

Our Care Notebook





This care booklet has been made just for you. It contains information and resources for pregnant women, their families, and other caregivers who may be caring for a baby with a history of opioid exposure.

Families in recovery and some of their healthcare team members created this care booklet.

We encourage you to ask us any questions that you may have and also to give us any suggestions for improvement of this booklet.

You are not alone. Stories from others who have shared their journey are in the back of the book!





DEDICATION

*To the families who are living the experience and are striving
to improve their lives and the health of their children.*

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The University of Vermont Medical Center

Contact Information

Neonatal Medical / Developmental Follow-up Clinic

Location: Children's Specialty Center
Address: Main Campus, East Pavilion, Level 4
111 Colchester Avenue
Burlington, VT 05401
Phone: (802) 847-9809
800-358-1144 extension 79809
Fax: (802) 847-5225

Comprehensive Obstetric & Gynecological Service (COGS)

Location: Women's Services
Address: Main Campus, East Pavilion, Level 4
111 Colchester Avenue
Burlington, VT 05401
Phone: (802) 847-1400
(802) 847-7404 (Nurse Line)
800-358-1144 extension 71400
Fax: (802) 847-8433

Outpatient Pharmacy

Address: Main Campus, Main Lobby, Level 3
111 Colchester Avenue
Burlington, VT 05401
Phone: (802) 847-2821
Fax: (802) 847-5958
Hours: Monday to Friday 7:30 am - 9 pm
Saturday & Sunday 8:30 am - 5 pm

Helpful Resources

What do I do if I need help and don't know what resources to contact?

Vermont 2-1-1: Provides confidential help (7 days a week, 24 hours a day) for everyday needs and difficult times. Call specialists provide the human touch, help solve problems and link individuals and families with local, statewide, regional and nationwide resources.

Telephone: Just call 2-1-1 (a local call anywhere in Vermont) or Toll Free 866-652-4636
Website: www.vermont211.org

Vermont Family Network: Website: www.vtfamilynetwork.org

What if I need help providing food for myself or my family?

WIC: Provides nutritious food to eligible women, infants and children

Telephone: 800-464-4343 VT Department of Health or call 2-1-1
800-649-4357
Website: www.healthvermont.gov/family/wic

Where can I look for housing information?

Housing and Homelessness Resources: Vermont Commission on Women

Website: www.women.state.vt.us/hh.html (a great list of housing help) or call 2-1-1

What if my baby needs to stay at UVM Children's Hospital and I need a place to stay in Burlington?

Ronald McDonald House: Housing for families while child is hospitalized at UVM Children's Hospital. Cost is by donation; no set charge.

Telephone: (802) 862-4943
Website: www.rmh-vermont.org

Some local hotels offer discounted rates for families. Please ask your UVM Medical Center social worker for assistance.

Is there a support group for moms with substance abuse issues?

Rocking Horse Circle of Support: For women - especially moms with young children - to talk about taking care of yourself and the impact substance abuse has on your children and family. Childcare and transportation assistance provided.

Website: www.therockinghorse.org or call 2-1-1

Is there support for Grandparents or other relatives who are caring for children?

Vermont Kin as Parents: Multiple resources and a list of support groups in many Vermont counties.

Telephone: (802) 871-5104
Website: www.vermontkinasparents.org or call 2-1-1

Department for Children and Families

If you are working with the Department for Children and Families, Family Services Division, and have questions or need support, you should reach out to your assigned social worker. If you are unable to reach your social worker, you can contact the District Office working with your family, or after hours and on holidays you can contact Centralized Intake at 1-800-649-5285.

Website: <http://dcf.vermont.gov/fsd/contact-us/districts>

What if I am concerned about my infants' development?

Child Integrated Services: A family-centered program with early intervention services for infants and toddlers who have a delay in their development or a health condition which may lead to a delay in development.

Telephone: Call 2-1-1 and ask for CIS in your county

Website: <https://cispartners.vermont.gov/>

Who can I call if I am being physically or verbally abused?

