Therapeutic Management

The treatment of drug-exposed infants initially consists of early identification through maternal history, presenting symptoms of NAS, or toxicology screening when substance abuse is strongly suspected. Early identification and intervention are essential to prevent further adverse effects; early discharge from the birth institution should be postponed until further assessment of the maternal situation and establishment of a treatment plan for the mother and infant. Drug therapies to decrease withdrawal effects include parenteral or oral administration of phenobarbital, buprenorphine, clonidine, methadone, and morphine. A combination of these drugs may be necessary to treat infants exposed to multiple drugs in utero, and careful attention should be given to possible adverse effects of the treatment drugs (Burgos and Burke, 2009).

Prognosis

The prognosis for drug-exposed infants depends on the type and amount of drug(s) taken by the mother and the stage(s) of fetal development in which the drug was taken. The overall mortality rate of infants born to narcotic-addicted mothers is increased, but with early recognition, proper treatment, and long-term follow-up, the morbidity and mortality associated with drug exposure are decreased.

Often, drug-exposed infants exhibit poor brain and body growth at birth; however, at times, infants do not exhibit any signs that indicate exposure to harmful agents, and their condition may therefore be overlooked until symptoms appear later in life. Drug-exposed infants may have chronic feeding problems; irritability; abnormal neurologic responses; abnormal parent–infant interactions; developmental and cognitive delays; learning disabilities in childhood; and behavioral problems, including ADHD.

Nursing Care Management

One of the key factors in the treatment of drug-exposed neonates is early identification of substance abuse in the pregnant woman so that treatment can be initiated and side effects minimized. This is