

Eat, Sleep, Console

A guide for families and
caregivers



A warm welcome to you and your little one!

Whether you are now pregnant or have just given birth, we are here to support you.

We will do everything we can to help your little one have the healthiest start possible. Caring for any newborn, especially one who has medical concerns, can be challenging. If a newborn baby is withdrawing from medications, he or she has a condition called **Neonatal Abstinence Syndrome(NAS)**. This can happen when the baby is no longer getting medications that they were getting during the pregnancy.

It is not always possible to know which babies will experience symptoms of withdrawal. This is why your baby may need to be observed in hospital after birth. A wide range of medications and substances can contribute to Neonatal Withdrawal Syndrome. Every baby responds differently, and the effects and length of withdrawal can vary depending on the medication or combination of medications involved.





Preparing for delivery

What to expect before you deliver: The days and weeks before the birth of a baby can be exciting and stressful. This is intended to answer some of your questions and help you feel more prepared. Please also talk with your health care provider about your questions you may have.

To prepare for your new baby:

- Be open with people who will take care of you and your baby. Tell them about any symptoms, concerns, or cravings you are experiencing.
- Follow the plan developed for you by your health care provider.
- For the health and safety of your baby, continue to take any medications prescribed by your health care provider. Although these medications may cause NAS, it will be far worse for you and your baby if you are not treated. Your baby needs a healthy mum.

It is normal to be emotional during pregnancy. It helps to have a network of friends, family who can support you during this time. If you do require more support please consider visiting the [NHS keeping well site](#) or speaking to your local health team.

If you are using illegal drugs or drugs not prescribed for you, we encourage you to get help right away. Please call your GP or visit the [NHS Live Well Site](#) to look for alternative options of referral if you are not comfortable speaking with your GP.



Care in the hospital

Screening for Neonatal Abstinence Syndrome

After your baby is born, we will monitor him or her closely. Different medications can cause withdrawal symptoms at different times, so the length of monitoring will vary. Your baby's doctor will explain how long observation is likely to be needed.

Symptoms may include:

- Crying more than usual or seeming unsettled
- Stuffy nose, sneezing, or yawning a lot
- Difficulty feeding, vomiting, diarrhoea, or slow weight gain
- Shaking (tremors), jitteriness, stiff muscles, or very rarely seizures
- Breathing problems, including pauses in breathing or (very rarely) more serious difficulties
- Trouble sleeping
- Skin irritation or rashes
- Temperature changes, such as fever, sweating, or difficulty keeping warm

While you are in the hospital, the health care team will help you understand the signs of withdrawal and how to care for your baby.

Withdrawal symptoms can sometimes last for weeks or even months, but most babies improve much sooner. Babies stay in hospital until we are sure any symptoms are mild and can be safely managed at home. We also keep babies in through the period when rare but more serious symptoms are most likely to appear. It is very important to tell your baby's healthcare team about all medications or drugs used, so that we can give your baby the right care and support at the right time.





Special care for your baby

After your baby is born, he or she will stay with you in your room for rest and recovery. Having your baby close to you has been shown to help babies who show symptoms of withdrawal. We encourage you to cuddle, provide skin to skin time, feed and care for your baby in a calm environment. If your baby needs to stay longer in hospital to treat withdrawal, he or she may need to be transferred into the Neonatal Intensive Care Unit (NICU). Wherever possible, we will support you to stay with your baby on the NICU. However, sometimes accommodation on the unit is limited, and we may not always be able to provide this.

The Eat, Sleep, Console Method

Together with your nurses and doctor, you will help determine how well your baby is eating, sleeping, and how easily he or she can be consoled. The nurses will collaborate with you every 2-4 hours to look at your baby's overall health and will develop a plan of care designed specifically for your baby. You will be provided a Newborn Care Diary to help you keep track of how frequently your baby is eating, how long your baby sleeps, and how easily he or she can be consoled. Remember, you are the best treatment for your baby and your participation and active involvement in this is very important.

What does Eat, Sleep, Console (ESC) mean?

All babies eat, sleep, and need some kind of consoling throughout the day and night. Babies with Neonatal Abstinence Syndrome can show symptoms of withdrawal, but may be able to eat, sleep, and be consoled like any other baby would. The Eat, Sleep, Console method looks at:

Eating: Is baby able to feed normally for their age?

