

especially problematic from a social and legal standpoint because the pregnant woman is often aware of the consequences of admitting to substance abuse and may therefore be less likely to readily admit to the problem for fear of social and legal repercussions. If the mother has had good prenatal care, the practitioner is aware of the problem and may have instituted therapy before delivery. However, a number of mothers deliver their infants without the benefit of adequate care, and the condition is unknown to health care personnel at the time of delivery.

The degree of withdrawal is closely related to the amount of drug the mother has habitually taken, the length of time she has been taking the drug, and her drug level at the time of delivery. The most severe symptoms are observed in the infants of mothers who have taken large amounts of drugs over a long period. In addition, the nearer to the time of delivery that the mother takes the drug, the longer it takes the child to develop withdrawal and the more severe the manifestations. The infant may not exhibit withdrawal symptoms until 7 to 10 days after delivery, by which time most newborns have been discharged from the birth center and caregivers are less likely to recognize signs of irritability and poor feeding as withdrawal, thus predisposing the newborn to abuse or neglect and growth failure (failure to thrive). The infant may be at further risk for subsequent abuse or neglect because of home conditions that preclude adequate newborn care and follow-up.

After the presence of NAS is identified in an infant, nursing care is directed toward treatment of the presenting signs, decreasing stimuli that may precipitate hyperactivity and irritability (e.g., dimming the lights, decreasing noise levels), providing adequate nutrition and hydration, and promoting the mother–infant relationship. Appropriate individualized developmental care is implemented to facilitate self-consoling and self-regulating behaviors. Irritable and hyperactive infants have been found to respond to physical comforting, movement, and close contact. Wrapping infants snugly and rocking and holding them tightly limit their ability to self-stimulate. Arranging nursing activities to reduce the amount of disturbance helps decrease exogenous stimulation.

Breastfeeding is encouraged in mothers who are not using illicit substances, do not have HIV infection, and are compliant with a