



# DISCHARGE TEACHING TOPICS

## Newborns Diagnosed with Neonatal Opioid Withdrawal Syndrome

Clinically stable as evidenced by signs such as a normal respiratory status, no IV therapy, normal colour and vital signs

Newborns diagnosed with NOWS are at risk for weight fluctuations; therefore it is important to monitor weight trends in newborns with frequent follow up and well established feeding plans.

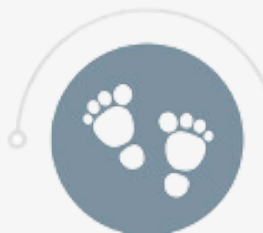
Ensure birthparents/parents are comfortable in identifying worsening signs of withdrawal within their newborn. Emphasized continuation of non-pharmacological interventions, along with assessment of the newborn's functional ability to eat, sleep and be consoled.

Education should be completed in a collaborative and engaging way ensuring that birthparents and families are confident in their capacity to care for their newborn at home. All universal education should be taught in addition to the key points highlighted here.

**Feeding Plan Well Established**

**Adequate hydration: voids/stools**

**Adequate transition to home plan, with established community supports**



**Transitioning Well to Extrauterine Life**

**Stable Weight (gaining or plateau in loss)**

**Withdrawal Symptoms Stabilized: Eating, Sleeping and Consoling as Appropriate**

**Appropriate education received and understood by parents. All questions asked; parents feeling empowered and confident in newborn care**

Newborn should be feeding on demand, with a feeding plan established. The birthparent should be confident in the maintenance and sustainability of this plan.

Due to withdrawal symptoms such as loose stools and vomiting, newborns diagnosed with NOWS must be monitored for adequate hydration. Can be monitored by keeping track of wet and dirty diapers. Output is the best predictor of hydration.

Create a family follow-up plan to ensure continuity of care within the community. This could include consultations with the Baby Steps Program, public health, and primary care practitioners.