Sleeping: Can baby sleep for at least one undisturbed hour.

Consoling (being soothed): Can baby be soothed within 10 minutes.

Medication and Treatment

If your baby is having difficulty eating, sleeping, and is difficult to console due to withdrawal symptoms, he or she may need medication to help him or her through withdrawal. Together, you and your baby's health care team will decide if medication is needed to ease the symptoms. If your baby is able to eat, sleep, and be consoled easily, he or she will likely not need medication.



Hold your baby close and often...

You can help your baby through withdrawal by staying nearby. Spend as much time as possible with your baby. Gently hold him or her close to your body. This will also help you respond quickly to your baby's needs, such as hunger.

Babies with Neonatal Withdrawal Syndrome are very sensitive to the sounds, lights, and activity around them. Many parents find that gently holding their babies close to their bodies soothes the babies. We encourage you to try skin to skin care or "kangaroo care" with your baby as much as possible. Not only will this help calm your baby, but it will help regulate temperature and heart rate, and it will help you bond with your baby.



Breastfeeding

You can help by feeding your baby whenever he or she shows signs of hunger (licking his or her lips, opening the mouth, and hand to mouth movements). **Breastfeeding is best for your baby.** If your doctor has prescribed medication for you, the baby will get small amounts of your medication through the breastmilk. This is generally considered safe. Breastfeeding is beneficial for all babies, but for babies with special needs, it is even more important. **The closeness of breastfeeding offers a baby comfort and reassurance.**

However, there are times when breastfeeding is not recommended. If you breastfeed, it is very important that you not take any medications unless your doctor has prescribed them and said they are safe. If you are or will be using any drugs or illegal medication (medicines prescribed to someone else), discuss your baby's feeding plan with your health care provider.

If you are taking methadone or buprenorphine (Subutex or Suboxone), it is important that you do not suddenly stop breastfeeding. When you are ready to stop or decrease breastfeeding, talk to your baby's health care provider and get help with this transition.

Feeding Baby

Identifying your baby's hunger signs will help keep you baby calm and satisfied.



I am hungry



I am *really* hungry



Calm me,
then
feed me!

Signs of hunger:

Early Signs:

Baby is now awake
Licking lips
Opening mouth
Sticking tongue out
Smacking lips
Hands to mouth

Middle signs

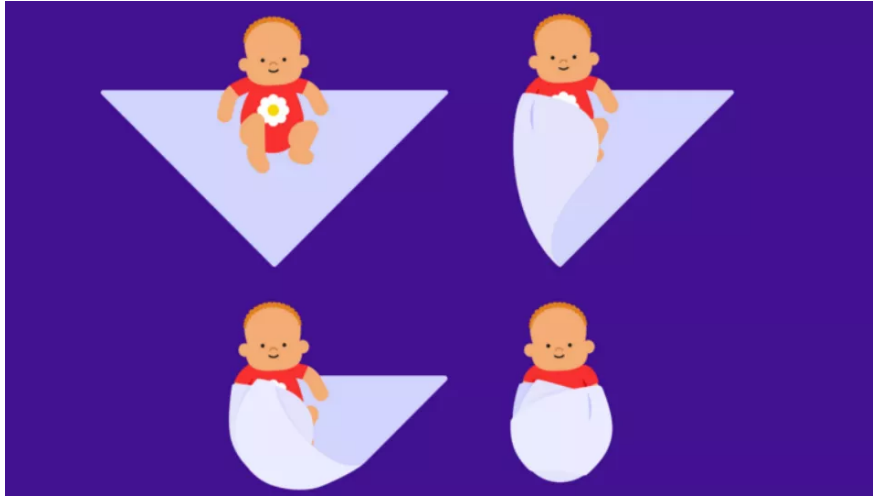
Moving head side to side
Squirming
Fast breathing

Late Signs:

Fussing
Moving head more frantically
Crying

See page 10 & 11 for tips on calming.

How to swaddle your baby...



Baby may remain upset though swaddling. It may take a few minutes after the baby is swaddled to calm. **See the 6's of Consoling for more tips.**

How can I help my baby?

- Stay close to your baby Hold or swaddle your baby as much as possible
- Make skin to skin contact with your baby
- Feed your baby when they look hungry
- Keep things quiet and calm- limit visitors, decrease sounds except for white noise, and keep lights low in the room.

