

TAGS: Special Needs; Prenatal Exposure

Adopting or Fostering an Opiate-Exposed Baby

Adoptive parents may be matched with an expectant mother that used opiates, including methadone and suboxone, during her pregnancy. Foster homes are also sorely needed for babies exposed prenatally to opiates. Adopting or fostering an opiate-exposed baby is scary for most parents to consider.

Opiate exposure during pregnancy, including when a pregnant woman uses hydrocodone (Vicodin®), oxycodone (OxyContin®), codeine, morphine, heroin, fentanyl, methadone, and suboxone, can cause the baby to become dependent on the drug. A baby born dependent that experiences withdrawal is usually diagnosed with Neonatal Abstinence Syndrome (NAS) at birth.

What You Must Know Before Adopting or Fostering a Baby Exposed to Opiates

Not all opiate-exposed babies will experience symptoms of withdrawal. In an [interview on the Creating a Family Radio Show/Podcast, Dr. Julia Bledsoe](#) shared that the timing and dosage of the expectant mother's drug use will influence whether the baby experiences Neonatal Abstinence Syndrome. She also stated that the degree of long-term effects from prenatal opiate exposure is not related to whether the baby was born dependent.

Withdrawal begins shortly after birth and symptoms usually last from 3 days to 2 weeks. Morphine is usually the medication of choice to treat newborns with Neonatal Abstinence Syndrome with the dosage set to relieve symptoms and then slowly tapered off.

Symptoms of NAS can range from mild (colic-like symptoms) to severe (seizures and pauses in breathing). Typical symptoms of an opiate-exposed baby include tremors, tight muscle tone, excessive sucking, poor feeding, and difficulty in self-calming and self-regulation. While it is hard to see a baby suffering, there are things you can do to help an opiate-exposed baby.

8 Tips For Coping with Withdrawal in an Opiate-Exposed Baby

Humans, including baby humans, differ significantly in what soothes and nurtures us, so it is important to read the baby's cues for what works but try the following:

- Decreasing external stimulation (a quiet environment with dark or dimmed lights)
- Cuddling and rocking
- Swaddling
- Skin-to-skin contact (kangaroo care)
- Nonnutritive sucking (pacifier)
- Warmth
- Massage
- Waterbed

[This short video by Creating a Family](#) is a good starting point for educating yourself and others on tips and tricks for effectively soothing a newborn who is struggling with the symptoms of withdrawal. If you

are interested in learning more, [Creating a Family's radio show with Dr. Julie Bledsoe](#) is also very practical and informative.

Will My Care Make a Difference?

As a parent adopting or fostering an opiate-exposed baby you need to know that the worst of the symptoms and difficulties in regulating usually last only a short period of time and your presence and comfort does makes a difference during this time.

And there is good evidence that your steady parenting presence throughout childhood will make a difference long-term. Dr. Joshua Sharfstein, a pediatrician and professor at the Johns Hopkins Bloomberg School of Public Health, has said that while there's no evidence of "huge, obvious differences" in opiate-exposed children, ["there is a lot of research showing that the social environment plays a critical role in determining a child's future."](#)

If you are interested in learning more about additional prenatal exposure issues, NACAC offers an online webinar called [Parenting Children Who Have Been Prenatally Exposed.](#)