Domestic Violence Hotline: 1-800-799-7233 or call 2-1-1

Vermont: Steps to End Domestic Violence:

Telephone: (802) 658-1996 or call or 2-1-1

Website: www.stepsvt.org

Who can I call if I am concerned that my child may be at risk for abuse?

Prevent Child Abuse Vermont: 1-800-CHILDREN (1-800-244-5373) Open 9-5. For assistance outside of these hours, please dial 2-1-1.

Who can I call if I am frustrated or upset and afraid that I may shake or hurt my child?

Prevent Child Abuse Vermont: 1-800-CHILDREN (1-800-244-5373) Open 9-5. For assistance outside of these hours, please dial 2-1-1.

Who can I call if I am feeling sad after my pregnancy...like I am not enjoying my new baby and things I once enjoyed... worthless and guilty... rejected... if I am having thoughts of death or suicide?

Contact your obstetric office or primary care provider office.

Postpartum Depression Support: The #1 complication of childbirth is depression; it affects one in eight new moms. It is treatable.

Telephone: 1-800-944-4PPD (4773) or text 503-894-9453

Website: www.postpartum.net

Who do I call for help if I'm interested in quitting smoking?

1-800-Quit Now (1-800-784-8669)

Directs to State Quit Line

Vermont: <http://802quits.org/> New York: <https://www.nysmokefree.com/>

Medication-Assisted Treatment During Pregnancy

- If you become pregnant and are using opioids (such as heroin, or prescription painkillers, such as OxyContin, Percocet, Vicodin, etc.), methadone or buprenorphine are treatment options that can help you and your baby have a stable and healthy pregnancy.
- When you are using opioids regularly and are sick when you don't use them, chemical changes have happened in your brain that makes it almost impossible to stop without help.
- When a pregnant woman goes into withdrawal, the baby also experiences withdrawal. In rare cases, severe withdrawal can be dangerous to the unborn baby.
- Methadone and buprenorphine are the preferred medications used to treat pregnant women with opioid use disorder.
- Methadone and buprenorphine help you and your baby. These medicines stop withdrawal and can decrease your cravings to use.
- Less than 50% of babies born to mothers receiving medication-assisted treatment will need treatment for withdrawal.
- The amount of your dose has nothing to do with your baby's need for medicine. You could be on a low dose (40 mg of methadone or 8 mg buprenorphine), and your baby may need medicine, or you could be on a higher dose (140 mg of methadone or 24 mg of buprenorphine), and your baby may not need medicine.
- If your baby needs medicine for withdrawal it does not mean your baby is an "addict." He or she has a short term dependency. Your baby needs the medicine for a short time to grow and be healthy.
- The use of medicine for withdrawal has not been associated with negative developmental outcomes.

Pain Relief During Labor and After Delivery

Will I get the same amount of pain medication that other mothers receive?

The same methods of pain relief are offered to everyone on labor and delivery. You are entitled to the pain relief method of your choice, as long as there is no medical reason that it cannot be done. The use of methadone or buprenorphine does not affect our decision to give you an epidural; many women need some adjustment to get the right level of medication to make them comfortable.

What can I do on my own to manage my pain?

- Change body positions
- Use relaxation or breathing exercises
- Take a shower or bath
- Have someone massage your lower back
- Put heat or cold on your lower back
- Listen to music
- Take a walk

What if I want medicine to help with my pain?

Pain medication can be given in labor through epidurals and/or spinals. The spinal medication is injected through your back and numbs the nerves in your spine. The epidural is a small plastic tube put into your back by an anesthesiologist. When you have an epidural, the amount of pain relief can be adjusted as your labor progresses. The goal of pain relief with an epidural is to make you more comfortable without being completely numb. This means that you will still feel the pressure that goes along with contractions but should not have sharp pain. We do not take all sensation away because it would make pushing the baby out more difficult.

Will an epidural slow down my labor?

