

KNOW BEFORE YOU KNOCK

Every child and family has unique aspects of their situation, experience, and diagnosis. This page is intended to provide a general overview, but is not attempting to represent every situation or child you encounter. Every family deserves your expertise to assess and adapt your prior knowledge. This resource is best viewed electronically.



NEONATAL ABSTINENCE SYNDROME

DEFINITION

- "Neonatal abstinence syndrome (NAS) is a spectrum of clinical manifestations seen in neonates due to withdrawal secondary to intrauterine drug exposure.
- Most commonly associated with maternal opioid use and can be complicated by intrauterine exposure to benzodiazepines, alcohol, and various other drugs." (1)
- Note the emphasis on the word "withdrawal"- a child may be exposed to a drug early in pregnancy and therefore not experience withdrawal after birth. They would not receive a NAS diagnosis. (Though they may still have developmental differences due to the exposure).

PREVALENCE

"Overall NAS prevalence was 9.84/1000 births"

"14.72 per/1000 births for Whites, 6.02/1000 for Blacks, and 4.3/1000 for Hispanics"

CONSIDERATIONS

THAT MAY IMPACT SERVICES

- Presentation can vary based on the kind of substance the child was exposed to - review this [INFOGRAPHIC](#) for more information
- Potential involvement with Child Protective Services (CPS) or other agencies
- Be sensitive to child's living arrangement, with birth parent or in foster care placement

LANGUAGE TO USE/AVOID

- Ok to use: You may hear NAS also called NOWS. NOWS stands for neonatal opioid withdrawal syndrome. (2)
- Avoid: crack baby, junkie (even in passing- "I'm a coffee junkie.")
- Promote support for the birth parent to recover from their addiction instead of blaming them for using during pregnancy.

NATIONAL/STATE ORGS

[National Center on Substance Abuse and Child Welfare](#)

"NCSACW provides training and technical assistance (TTA) to help agencies and professionals develop or enhance policies, practices, and procedures that improve child and family outcomes and promote their social and emotional well-being." (2)

TOP RESOURCES

- [AAP NAS Toolkit](#)
- [To The Moon And Back, Inc | Dedicated to children born with prenatal opioid exposure and their families](#)
- [Opioids | ECLKC](#)
- [Developmental Consequences of Fetal Exposure to Prenatal Drug Use](#)

DIFFERENCES

THAT MAY BE PRESENT

Newborn

- Increased irritability and crying
- Poor state control
- Hypertonicity
- Tremors and jitteriness
- Skin breakdown
- Failure to thrive
- Hyper- or hyposensitivity to ordinary stimuli
- Vomiting/diarrhea
- Autonomic signs such as hiccups, gagging, color changes, tachypnea, or fever. (4)

Ongoing

- Expressive Speech Delays (4)
- Motor Delays > 12 months old
- Behavioral and Cognitive Differences: cognitive scores, perceptual skills, quantitative reasoning, and memory. Also, shortened attention span, impulsivity, and hyperactivity.
- Vision Differences: Strabismus, reduced visual acuity, nystagmus, refractive errors, and cerebral visual impairment
- Otitis Media (Ear Infections) (5)

SUPPLEMENTARY TESTS

THAT COULD BE USED OR SEEN IN MEDICAL RECORDS

[Brief Early Relational-Assessment, Infant/Toddler Sensory Profile-2, Sensory Processing Measure -2](#)



EARLY INTERVENTION IN WISCONSIN

REFERENCE LIST

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