



CARING WITH CONFIDENCE

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Neonatal Abstinence Syndrome (NAS)

What is NAS? ??

Neonatal Abstinence Syndrome: A condition that occurs at birth when the infant is exposed to legal or illegal narcotics

5.3

Average number (per 1,000) of live hospital births with NAS diagnosis code **in the U.S.** in 2022

7.1

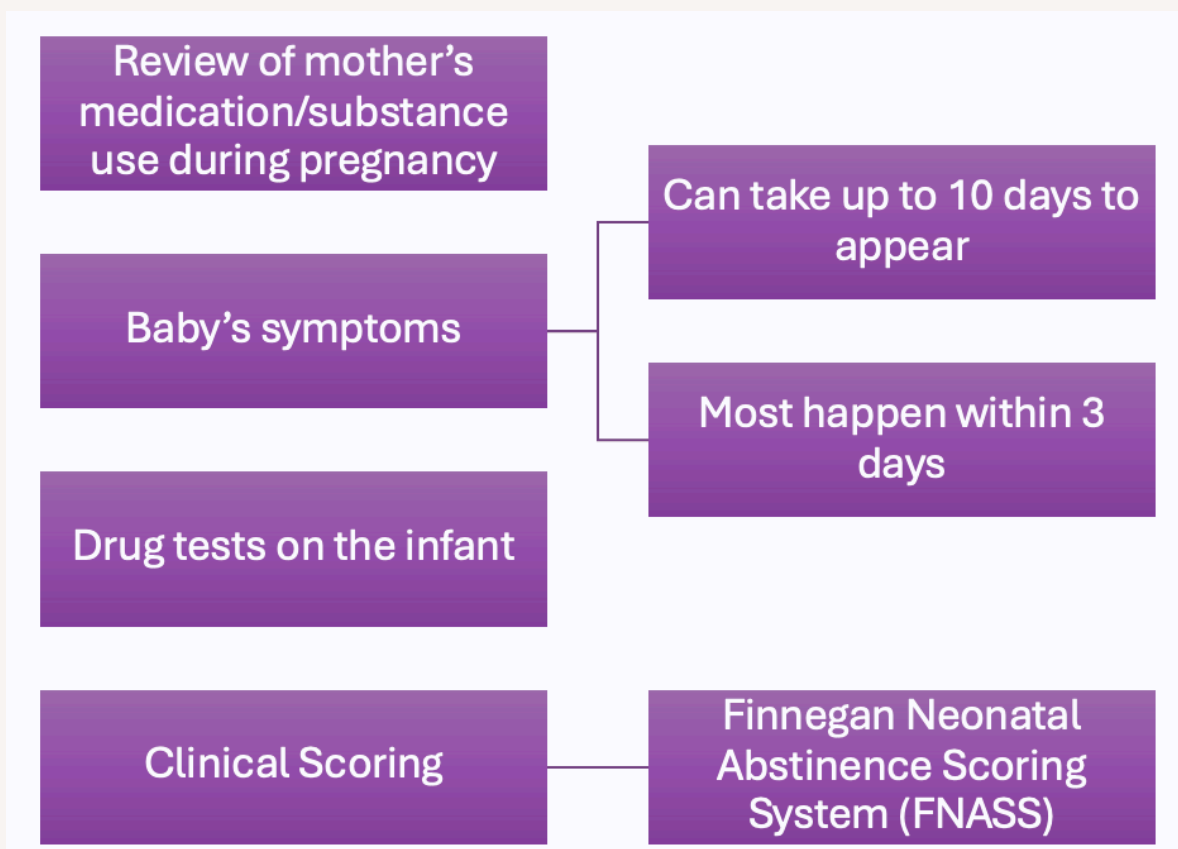
Average number (per 1,000) of live hospital births with NAS diagnosis code in Ohio in 2022

Prevalence:

34%

Of children in foster care in 2024 entered as a result of drug exposure

How is NAS Diagnosed?



WHAT IS NEONATAL ABSTINENCE SYNDROME?