Epidurals have been shown to make labor longer by about 40 minutes on average. But if you are in a good labor pattern it usually does not slow things down. Epidurals do not increase your risk of cesarean section (or C-section), although you do have a slightly higher chance of needing oxytocin to help your labor progress.

What if I have to have a cesarean section?

If a C-section is planned and you have an epidural in place, the anesthesiologist gives more medication through the epidural to make you completely numb. Surgery only starts when you are numb. If you do not have an epidural in place then a spinal anesthetic is used. With either of these methods you are awake for the delivery of your baby, and you can have a support person in the operating room with you. If there is no time at all to do either of these things then a general anesthetic is given. It is quite rare to require general anesthesia for C-sections, which means you will be asleep for the delivery of your baby.

What are the risks of the pain medication for me and my baby?

The risks that go along with an epidural are bleeding and infection (rare), nerve damage (rare, headache (about 1%), the epidural doesn't work well and may need to be re-done (20%). Some of the common side-effects of epidurals are low blood pressure and itching.

Will any of these medications affect breastfeeding my baby?

None of the medications given routinely in labor will alter breastfeeding. Some women with very long or complicated labors can have a slow start to breastfeeding, as do many first-time mothers. The nursing staff is very committed to breastfeeding and helping you breast-feed successfully. Be prepared to be patient as your baby figures the food system out.

Will I be able to have pain medicine after the baby is born?

The amount and type of pain medication given after delivery will be determined by how much pain you have and whether you delivered vaginally or by C-section. Most of the time, Motrin and Tylenol will take care of the pain from a vaginal delivery. More complicated deliveries and C-sections may require stronger medication. No matter what, the nursing staff is committed to excellent pain control. Pain medication is adjustable to individual needs. If you have pain, please discuss this with your nurse, who will help you develop a plan for optimal pain relief.

Hepatitis C and Your Baby

What is hepatitis C?

Hepatitis C is a virus that attacks the liver. In the United States, there are more than 4 million people who have ever had hepatitis C virus infection. Approximately a quarter million are children.

How does a newborn baby get hepatitis C?

When a mother has hepatitis C, her newborn has about a 5% chance of having hepatitis C.

When will you find out if your baby has hepatitis C?

If a mother has hepatitis C, her baby will have a blood test at 18 months of age. It cannot be done sooner because some of the mother's antibodies from the pregnancy may still be in the baby's blood.

Can a mother breast feed if she has hepatitis C?

Yes, it is safe to breast-feed, but if your nipples are bleeding you should pump and dump until they are healed.

Can my baby go to daycare?

Your baby can go to daycare. You do not need to tell a daycare or other caregivers that your baby has been exposed to hepatitis C.

Can your baby give hepatitis C to someone else?

This is very unlikely. Kissing, hugging, sneezing, coughing, sharing food or water, or casual contact do not pass along hepatitis C. Children infected with hepatitis C should not be excluded from school, play, or any other childhood activity based on their infection status.

What if your baby does test positive for hepatitis C?

Your baby will be referred to a specialist so that they can monitor them as they grow. Many babies may clear their hepatitis C.

Smoking Cessation

The birth of your baby is exciting and represents a new beginning for everyone. It can provide a wonderful opportunity to consider making positive changes.

If you are able to quit, this is the healthiest choice for you and your new baby. Evidence shows that if you are able to decrease the number of cigarettes to less than six a day, this will decrease the withdrawal symptoms that your baby may have.



What are the risks of smoking for my baby?

Smoking during pregnancy increases the risk of premature birth, low birth weight and treatment for Neonatal Abstinence Syndrome. Babies who are around secondhand smoke are more likely than babies who aren't to have health problems, including pneumonia, ear infections, asthma, bronchitis and lung problems. They're also more likely to die of SIDS.

Quitting is hard! Are there resources to help?

Quitting smoking, or even cutting down, are important but often difficult steps to take for your health and the health of your baby. There are excellent resources to support you in this process. The positive effects on your health and wellbeing are immediate. See the beginning of this booklet or speak to your OB provider to learn more about resources in your area.

