FIRST STEPS TOGETHER

NEWS TO USE



CARING FOR SUBSTANCE EXPOSED NEWBORNS

Our theme this month is caring for substance exposed newborns. Included in this issue are links and resources to help you in supporting the families you work with. All of the links and websites we are featuring have good information with regard to preparing for the early postpartum period including non-pharmacological interventions for soothing a fussy baby. Parents naturally spend a lot of time getting ready for birth itself and often less time thinking about the challenges of caring for a newborn. Our FIRST Steps Together program can be instrumental in helping parents and caregivers feel supported and prepared for those early days, weeks and months with baby.



Image credit: Commonwealth of MA Safe Sleep

CARE COLLABORATION WORKSHOP

On May 16th, staff from all 7 sites came together in Worcester for the Care Coordination Collaborative Workshop. We focused on plans of safe care and working with DCF. We had the opportunity to learn from each other about each program's model and materials including pregnancy portfolios and developmental backpacks. Check out the materials from the day and site presentations on Basecamp!









NON-PHARMACOLOGICAL APPROACHES

Opioid-exposed infants may need medication to manage Neonatal Abstinence Syndrome (NAS) yet there are also many non-pharmalogical approaches to manage symptoms. Some of these approaches include: parental presence, skin-to-skin contact, holding/rocking/swaying, swaddling and a quiet, low-light environment. Most often, parents are the first line of treatment.

<u>Video: using the 5s method to soothe a fussy baby</u>
<u>Soothing techniques for a substance exposed newborn</u>
(<u>Texas Health and Human Services Commission</u>)

SAMHSA infographic on treating babies who were exposed to opioids before birth

Ohio Perinatal Quality Collaborative Guide for Families

The Journey Project resources on several

non-pharmacological supports including breastfeeding

SUCCESS SPOTLIGHT



Amy Brigham, Christina Russell, and Diane Ogunlade from the Cape Cod Children's Place

Amy Brigham is a Family Recovery Support Specialist (FRSS) at Cape Cod Children's Place (CCCP). As a foster parent, Amy has worked with many, many children yet one baby girl changed her life. She came into her care at 36 hours old and was sneezing a lot and quite inconsolable. By the next night, Amy's concerns led her to bring the baby back to the hospital where the baby was then admitted for 6 weeks. Twelve years ago, protocol for managing the symptoms the baby was experiencing was just getting established. "Needless to say, she taught me tons," said Amy. After caring for this baby, Amy was connected with many other substance exposed newborns and developed much experience and expertise with Substance Exposed Newborns (SEN) and Neonatal Abstinence Syndrome (NAS). Along with health care officials from around Cape Cod, Amy has been actively involved in one of the first programs in the state to address neonatal abstinence syndrome and has been a champion for the voices of babies and families.

Amy's tips for working with substance exposed newborns:

Swaddling: "Think about where your baby came from. They were in the womb for 9 months, which was a toasty 98 degrees, a rhythmic heart beat and the sound of water. We can help baby feel like they are in the womb. Swaddling is part of that!"

Positive reinforcement with mom: Amy says, "I haven't had a mom that doesn't feel guilty." Provide lots of reinforcement for maintaining her recovery and the fact she is doing so many positive things in caring for herself and her baby.

Help parents maintain their own sense of peace: "Parents leave the hospital and don't have the support they had at the hospital at home. Encourage them to positively narrate what they are doing when they are stressed to help stay calm. Say out loud: I'm OK, you are OK, we are OK!"

One baby placed in Amy's care was treated for NAS at the hospital. Amy took him home. He was a very hard to console baby. "His crying was the kind that you don't typically hear from infants, so high pitched and he cried more than he didn't. It was really difficult at times." Amy knew she had to keep her own body quiet and calm and talk herself through it. She started to talk out loud through the process of making his bottle, "Oh, you are hungry, I've got the bottle, I am turning on the water, now I am warming the water up, let's see how much formula we need..." Within 2 weeks this baby would calm just as soon as Amy started talking.

SAFE SLEEP RESOURCES

Safe sleep guidelines are important to discuss with all families. Data suggests that there are increased risks for Sudden Unexplained Infant Deaths (SUIDs) where opioid use, benzodiazepine use or tobacco use are factors. Below you will find a number of resources to help with promoting safe sleep practices.

Resources from the Massachusetts

Department of Public Health

Safe to Sleep Campaign including videos and printable/sharable resources

The Department of Early Education and Care (EEC) periodically offers a Safe Sleep Training. It is designed for day care providers but anyone can take the training. Search this link to find upcoming dates.

<u>Centers for Disease Control (CDC) SUID</u> <u>website</u>



Image credit: Commonwealth of MA Safe Sleep Campaign





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UPCOMING TRAININGS AND EVENTS

Newborn Behavioral Observations Training:

June 24: Hampton Inn - Chicopee/Springfield, 600 Memorial Drive, Chicopee, MA 01020

June 20: Hilton Garden Inn Plymouth, 4 Home Depot Drive, Plymouth, MA 02360

6/19 Women Recover! Relationships Conference, Norwood *MA Dept of Public Health, Bureau of Substance Addiction Services*

6/17 Connecting the Dots: Addiction. Trauma and Tobacco Use. Webinar National Behavioral Health Network for Tobacco and Cancer Control

6/22 Knowledge is Power: A Conference for Families Struggling with Substance Use

Disorder Worcester <u>Learn to Cope</u>

EAT, SLEEP, CONSOLE

More information coming soon on **Eat**, **Sleep, Console**. According to <u>The Neonatal Quality Improvement Collaborative of Massachusetts</u>, this approach "is just one component of a comprehensive family-centered non-pharmacologic care approach, and has resulted in less medication treatment..." The <u>Northern New England Perinatal Quality Improvement Network (NNEPQIN)</u> states that "you are the most important treatment for your baby."