

## Expert to Provide Guidance on Identifying, Treating Drug-Exposed Babies

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Carla Kemp, Senior Editor

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**Editor's note:** *The 2017 AAP National Conference & Exhibition will take place from Sept. 16-19 in Chicago.*

When it comes to intrauterine drug exposure, there are more questions than answers.

How do you recognize infants who have been exposed to prescription, nonprescription and illegal drugs in utero? If they have been exposed and are going through withdrawal, how do you wean them? If a mother took drugs during pregnancy, should she get custody of her newborn?

These are some of the issues that will be raised by Kathleen Neville, MD, MS, MBA, FAAP, during a session titled "Intrauterine Drug Exposure: What's a Pediatrician to Do? (F4070)" from 12:45-1:30 pm Tuesday in McCormick Place West, W180.

"For a lot of this, there is no one clear or good answer," said Dr. Neville, a member of the AAP Section on Clinical Pharmacology and Therapeutics and immediate past chair of the AAP Committee on Drugs. "Just like we advocate for toddlers and children, we need to get more information to better treat and advocate for these babies."

Dr. Neville plans to explain how drugs cross the placenta, describe symptoms of intrauterine drug exposure and review neonatal abstinence syndrome (NAS). She also will discuss legal and ethical implications, and how pediatricians can approach the family of a baby with NAS and other intrauterine exposures.

Babies exposed to drugs can experience tremors, irritability and jitteriness, and cry inconsolably. On the other end of the spectrum, some may have poor sucking and lethargy.

"How do you pick out the baby who is irritable and crying from the whole nursery?" she asked.

One tool she will review is the Finnegan scoring system, which can help identify newborns with NAS. Once a baby has been identified with NAS, pediatricians need to decide on treatment.

"There is no one-size-fits-all treatment regimen that I am going to present because there's not consensus," said Dr. Neville, chief of the Section of Clinical Pharmacology and Toxicology at Arkansas Children's Hospital.

Therefore, she plans to provide general principles for weaning, dos and don'ts, and potential weaning schedules.

"I hope people come away saying we as pediatricians need to come together and figure out more standardized treatment," she added.

While much attention has been focused on babies exposed to opiates, pediatricians also should be concerned about exposures to illicit drugs, marijuana, psychotropic drugs and alcohol, said Dr. Neville, director of the Experimental Therapeutics Program and professor of pediatrics at University of Arkansas for Medical Sciences.

"With marijuana, you're not going to see neonatal abstinence syndrome, yet there could be cognitive changes. With alcohol, you may have fetal alcohol dysmorphism but you may not. With cocaine, you may or may not have a neonatal abstinence syndrome, but some of those kids are going to have long-term effects,"

she said. "It's not over in the first 30 days. With some of the drugs, it's just beginning, and it falls to pediatricians."

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