Who do I call for help if I'm interested in quitting smoking?

1-800-Quit Now (1-800-784-8669)

Directs to State Quit Line

Vermont: <http://802quits.org/>

New York: <https://www.nysmokefree.com/>

Neonatal Abstinence Syndrome (NAS): Caring for your Newborn

Congratulations on your pregnancy and/or the birth of your new baby!

Our team is committed to providing you and your baby with the best care possible. This information will help you learn how to best care for your baby after birth.

What is NAS?

Neonatal Abstinence Syndrome, or NAS, occurs when a baby withdraws from opioids (e.g.: methadone, buprenorphine, pain medicines, heroin, fentanyl) after birth.

Most babies show signs of withdrawal 2 to 3 days after birth, but some may not show signs until day 4.

What are the most common signs of NAS?

- Tremors, jitteriness, or shaking of arms and legs
- Tight muscles in arms and legs
- Fussiness
- Problems eating or sleeping
- Hard to console or calm down
- Need for sucking when not hungry
- Loose or watery stools (poops)
- Trouble losing too much or not gaining enough weight (after day 4)

What will my care team do to make sure my baby is healthy?

- During your baby's time in the hospital, you will be your baby's primary caregiver; we will be here to help and support you. Your baby will do best if you are the one providing your baby's care.
- Your baby will stay in the hospital for at least 96 hours (4 days).

How will my baby be assessed for withdrawal?

We will watch your baby closely for signs of withdrawal every few hours. Let your nurse know when your baby is done feeding as this is a good time to check your baby. We will review with you your baby's behaviors listed below and the newborn care diary that you have kept

- How well your baby eats
- How well your baby sleeps
- How well your baby consoles (calms)
- What kinds of things help your baby calm (holding, skin to skin contact, swaddling, sucking, a calm room)
- Very loose or watery stools (poops)

How can I best help my baby?

Be with your baby as much as possible: One of the best things you can do is to keep your baby with you at all times in your own room. Being close to your baby helps you learn your baby's cues and respond quickly to your baby's needs. Your baby will feel safest and most comfortable when close to you.

Skin to skin: Spend as much time "skin to skin" with your baby when you are awake. This helps your baby eat and sleep better, and will help calm your baby. It can also help decrease other symptoms of withdrawal. It also helps your milk supply when breastfeeding.

Swaddle / Cuddle: Hold your baby or swaddle your baby in a light blanket. Just being close to someone, or "tucked" in a swaddle, helps your baby feel safe and comfortable.

A calm room: Keep your room calm and quiet with the lights low. Loud noises and bright lights may upset your baby.

Feed at early hunger cues: Feed your baby whenever your baby hungry and until content, at least every 3 hours. Breast feeding provides the best source of nutrition and helps decrease your baby's withdrawal symptoms.

Sucking: If your baby still wants to suck after a good feeding, offer a finger or pacifier to suck on. This can be very comforting for your baby. Always make sure your baby is not hungry first!

Limit visitors: Try to have only one or two visitors in your room at a time as more may make your baby fussy or not sleep as well.

What do I need to plan ahead of time?

- It is helpful to have a support person with you to help care for your baby in your room (partner, other family member, or friend).
- Bring enough clothes and personal items with you to last for 4 days or more.
- Plan to have someone watch your other children and/or pets while you are away.
- Sometimes it is hard to talk to your family about why your baby might need to stay in the hospital. If this is true for you, ask your OB or Pediatric provider to help.

If my baby does not need medicine, when can we go home?

Your baby's care team will help decide when it is safe for your baby to go home. We will need to watch your baby for at least 4 days (96 hours) in the hospital to make sure there are no significant signs of withdrawal

Your baby is ready to go home when::

- Feeding and sleeping well.
- Easy to console (calm down).
- Has not lost too much or is gaining weight.
- Able to maintain a healthy temperature, heart rate, and breathing.
- An appointment with your baby's provider has been made.

