environment (Ackerman, Riggins, and Black, 2010). Studies using the Brazelton Neonatal Assessment Scale have again shown inconsistent results with subtle abnormalities in neurobehavioral clusters varying in severity timing and according to levels of exposure (Bandstra, Morrow, Mansoor, et al, 2010).

Therapeutic Management

Treatment of these infants is similar to that for other drug-exposed infants, including reduction of external stimuli; supportive treatment aimed at alleviating symptoms; and, at times, mild sedation.

Nursing Care Management

Nursing care of cocaine-exposed infants is the same as that for other drug-exposed infants. Because they have increased flexor tone, these infants respond to swaddling (Pitts, 2010). Positioning, infant massage, and limited tactile stimulation have been shown to be effective interventions. Significant amounts of cocaine have been found in breast milk (D'Apolito, 2013); therefore, mothers should be cautioned regarding this hazard to their infants.

Referral to early intervention programs, including child health care, parental drug treatment, individualized developmental care, and parenting education, is essential in promoting optimum outcome for these children. Because these children often live in impoverished environments, they are at high risk for cognitive delays, lack of child health care, and inadequate nutrition and benefit from early intervention programs.

Methamphetamine Exposure

The fetal and neonatal effects of maternal use of methamphetamines in pregnancy are not well known, and findings are often confounded by polydrug use and the effects of the newborn or child's environment. LBW, preterm birth, and anomalies such as cleft lip and palate and cardiac defects have been reported in infants exposed to methamphetamines in utero (Pitts, 2010).

Methamphetamine use has increased significantly in the past 10 years in certain regions of the United States. In a report by Terplan,