Baby is exposed to substance while in the womb



Substance passes from mother's bloodstream through the placenta to the fetus



Substance may cause drug dependence which also causes the fetus to become addicted



Baby is born and drug exposure ends abruptly, triggering withdrawal



Baby's nervous system becomes overstimulated resulting in NAS symptoms

PRESENTATION THROUGHOUT THE LIFESPAN

Important to note that not all children born diagnosed with NAS present the same

Infancy / Toddlerhood

- Poor sleep & difficult to sooth
- Feeding challenges
- Sensory sensitivities
- Difficulty feeding or gaining weight
- Rapid breathing
- Diarrhea or vomiting
- Developmental delays



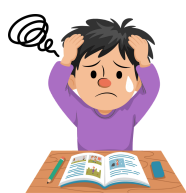
Early Childhood

- Hypersensitive to emotions or big emotional reactions
- Trouble with transitions
- Speech, motor, or social delays
- Increased impulsivity



School Age

- Attention and learning differences
- Increased anxiety
- Difficulty with emotional regulation
- Behavioral escalations when under stress
- Higher instances of mental health diagnoses



Adolescence

- Emotional intensity
- Increased risk-taking
- Mental health challenges
- Identity struggles
- Need for control /autonomy



HOW TO SEEK SUPPORT:

Early Intervention Services: Free (or reduced-cost) support/services from birth to age 3 for children experiencing or at risk of developmental delays

- Does NOT require referral from doctor
- Parents, caregivers, or pediatricians can refer

How to contact:

- **If ≤ 3 years old:** Call 1-800-755-4769

OR, make online referral at [Ohio Early Intervention](#)

- **If > 3 years old:** Contact your local elementary school and the child may be evaluated through preschool special education services



Fetal Alcohol Spectrum Disorder (FASD)

What is FASD and FAS?



Fetal Alcohol Spectrum Disorder (FASD): A group of conditions that occur at birth when an infant has been exposed to alcohol in utero

Fetal Alcohol Syndrome (FAS): most common and severe end of the FASD spectrum; permanent and leads to lifelong effects

17-19 x

Children with FASD are 17 to 19 times more likely to be placed in the child welfare system

1 - 5%

FASD affected 1 to 5% of school aged children in the U.S.

Prevalence:

30.5%

Of children with FASD are placed into foster care

How is FAS Diagnosed?



FASD Diagnosis



- **No direct test** - diagnosed based on symptoms
- Diagnosis made depending on:
 - The size of a child
 - History of maternal alcohol use
 - Abnormal facial features
 - Emotional and behavioral challenges

FASD Diagnosis



Most recognizable between 8 months – 8 years old

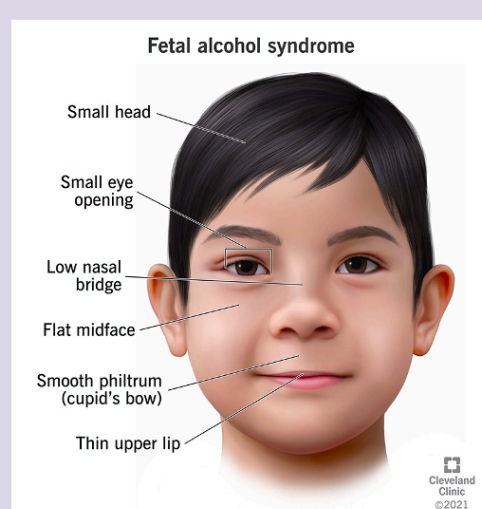
Possible referral to FASD expert / clinic

Never too late for a diagnosis

Abnormal Facial Features in FASD

***Only 10-15% present with distinct facial features**

- Thin upper lip
- Smooth ridge between nose and upper lip
- Small eyes / eye openings
- Small head size (microcephaly)



WHAT IS FETAL ALCOHOL SYNDROME?



Birth mother consumes alcohol during pregnancy & infant is exposed for prolonged period



Alcohol crosses the placenta into the fetus's bloodstream



The fetus's immature liver is unable to breakdown alcohol successfully



Damage occurs to baby's cells and organ, brain, and facial development is stunted



Results in lifelong physical, cognitive, and behavioral challenges

Dual Diagnosis

- **FASD:** affects 2-5% of live births
- **Autism:** affects 1 in every 54 children
- **Co-occurrence of FASD & ASD:** 2.6% (2x rate of general population)
- **ADHD:** affects 1 in 10 children
- **Co-occurrence of FASD & ADHD:** those with FASD 10x more likely to meet diagnostic criteria for ADHD



Symptoms / Presentation

Physical Signs

- Delayed growth before & after birth
- Delayed development
- Vision or hearing impairments
- Smaller head size (microcephaly)
- Poor coordination & balance



Executive Functioning

- Greater likelihood of intellectual disability
- Challenges with memory, learning, and focus
- Poor insight into gravity of decisions
- Poor judgment skills
- Poor concept of time
- Difficulty with organization & planning

Social Skills

- Poor sense of 'stranger danger'
- Challenges with social skills - 'indiscriminate friendliness'
- Difficulty with boundaries
- Lack of interpersonal skills
- Misinterpret facial expressions & eye gazes

School Performance

- Difficulty with math or abstract concepts
- Speech-language deficits
- Increased need for special education services
- Risk for poor academic achievement
- Challenges with social interaction with classmates



Behavioral Presentations

- Difficult to sooth as an infant
- Trouble sleeping
- Feeding challenges
- Sensory processing challenges
- Anxious attachment
















STRATEGIES TO SUPPORT

1) **Visual Schedules** - tool that uses pictures, icons, or words to represent a sequence of task or events.