EATING, SLEEPING, CONSOLING (ESC) CARE TOOL

PROVIDER INSTRUCTIONS:

- Review ESC behaviors with parents since last assessment 3-4 hours ago using Newborn Care Diary.
- If infant with Yes for any ESC item or 3 for Consoling Support Needed: Perform a Formal Parent/Caregiver Huddle to determine Non-Pharm Care Interventions to be optimized further and continue to monitor closely.
- If not clear if infant's difficulties eating, sleeping or consoling are due to NAS, indicate Yes and continue to monitor closely while optimizing all Non-Pharm Care Interventions.
- If infant continues with Yes for any ESC item or 3 for Consoling Support Needed (or other significant concerns are present) despite maximal non-pharm care: Perform a Full Care Team Huddle to determine if medication treatment is needed. Continue to follow infant closely, maximizing all Non-Pharm Care Interventions.

DEFINITIONS:

EATING

Poor eating due to NAS: Baby unable to coordinate feeding *within* 10 minutes of showing hunger *OR* sustain feeding for *at least* 10 minutes at breast or with 10 mL by alternate feeding method (*or other age-appropriate duration / volume*) due to opioid withdrawal symptoms (e.g., fussiness, tremors, uncoordinated suck, excessive rooting).

Special Note: Do not indicate Yes if poor eating is clearly due to non-opioid related factors (e.g., prematurity, transitional sleepiness or spittiness in first 24 hours, inability to latch due to infant / maternal anatomical factors).

SLEEPING

Sleep < 1 hour due to NAS: Baby unable to sleep for at least one hour after feeding due to opioid withdrawal symptoms (e.g., fussiness, restlessness, increased startle, tremors).

Special Note: Do not indicate Yes if sleep < 1 hour is clearly due to non-opioid related factors (e.g., symptoms in first day likely due to nicotine or SSRI withdrawal, physiologic cluster feeding in first few days of life, interruptions in sleep for routine newborn testing).

CONSOLING

Unable to console within 10 minutes due to NAS: Baby unable to console within 10 minutes (due to opioid withdrawal symptoms) despite infant caregiver/provider effectively providing any/all of the Consoling Support Interventions below.

Special Note: Do not indicate Yes if infant's inconsolability is clearly due to non-opioid related factors (e.g., caregiver non-responsiveness to infant hunger cues, circumcision pain).

Consoling Support Interventions (CSIs)

1. Caregiver begins softly and slowly talking to infant, using voice to calm infant.
2. Caregiver looks for hand-to-mouth movements and facilitates by gently bringing infant's hand to mouth.
3. Caregiver continues talking to infant and places caregiver's hand firmly but gently on infant's abdomen.
4. Caregiver continues softly talking to infant bringing baby's arms and legs to the center of body.
5. Caregiver picks up infant, holds skin-to-skin or swaddled in blanket, and gently rocks or sways infant.

Caregiver offers a finger or pacifier for infant to suck, or a feeding if infant showing hunger cues. Parent/caregiver should offer CSIs to infant in manner that they feel is best at the time (e.g., feeding if infant showing hunger cues, picking baby up if crying). Providers should consider introducing CSIs, in the order above, to assess the level of support needed to console the infant over time.

CONSOLING SUPPORT NEEDED

1. **Able to console on own:** Able to console on own without any caregiver support needed.
2. **Able to console with caregiver support within 10 min:** Able to console within 10 minutes with any level of consoling support provided by infant caregiver/provider.
3. **Unable to console with caregiver support within 10 min:** Unable to console within 10 minutes despite caregiver or provider's effective implementation of all levels of consoling support.

PLAN OF CARE

Formal Parent/Caregiver Huddle: RN bedside huddle with parent/caregiver to determine Non-Pharm Care Interventions to optimize ("Increase") further.

Full Care Team Huddle: Bedside huddle with parent/caregiver, infant RN and physician or associate provider.

PARENTAL / CAREGIVER PRESENCE

Time since last assessment that parent, or other caregiver, spent with infant in own room (or in Nursery for procedures).