Tips for swaddling:

- Back to sleep: Always place baby on their back.
- Light layers: Use a thin muslin or sheet, not blankets.
- Cool & comfy: Keep head uncovered and check they're not too hot.
- Room temp: Aim for 16–20°C.
- Snug, not tight: Wrap below shoulders and leave space for hips to move.

Tips and image shared from <https://www.lullabytrust.org.uk> for more information please scan



Calming a baby

Babies communicate by crying. It is important to respond to your baby's cries. Here are some things you can do when your baby cries:

- Check your baby's physical needs. Is he or she hungry?
- Does he or she need a nappy change?
- Place your baby skin to skin
- Swaddle or hold your baby.
- Reduce stimulation by turning down the lights and sounds
- Ask a friend or family member for help.
- Never shake a baby.

It is normal to feel stressed if your baby continues to cry even after you have tried to comfort them. If you are in hospital and feel overwhelmed, please let the healthcare team know, they are there to support you and your baby. When you are at home, if your baby cannot be consoled and you have already checked that their needs are met (such as feeding, changing, and comfort), it is okay to take a short break. You may place your baby on their back in a safe sleep space such as a crib or bassinet, and then step into another room for a few minutes (no more than 10–15 minutes) to calm yourself.

Taking a short break is a safe way to cope if you are feeling stressed or angry. However, if your baby continues to be inconsolable, or you are unable to manage their crying even after taking breaks, please seek help from your GP, community midwife, or health visitor.



6Cs for Consoling your baby

Try 1 or 2 of these techniques at a time.

Some babies may get over stimulated by doing too many things at once.

You will get to know what your baby likes over time.

Some babies may console well with one technique, but this may change over time



Swaddling

Babies feel more secure when they are flexed with their hands and legs toward the center of their body (Hands to chest.)

Swaddling helps provide support and continuous touching like when baby was inside the belly.



Skin to Skin Contact

Skin to skin contact releases a special chemicals called oxytocin and endorphins that can help ease withdrawal symptoms for your baby.

It also helps with bonding and can help you feel more relaxed and less anxious.



Sucking

Sucking helps release natural chemicals to help soothe baby.

Shushing

Shushing helps simulate the noise that they baby heard inside in womb. Shush as loud as the baby is crying, decreasing the volume as they calm.

Shhhhh



Side Position

Try holding your baby in different positions to provide reassuring support.

Swaying

Swinging mimics movements the baby had in the belly. Babies soothe better when their head is supported but jiggles slightly with the swing





Eat, Sleep, Console: Going Home

What to expect

Your baby's health care team will decide when it is safe to go home. A baby's withdrawal can take weeks to go away and it may be months before he or she achieves normal newborn behaviour. Your baby is ready to go home when he or she:

- Feeds easily and has consistently gained weight
- Is able to maintain a stable heart rate, breathing rate, and temperature
- Is able to eat, sleep and be consoled easily by his or her primary caregiver.
- Has a referral for community support, if appropriate.
- Has completed all the newborn screens and vaccinations that maybe required before discharge (hearing screen, bilirubin test, critical congenital heart disease test, newborn blood screening and hepatitis B vaccine)

Feeding and Weight Gain

Feed your baby when he or she shows signs of hunger. It is important to feed your baby often, at least 8-12 times a day in a quiet, calm place with little noise and few interruptions.

Ensure you attend follow up appointment for a weight check.

Some babies require higher calorie feedings for weeks or months to improve their weight gain. Talk with your baby's health care provider about his or her nutritional needs.



Sleeping

On average, babies with Neonatal Withdrawal go home from the hospital when they are 1 to 6 weeks old. At this age, they usually sleep 16 to 20 hours a day. Falling asleep and staying asleep is important for your baby. Help your baby set a sleep routine by providing a sleeping place that is consistently safe and quiet.

To establish a routine:

- Do not pat or touch your baby too much when it is time to sleep
- Reduce noise and bright lights
- Play soft, gentle music
- Gently rock or sway with your baby while humming or singing
- Swaddle your baby; place him or her back in a quiet, safe place, such as a crib or bassinet



Adjusting to a new environment

Help your baby become comfortable in a new environment by keeping the room quiet and the lights low. Limit the number of visitors. A routine is important in helping your baby adjust to his or her surroundings.

