experiencing NAS:

- “Crescent Moon” position: if the baby is irritable, use of the “C” position can be comforting. Don’t let them sleep this way. **Request a demonstration from nursing team or pediatrician.**
  - Lay baby on their side with chin to chest, back rounded and legs bent.
  - Do this **ONLY** when baby is awake and supervised
- Patting or Clapping
  - Gentle pressure on bottom or lower back
- Vertical Rock
  - Hold baby facing away from you
  - Rock up and down from head to toe
  - This is more soothing to the nervous system than a side to side motion

## Creating Calm Environments

Some babies have a hard time tuning out noise, light, touch or smells. Babies may cry when stressed, but may also show that they are stressed by sneezing, hiccupping, or turning away. Swaddling and a quiet and dim environment can help decrease discomfort. **New sensations should be introduced gradually.**

### Calm Environments Include:

- Low lights
- Soft voices
- Slow approach
- Designated quiet spot
- Neutral smells
- Limit visual stimulation



### **Things to keep in mind when Comforting Baby:**

**Babies CANNOT get spoiled from too much attention.**

**Letting a baby “cry it out” isn’t a good strategy.**

**Babies need to feel trust that their needs will be met.**

## BONDING ACTIVITIES FOR INFANTS

### 4 – 8 MONTHS OF AGE



1. Play voice games. Talk with a high or low voice. Click your tongue. Whisper. Take turns with your baby. Repeat any sounds made by baby. Place your baby so you are face to face – your baby will watch as you make sounds.
2. Gently rub your baby with a soft cloth, a paper towel, or nylon. Talk about how things feel (soft, rough, slippery). Lotion feels good, too.
3. Play Peekaboo with hands, cloth, or a diaper. Put the cloth over your face first. Then let your baby hide. Pull the cloth off if your baby can't. Encourage baby to play. Take turns.
4. Place your baby on your knee facing you. Bounce baby to the rhythm of a nursery rhyme. Sing and rock with the rhythm. Help your baby bring his or her hands together to clap to the rhythm.
5. Once your baby starts rolling or crawling on tummy, play “come and get me”. Let baby move, then chase after baby and hug baby when you catch him or her.
6. Place your baby facing you. Your baby can watch you change facial expressions (big smile, poking out tongue, widening eyes, raising eyebrows, puffing or blowing). Give your baby a turn. Do what your baby does.

## 8 – 12 MONTHS OF AGE



1. Read baby books or colorful magazines by pointing and telling your baby what is in the picture. Let your baby pat pictures in the book.
2. Turn on music. Hold your baby in a standing position and let your baby bounce and dance. If your baby can stand with a little support, hold her hands and dance like partners.
3. Play hide-and-peek games with objects. Let your baby see you hide an object under a blanket, diaper, or pillow. If your baby doesn't uncover the object, just cover part of it. Help your baby find the object
4. Play ball games. Roll a ball to your baby. Help your baby or have a partner help baby roll the ball back to you. Your baby may even throw the ball, so beach balls or Nerf balls are great for this game.
5. Mirrors are exciting at this age. Let your baby pat and poke at themselves in the mirror. Smile and make faces together in the mirror.
6. Your baby will play more with different sound like “la-la” and “da-da”. Copy the sounds your baby makes. Add a new one and see if your baby tries it, too. Enjoy baby's early attempts at talking.

**For additional resources to help engage your baby please contact your Local Library & Neighborhood Family Center.**

## Understanding My Babies Development:

Child's Age	Communication	Gross Motor	Fine Motor	Problem Solving	Personal/Social
2 Months	Your baby smiles and cooing when you talk to them	When baby is on tummy, lifts head off floor, turns head side to side, and lies head back down	Baby grasp your finger, hands are open when awake	Baby follows you with their eyes. Eyes follow their toys.	Baby cries when hungry, tired, or wants to be held. When baby sees bottle, they know they are about to be fed.
4 months	Baby gets excited to see you after you have been out of sight. Makes sounds, laughing, makes sounds when looking at toys or people.	Baby holds head up enough to look around. When in a sitting position; baby holds head steady. On back baby brings hands together touching fingers.	Grabbing and scratching at whatever is in front of them. Reaching for toys. Holding toy in hand for a minute, waving or trying to chew on it.	Baby will follow toy with eyes and turn their head to follow toy. Will look at a toy in front of them or in hand. They will try putting toy in their mouth.	Baby tries to hold the breast or bottle with their hand while eating. Before you smile or talk to your baby; they smile when seeing you nearby. They smile in the mirror while seeing themselves.
6 Months	Making different sounds. Looking in direction of your voice or noise; turning to see where the sound came from. Copy the sounds that your baby makes .	When on their backs; baby lifts their legs to see their feet. Roll from back to tummy. When holding arms they are able to stand.	Baby reaches for a crumb or Cheerio. Picking up a small toy with only one hand. Picking up smaller toys with only one hand.	If they drop the toy; they are able to get it. Passing toy from one hand to another. Banging the toy on something.	Baby acts differently toward strangers than with you. Smile, coo or pat a mirror when in front of it. When on back they put their feet in mouth. Tries to get toys out of their reach.