OPTIMAL FEEDING:

Baby feeding when showing early hunger cues and until content, on demand, without any limit placed on duration or volume of feeding. Baby should be offered feedings whenever showing the desire to suck.

Breastfeeding: Baby latching deeply with comfortable latch for mother, and sustained active suckling for baby with only brief pauses noted. Staff assist directly with breastfeeding to achieve more optimal latch/position. Express colostrum and have baby feed on an adult finger first to organize suck prior to latching, as needed. Withhold pacifier use, as able.

Bottle feeding: Baby effectively coordinating suck and swallow without gagging or excessive spitting up. Instruct parent to provide chin support, or modify position of bottle or flow of nipple if any feeding difficulties present.

Consult lactation or feeding specialist if feeding difficulties continue despite above optimal feeding measures.

EATING, SLEEPING, CONSOLING (ESC) CARE TOOL

DATE / TIME									
EATING									
Poor eating due to NAS? Yes / No									
SLEEPING									
Sleep < 1 hr due to NAS? Yes / No									
CONSOLING									
Unable to console within 10 min due to NAS? Yes / No									
Consoling Support Needed 1: Able to console on own 2: Able to console with caregiver support within 10 min 3: Unable to console with caregiver support within 10 min									
PLAN OF CARE									
Recommend Formal Parent/Caregiver Huddle? Yes / No									
Recommend Full Care Team Huddle? Yes / No									
Management Decision 1: Continue/Optimize Non-pharm Care 2: Initiate Medication Treatment 3: Continue Medication Treatment 4: Other (please describe)									
PARENTAL / CAREGIVER PRESENCE									
0: No parent present 1: < 1 hour 2: 1-2 hours 3: 2-3 hours 4: ≥ 3 hours									
NON-PHARM CARE INTERVENTIONS									
Rooming-in: Increase / Reinforce									
Parent/caregiver presence: Increase / Reinforce									
Skin-to-skin contact: Increase / Reinforce									
Holding by caregiver / cuddler: Increase / Reinforce									
Safe swaddling: Increase / Reinforce									
Optimal feeding at early hunger cues: Increase / Reinforce									
Quiet, low light environment: Increase / Reinforce									
Non-nutritive sucking / pacifier: Increase / Reinforce / Not Needed									
Additional help / support in room: Increase / Reinforce									
Limiting # of visitors: Increase / Reinforce									
Clustering care: Increase / Reinforce									
Safe sleep / fall prevention: Increase / Reinforce									
Parent/caregiver self-care & rest: Increase / Reinforce									
Optional Comments:									

Newborn Care Diary

Baby's Name: _____

Date: _____

Time when baby fell asleep	Time when baby woke up	Time of baby's feeding (start to finish)	Breast feeding (total # minutes)	Bottle feeding (total # mL)	Did baby feed well? (If no, please describe)	Did baby sleep for an hour or more? (If no, please describe)	Did baby console in 10 min? (If no, please describe)	Check box for pee	Check box for poop (please describe)	Extra Comments / Care Provided
example 8 am	12:00 pm	12:15 pm - 12:40	L - 15 min R - 10 min		Yes but needed to suck on finger for 2 min before able to latch on ok	Yes	Yes - Was very fussy when woke up but calmed down after 5 min of holding and sucking on finger	Ö	ÖÖ loose	Last feed was 4 hr ago - will do skin-to-skin time and offer breastfeed sooner next time
			L - R -							
			L - R -							
			L - R -							
			L - R -							

What happens if my baby needs medicine to treat withdrawal?