Introducing new stimuli

Introduce new stimuli (things that stimulate your baby's senses and create alertness) to your baby one at a time when he or she is calm and awake. Watch your baby's cues and allow a timeout if needed. A timeout is a quiet time without stimulation. Your baby's ability to handle new stimuli may vary each day. As your baby's calm periods increase, you can unswaddle him or her for short periods of time. This will allow your baby to become used to his or her own body. Re-swaddle if you see signs of distress.

If your baby becomes excited, use a soft, thin blanket to wrap him or her snugly. Swaddle and carry your baby, and talk or sing in a soothing voice.

Call your baby's health care team anytime you feel something is not right. You know your baby better than anyone else does. Trust your instincts.



Dear Parent(s),

Congratulations on the upcoming birth of your baby! Our team is committed to providing you and your baby with the best care. We are here to help and support you throughout your delivery.

The information in this letter will help you learn how to care for your baby, and what you can expect during your time in the hospital. **This information is very important to help you care for your baby after delivery.**

What is NAS?

As you may know, your birth centre has a way to help care for babies who are exposed to certain medications or drugs during pregnancy. When a baby shows symptoms of withdrawal from one of these medicines, it is called **Neonatal Abstinence Syndrome (NAS)**

Symptoms of NAS typically start within 1 to 5 days after delivery.

We have learned that babies do best when they are cared for in a calm, quiet space with their parents caring for them. You are the best medicine for your baby.



Caring for your baby:

After birth, your baby will stay with you in your room if they are doing well. Midwives and doctors will check your baby every 2–4 hours for signs of NAS. Your baby's doctor will let you know how long monitoring is likely to continue. The length of observation depends on the type of medication or drugs your baby was exposed to, how much is known to pass through the placenta, and how quickly a baby's body can clear it.

Most babies who need medication treatment for NAS stay 5-14 days, but your baby may need to stay longer.

Sometimes babies will need medicine...



If your baby needs medicine for NAS, he or she maybe be moved to the **Neonatal Intensive Care Unit (NICU)** so that we can give your baby a small dose of medicine (morphine.)

While in the NICU, we want you to continue to feed and care for your baby.

On average, babies receiving treatment with morphine need to stay in the hospital for one to two weeks. However, sometimes it does take longer.

It is important that you or another family member **be involved with the care of your baby during the entire hospital stay.**

You are the best medicine for your baby!

During your baby's time in the hospital, you will be the primary caretaker for your baby. Make a plan to stay with your baby for as long as he or she needs to be in the hospital

- Keep your baby close to you or "skin to skin" while awake
- Gently sway your baby
- Keep the room quiet
- Wrap your baby
- Stay with your baby as much as possible
- Breastfeed your baby unless told not to for medical reasons.

We will be nearby to help you if you have any questions or concerns.

How will I know when my baby ready to go home? When your baby no longer needs morphine, and is showing few symptoms of NAS, your baby is ready to go home!

We look forward to working with you in the coming weeks to help you and your baby have the best experience possible.





*Please help
families by:*

Using quiet voices

**Allowing time for
sleep**

Limiting visitors



Ways to Care & Support Your Baby

Behaviour	Calming Suggestions
Prolonged Crying (May or may not be high pitched)	☐ Hold baby close to your body ☐ Decrease loud noises, bright lights ☐ Hum, sing or talk softly ☐ Gently sway or rock from side to side
Difficulty Sleeping	☐ Reduce noise, bright lights, lower TV volume ☐ Play soft, gentle music, or white noise ☐ Gently rock or sway ☐ Keep nappy dry, check for nappy rash or skin irritation ☐ Use nappy rash creams as prescribed ☐ Don't place your baby to sleep on tummy ☐ Feed on demand
Difficult or Poor Feeding	☐ Feed small amounts often ☐ Feed baby slowly, allowing for rest periods between feeds ☐ Swaddle before feeding ☐ Position in side laying position ☐ Do Not prop the bottle ☐ Feed in quiet and calm surroundings with minimal noise and disturbance ☐ Allow time for resting between sucking
Loose or Watery Stools	☐ Use ointment or cream to prevent nappy rash