These are great for children with prenatal substance exposure (PSE) because they increase predictability, provide structure, and outline a routine in clear ways with visual prompts.

Daily Schedule

 Morning		 Evening	
 GET DRESSED	<input type="checkbox"/>	 GET A BATH	<input type="checkbox"/>
 BRUSH TEETH	<input type="checkbox"/>	 BRUSH TEETH	<input type="checkbox"/>
 PUT SHOES & COAT ON	<input type="checkbox"/>	 PUT ON PAJAMAS	<input type="checkbox"/>
 GET BACKPACK	<input type="checkbox"/>	 READ A BOOK	<input type="checkbox"/>
 GO TO SCHOOL	<input type="checkbox"/>	 GO TO BED	<input type="checkbox"/>

Counteracting Impulsivity

Children with PSE can often experience increased impulsivity, or the tendency to act immediately without considering consequences. Caregivers can help manage this by encouraging the child to pause, breathe, and think. Below are some phrases that may assist you.

Instead of:

Say this!:

No hitting!

Keep your hands to yourself, please.

Don't pinch the dog!

Pinching hurts and scares the dog.

Stop talking back!

We can talk when you're ready to speak respectfully.

No playing ball in the house!

If you want to play ball, you need to go in the backyard.

Don't throw your food!

Food isn't a toy.

