## VENTURA COUNTY MEDICAL CENTER CLINICAL PRACTICE GUIDELINES / PROTOCOLS

## NEONATES EXPOSED TO ILLICIT DRUGS OR NARCOTICS DURING PREGNANCY

The contents of this clinical practice guideline are to be used as a guide. Healthcare professionals should use sound clinical judgment and individualize patient care. This CPG is not meant to be a replacement for training, experience, CME or studying the latest literature and drug information.

- 1. All infants born to mothers using illicit narcotics, habitual alcohol or other illicit drugs during this pregnancy will need:
  - a. Urine drug screen immediately obtained after birth.
  - b. Collection of 24 hours meconium in case needed for further testing.
  - c. Consultation with social worker.
  - d. Inform Department Child and Family Services (DCFS) soon after discovery (do not wait until discharge day).
- 2. If mother is on Methadone program or using illicit narcotics (Morphine, Heroin) or if there is a suspicion of ongoing narcotic abuse:
  - a. The infant needs to be evaluated by a Neonatal Nurse Practitioner (NNP) or neonatologist for admission to the Neonatal Intensive Care Unit (NICU) within 24 hours.
  - b. The infant should not breast feed until clarifying the status (use of other drugs, like cocaine, amphetamines, HIV status and future monitoring capability).
  - c. The infant should not be discharged before 1 week of age.
  - d. Some infants may not show signs of withdrawal until 2-3 weeks of age so if the infant is asymptomatic and discharged home needs to be monitored closely by Primary Medical Doctor (PMD) for possible late onset signs of withdrawal.
  - e. The infants of the mother on prescription narcotics during pregnancy need to be evaluated by a physician for risk of Neonatal Abstinence Syndrome (NAS).
- 3. Urine drug screen for all the babies whose mothers had history of illicit drug use in the past 5 years, history of drug exposed infant in a previous pregnancy or history of Sexually Transmitted Disease (STD) during pregnancy.

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