8 Months	Stops when you say no. Baby makes sounds like: da, ga, ka, and ba. They put similar sounds together.	Baby leans on hands when sitting. Getting in crawling position. Sit up straight for minutes without using arms for support. Hold on to furniture while standing.	Baby uses thumbs and fingers in a raking motion. Grasping using whole hand.	Baby picks up two small toys; one in each hand; and bangs on table or each toy.	Baby can drink water or juice from a cup while you hold it. Baby can feed itself a cracker or cookie.
10 months	Peek- a -boo. Clapping of hands Bye-Bye Follow simple commands: follow me or come here Saying Mama, Dada or Baba	Sitting up straight by themselves for several minutes. While holding onto furniture they are able to pick up a toy. Lowering themselves with control; not falling. Walks besides furniture while holding onto furniture.	Baby picks up a string with first finger and thumb. Putting small toy down without dropping and taking hand off the toy.	Pat-a-cake. Trying to get something out of a clear bottle. After watching you hide the toy; baby will try to find it.	When you hold out your hand and ask for the toy; they offer it to you but may not let go. They try to push arm through sleeve of shirt when you are dressing them.



12 months	When you ask, where the ball is; your baby looks at the ball. When the baby wants something; they tell you by pointing to it.	Baby is taking a step with holding both hands or one hand of adult to balance. They can stand in middle of floor by themselves and takes steps forward.	Throw a small ball with a forward arm motion. Help turn the pages of a book.	The baby will copy you when putting toys in a box. Scribble back and forth on a paper with a crayon.	Baby lifts foot to put shoes or pants on. Roll or throw ball back to you. Play with doll or stuffed animal by playing with it.
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**If you have concerns that your baby is not reaching their milestones please contact your pediatrician or the following community resources:**

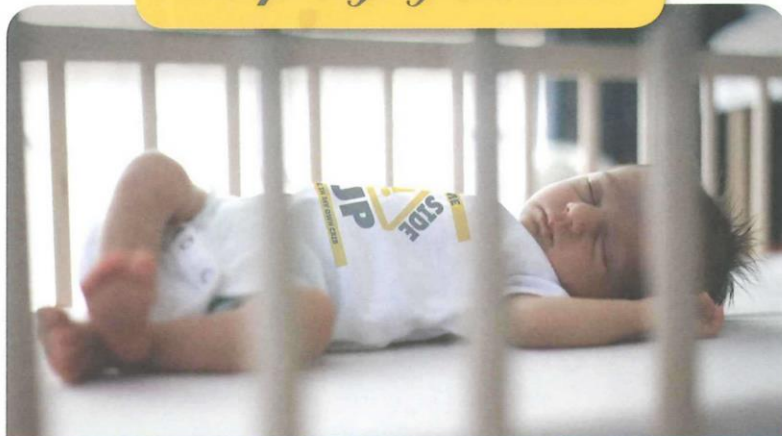
Help Me Grow: 211

West Coast Early Steps: (727) 767-4403



## Sleep Safe Reminder: Alone, on Baby's Back, in Crib.

### *Sleep Safely Checklist*



THERE ARE A MILLION WAYS TO RAISE BABIES BUT

## ONLY ONE WAY TO LAY THEM DOWN TO SLEEP SAFELY

PROTECT YOUR BABY FROM SUFFOCATION EVERY NIGHT AND EVERY NAP



#### **FOLLOW SAFE SLEEP ABCs: ALONE, BACK, CRIB**

- Always put babies to sleep alone on their back in an empty crib, bassinet or Pack 'n Play.
- Remove all items from crib (blankets, pillows, stuffed animals, bumpers, etc.) – use only a firm mattress with tight-fitting sheet.
- Use a one-piece sleeper or sleep sack to keep baby warm.

#### **SHARE A ROOM, NOT A BED**

- Room-sharing offers benefit of having baby close without risks, so bring crib into parent's room.
- Never put baby to sleep on soft surfaces like adult beds, couches, futons, recliners, air mattresses, etc.



#### **STAY ALERT WHILE FEEDING BABY**

- Set an alarm and always return baby to crib after feeding.
- Breastfeed if possible – it's best for baby's protection.
- Do not smoke or allow others to smoke around baby, and avoid misuse of alcohol or drugs.

Take the Safe Sleep Pledge and Receive a Free Gift for Baby

[WWW.BIT.LY/SLEEPBABYSAFELY](http://WWW.BIT.LY/SLEEPBABYSAFELY)



## Pinellas Substance Exposed Newborn Taskforce

This book is dedicated to family and friends who help raise our children, Thank you!

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