

Nasal stuffiness

Miscellaneous

Disrupted sleep patterns

Tachypnea (>60 breaths/min)

Excoriations (knees, face, perianal)

Temperature instability

About 55% to 94% of infants born to narcotic-addicted mothers show signs of withdrawal ([Burgos and Burke, 2009](#)). Because of irregular and varying degrees of drug use, quality of drug, and mixed-drug usage by the mother, some infants display mild or variable manifestations. Most manifestations are the vague, nonspecific signs characteristic of all infants in general; therefore, it is important to differentiate between drug withdrawal and other disorders before specific therapy is instituted. Other conditions (e.g., hypocalcemia, hypoglycemia, sepsis) often coexist with the drug withdrawal. Additional signs seen in drug-exposed newborns include loose stools; tachycardia; fever; projectile vomiting; crying; nasal stuffiness; and generalized perspiration, which is unusual in newborns.

Diagnostic Evaluation

Newborn urine, hair, or meconium sampling may be required to identify drug exposure and implement appropriate early interventional therapies aimed at minimizing the consequences of intrauterine drug exposure. Meconium sampling for fetal drug exposure is reported to provide more screening accuracy than urine screening because drug metabolites accumulate in meconium ([Weiner and Finnegan, 2011](#)). Urine toxicology screening may be less accurate because it reflects only recent substance intake by the mother ([Soni and Singh, 2012](#)). Meconium and hair testing for drug metabolites has the advantages of being noninvasive, more accurate, and easy to collect.