

Study suggests opioid addicted newborns do better in room with mother than in NICU

February 6 2018, by Bob Yirka



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A team of researchers affiliated with the Dartmouth Institute for Health Policy and Clinical Practice has found evidence suggesting that newborn babies addicted to opioids do better when they are kept in hospital rooms

with their mothers than in the NICU. The team has published their findings in *JAMA Pediatrics*.

As [opioid](#) use has exploded among the adult population in the U.S., more [babies](#) are being born to [mothers](#) who are not only opioid addicts, but who have continued to use such drugs during pregnancy, resulting in newborns addicted to the drugs. In such cases, the standard treatment protocol has been to move the babies to a NICU where they can be monitored and, in some cases, administering drugs such as methadone to ease withdrawal symptoms. But that may change as the [researchers](#) with this new effort report that babies who remain with their mothers tend to have better outcomes.

To learn more about newborn outcomes in opioid addiction cases, the researchers compiled data from previous studies, which led to outcome information on 549 opioid addicted babies, some of whom were taken to the NICU, and some of whom were allowed to room-in with their mothers while both underwent withdrawal treatment. They found that those babies allowed to room-in with their mothers were 63 percent less likely to require withdrawal-relieving drugs—a sign that less was needed for recovery. They also found that such babies left the hospital on average 10 days earlier than those that had recovered in the NICU—which, the researchers note, suggests fewer complications and faster recovery.

The researchers suggest factors such as skin-to-skin contact with mothers, bonding and breastfeeding likely explain the better outcomes seen by room-in babies. Babies in rooms with their mothers also receive more loving attention from other family members. The researchers also found some evidence suggesting that the cost of care for rooming-in babies was less, as well.

The researchers note that rooming-in is not always possible—it depends

on the mother. Some mothers might be struggling with their own [withdrawal symptoms](#) or other issues preventing successful rooming-in.

More information: Kathryn Dee L. MacMillan et al. Association of Rooming-in With Outcomes for Neonatal Abstinence Syndrome, *JAMA Pediatrics* (2018). [DOI: 10.1001/jamapediatrics.2017.5195](https://doi.org/10.1001/jamapediatrics.2017.5195)

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