

# Parents' presence at bedside found to decrease neonatal abstinence syndrome severity

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New research to be presented at the Pediatric Academic Societies (PAS) 2016 Meeting suggests a key to easing the opioid withdrawal symptoms of Neonatal Abstinence Syndrome (NAS) is to ensure parents can spend plenty of time at the baby's bedside during treatment.

NAS is an increasingly common condition infants develop after opioid exposure during pregnancy, with symptoms such as tremors, intense irritability, poor feeding, vomiting, diarrhea and poor sleep. It often requires weeks of hospitalization and pharmacologic treatment. The study, "Impact of Parental Presence at the Bedside on Neonatal Abstinence Syndrome Outcomes," found that newborns whose parents spent more time at their bedside had less severe withdrawal symptoms and shorter hospital stays during treatment for NAS.

Lead author Mary Beth Howard, MD, MSc, of the Boston Children's Hospital/Boston Medical Center Combined Residency Program said previous studies already established strong evidence that non-pharmacologic interventions such as breastfeeding can ease NAS symptoms. But underlying mechanisms related to why breastfeeding helps, she said, are less clear. It is hypothesized that the skin-to-skin contact during breastfeeding plays a role, with some prior research showing that having parents "room-in" or share a hospital room with babies undergoing NAS treatment decreases the need for pharmacologic therapy. She said this study supports the idea that a parent's physical

closeness has therapeutic effects on babies with NAS.

"Our results show that non-pharmacologic interventions play a key role in treating opioid-exposed infants and lessening the severity of NAS," Dr. Howard said, adding that healthcare providers should continue to encourage parental engagement in care during the infant's inpatient stay for NAS in order to improve outcomes.

"Encouraging and supporting mothers with substance abuse disorders to be involved in their infant's care while they are being treated for [withdrawal symptoms](#) should be a priority of providers caring for opioid-exposed newborns," she said.

Enabling parents to room-in with babies in the hospital with NAS may prove especially beneficial, Dr. Howard said. "Rooming-in may provide opportunities for bonding and normalize the postpartum process for women who may feel vulnerable and stigmatized because of their opioid dependence history," she said. "Creating a more secure, compassionate and comfortable environment for mothers and infants will likely lead to improved outcomes for both mother and infant."

The study is part of a larger quality improvement project at Boston Medical Center to increase [parental presence](#) at the bedside for [infants](#) with NAS through prenatal counseling and identification of barriers. Providers work with the parents to educate them on the benefits of parental presence to reduce NAS symptoms and to identify potential barriers to being at the infant's bedside, such as transportation and childcare, and help them to brainstorm solutions.

**More information:** [www.abstracts2view.com/pas/view...hp?nu=PAS16L1\\_1665.6](http://www.abstracts2view.com/pas/view...hp?nu=PAS16L1_1665.6)

Provided by American Academy of Pediatrics

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