

SUGGESTIONS FOR HANDLING DRUG-EXPOSED INFANTS & TODDLERS*

Drug exposed babies act in many different ways. Some sleep all the time and some never seem to sleep. Their nervous systems can be very immature and may react easily to stimuli. The basic goal is to make the baby's surrounding as quiet and peaceful as possible, until the baby's nervous system matures. The following list of suggestions is provided as a guideline.

| Baby's Behavior | Possible Cause | Things to Do for the Baby |
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| <ul style="list-style-type: none"> • Shrill Crying • Screaming • Hard to comfort | <ul style="list-style-type: none"> • Drug exposure can make infants very irritable | <ul style="list-style-type: none"> • Swaddle the baby • Use a front carry pack • Rock gently • Play soft music • Massage baby's limbs • Decrease light and noise • Try a pacifier • Hold the baby close you your body • Hum or sing softly |
| <ul style="list-style-type: none"> • Stiff • Clenches fist • Hyperactive • Stands on toes • Trembles • Frantic sucking of fists • Excessive body movements casing skin damage, particularly to knees, elbows, and cheeks | <ul style="list-style-type: none"> • The baby's nervous system is easily overloaded | <ul style="list-style-type: none"> • Don't handle or juggle the baby too much • Wrap and hold snugly • Rock gently, massage limbs and back gently • Introduce one form of stimulation at a time, either your face or your voice, not both at once • Provide time out periods for toddlers, as necessary • Use baby shirts with sewn-in mittens to prevent damage to skin • Keep baby's skin area clean with a mild soap and water; Change diaper often • Reposition baby every half hour while awake • Place baby on soft flannel blankets or sheepskin |

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| <ul style="list-style-type: none"> • Poor feedings • Poor suck • Falls asleep • Vomiting • Uncoordinated suck and swallow • Loose stools | <ul style="list-style-type: none"> • The baby's digestive system is poorly organized • Baby can not do too things at once | <ul style="list-style-type: none"> • Feed in smaller amounts more frequently • Take extra time to burp gently and well • Sit baby in infant seat for 30 minutes after feeding • Feed slowly if baby begins to gulp • If baby is sucking poorly, support chin and both cheeks to increase the suck (a nurse can demonstrate technique) • If baby is vomiting or regurgitating, keep baby on side or in infant seat after feeding; if problem persists, call doctor |
| <ul style="list-style-type: none"> • Abnormal sleep • Sleeps too long • Short naps • Easily awakened | <ul style="list-style-type: none"> • The baby cannot adjust normally from sleep to wakefulness | <ul style="list-style-type: none"> • Wake baby if time for feeding • Provide soothing music • Wrap in a soft blanket • Use a small bassinet or blanket rolls within the crib to create a sense of small space and security • Give yourself a rest when the baby is sleeping |
| <ul style="list-style-type: none"> • Sneezing • Stuffiness • Trouble breathing • Increased yawning • Hiccoughs • Changes in skin color • Rapid breathing | <ul style="list-style-type: none"> • Signs of drug withdrawal • The baby may be more susceptible to upper respiratory problems | <ul style="list-style-type: none"> • Clear nose with bulb syringe if plugged with mucus or formula • Don't wrap baby too tightly to the point where it impairs normal breathing • Count the number of times the baby is breathing for one full minute; if infant is breathing 60 times or more while quite, call a doctor |
| <ul style="list-style-type: none"> • Fever • Sweating • Diarrhea | <ul style="list-style-type: none"> • Signs of drug withdrawal | <ul style="list-style-type: none"> • Take temperature (rectally); if 101°F or above, call a doctor • Replace fluids with water or Pedialyte® • Clean bottom after each bowel movement and use moisturizing cream or petroleum jelly to prevent rash |

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