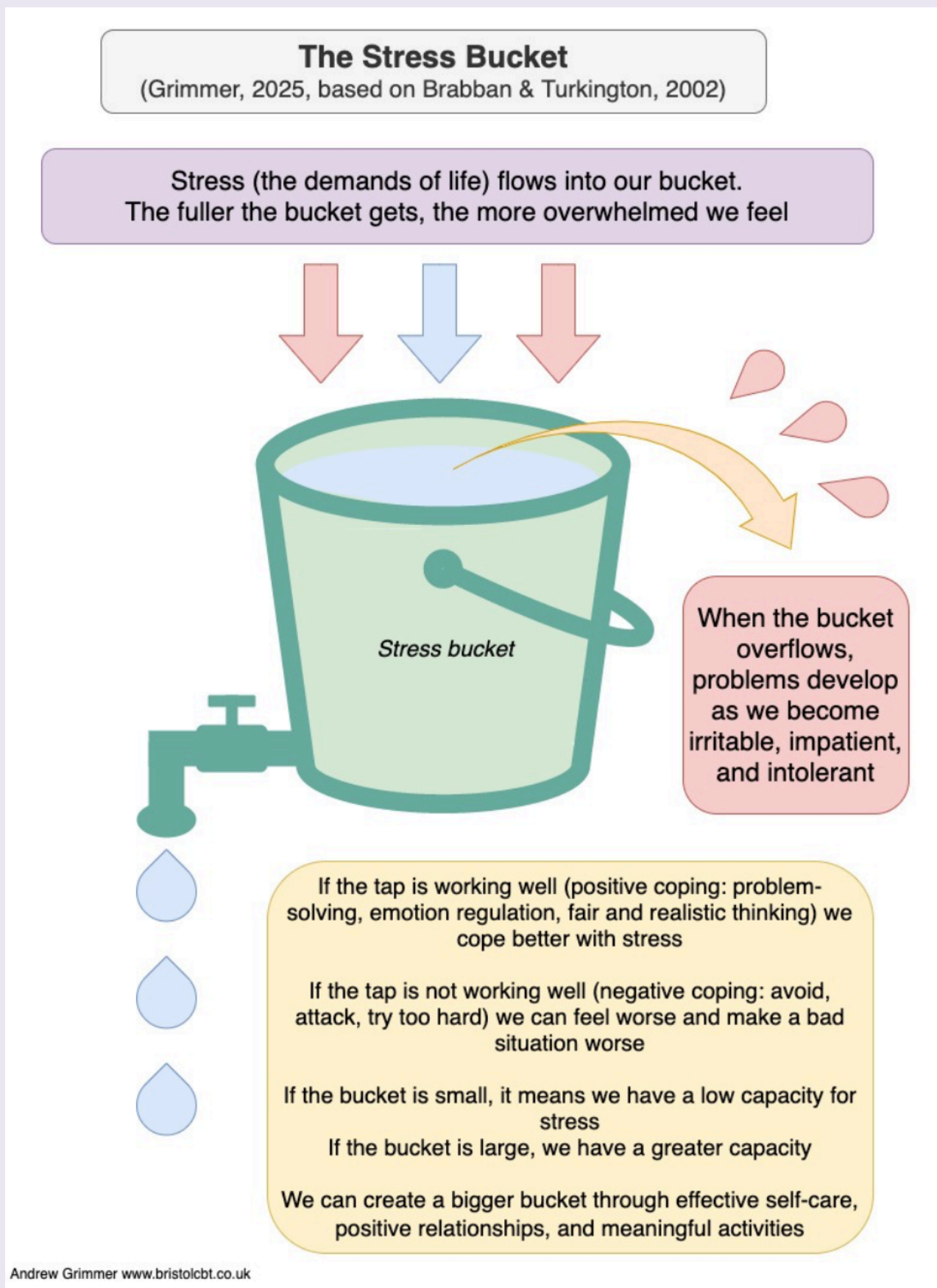
GROUNDING TECHNIQUES



Grounding techniques can be used with children with PSE to help calm their nervous system, improve sensory and emotional regulation, and reduce anxiety with overwhelming emotions.

Watch here: https://www.youtube.com/watch?v=H_l6AV6KfO4

STRESS BUCKET



ADDITIONAL RESOURCES

- Substance Abuse and Mental Health Services Administration's (SAMHSA) 24-hour helpline:
1-800-662-HELP (4357)
- The National Alliance on Mental Illness (NAMI)
1-800-950-NAMI (6264)
- Ohio Kinship and Adoption Navigator (OhioKAN)
844-OHIOKAN (844-644-6526)



Caregiver Advocacy Tips

- Document everything. Keep detailed and organized records over time
- Communicate with healthcare provider about referral process
- Provide information to school and other personnel
- Use specific vocabulary & get any denials in writing
- Focus on maintaining the family and affected child



“Three Yeses”: A Regulation Tool

- Obtain a few “yes” responses first
- Use short questions you think they will answer “yes” to
- Avoid the “no” loop
- Statements and connection = foundation



Strategies for Sleep

- Keep predictable & consistent bedtime routines
- Use of wind down activities before bed - coloring, listening to music, etc.
- Use calming transitions before bedtime - take a bath, light massage, etc.

Providing Choices

Providing choices helps avoid negotiation and promote autonomy.

- Try to limit to 2-3 **concrete** choices / options
- Give instructions one step at a time and allow extra time for processing

Caregiver Self-Care

- Prioritize your own needs too
- Ask for respite when needed
- Recognize the strength in asking for help
- Educate yourself regarding NAS / FAS as appropriate

HELP ME GROW REFERRAL

Ohio Early Intervention Services

Ohio Help Me Grow Website:

https://www.helpmegrow.org/helpmegrow_home.aspx



Making a referral to Help Me Grow is the first and easy step for pregnant women, parents, and caregivers who have questions or concerns about pregnancy, infants, or young children.

One referral to Help Me Grow opens the door to many programs that support families. If you are not the child's parent, you may still make a referral. Help Me Grow will first contact the child's parent before proceeding.


Contact to make a referral today!

Email: HMGreferrals@helpmegrow.org


Fax: (855) 318-3322 or (855) 418-3322

Make referral for child here:

<https://ochids.childrenandyouth.ohio.gov/public/refer>



Referral for Services



Making a referral to Help Me Grow is the first and easy step for parents or caregivers who have questions or concerns about their infant or child. One referral to Help Me Grow opens the door to many programs that support families including Early Intervention, Home Visiting, Family Connects Ohio, and the WIC Program.

If you are not the child's parent, you may still make a referral. Help Me Grow will first contact the child's parent or caregiver before proceeding.

Referral Source

*Required Field

Who is making the referral: *

-- Select One --

-- Select One --

I am making the referral for my family

Medical Professional

I am for a friend

Non Medical Professional - including WIC

Caregiver Contact Information

*Required Field

Primary Caregiver First Name: *

Primary Caregiver Relationship to Child(ren): *

**At least one contact method is required (email, phone, or address)

Primary Phone Number: **

Primary Caregiver Last Name: *

Primary Caregiver DOB:

Street Address: **

Best Contact Time:

-- Select Time --

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