- Less than 20% of babies exposed to opioids during pregnancy will need medicine to treat withdrawal at University of Vermont Children's Hospital (UVMCH).
- Babies who need medicine to treat withdrawal will be monitored in the UVMCH neonatal intensive care unit (NICU).
- You are welcome in the NICU 24 hours a day, but there is not a sleep space at the bedside. We will work to help you stay close if your infant needs to be in the NICU.
- If your baby needs medicine for withdrawal at UVMCH, it will be with methadone. Some babies may require only 1-2 doses while other babies may need treatment for a longer time. It may take a few days in the NICU to find the right dose.
- Your baby might be discharged home taking methadone and the length of time your baby would need methadone at home is usually 2-4 months.
- You will be taught how to give your baby the methadone that will be prescribed to continue at home.
- Your baby will be seen in the NeoMed Clinic at the hospital at least every 2 weeks while your baby is weaned off the methadone.
- A member of the NeoMed team will meet with you to discuss the required follow-up visits at clinic. We look forward to working with you to help you and your baby have the best care possible. If you have any questions about any of this information, please ask your pediatrician, the NeoMed Clinic staff, a social worker or a nurse caring for your baby.

This informational pamphlet was adapted from a pamphlet developed by Dr. Bonny Whalen and staff at the Children's Hospital at Dartmouth-Hitchcock (CHaD).



NeoMed Clinic Letter of Understanding
Home Methadone Treatment

The Neonatal Medical Follow-Up clinic (NeoMed) sees infants that are discharged from the hospital with specific medical needs. The NeoMed Clinic is located at the Children's Specialty Center, main campus on the 4th floor of the East Pavilion. We are committed to the infants and the families that we follow in the NeoMed Clinic, and look forward to working with you.

Infants who need treatment for withdrawal from opioids are treated with methadone at the University of Vermont Children's Hospital and once stable can be discharged on this medication; this is our standard of care. You will receive extensive medication teaching before you leave the hospital. After discharge, your infant will be required to attend NeoMed Clinic appointments which are at least every two weeks. During each appointment your infant's care team will monitor growth and development; and assess how your baby is tolerating the methadone dose. With this information, we will review and possibly make changes to the methadone wean plan. These visits are essential to your infant's ongoing care and safety while on methadone. Attendance at scheduled appointments is required while participating in our program.

Before discharge from the hospital or at the first NeoMed Clinic appointment, we will schedule a series of at least four appointments. In the event that you are unable to make an appointment, call as soon as you can so that it can be rescheduled. We greatly appreciate 24 hours' notice; any appointment that is not cancelled at least 2 hours before the start time, will be considered a "No Show".

Our NeoMed Clinic is very busy and we value having enough time at your visit to address all of your questions and concerns. If you arrive to the appointment 20 minutes late or more, you may be asked to reschedule. Please understand that the NeoMed Follow-Up Clinic is required to report any safety concerns, to the Department of Children and Families (DCF). Safety concerns may include a "No Show" to required appointments.

Are there any barriers that may prevent you from making regularly scheduled NeoMed Clinic appointments? (Financial, transportation, etc.)

I have read and understand this information.

Parent / Care Giver name (PRINTED):

Signature: Date:

Staff signature: Date:

Breastfeeding Issues Specific to the Opioid Exposed Infant

Can I breastfeed?

YES! Women being treated for opioid dependency/addiction with methadone or buprenorphine can breastfeed. In fact, they are encouraged to do so!

Why breastfeed?

Breastfeeding is the best gift you can give your new baby. For most newborns, breast milk is the only food needed for the first six months of life. There are many health benefits for both mother and child:

- Fewer colds, allergies, ear infections and other infections
- Improved brain development
- Reduced chance of developing obesity, diabetes, asthma and certain types of cancer

What are the health benefits for the mother?

- A wonderful bond and closeness with your baby
- Earlier return to pre-pregnancy weight
- Less post partum bleeding
- Decreased risk of certain types of cancer

Will my baby be harmed by methadone or buprenorphine that is passed through my breast milk?

No, the amount of methadone or buprenorphine passed through breast milk is very small and causes no harm to your baby.

In what situations should I NOT breastfeed my infant?

Mothers infected with human immunodeficiency virus (HIV) should not breastfeed. Mothers who are using illicit substances should discuss this with a health care provider before nursing their infant.

Can I breastfeed if I am infected with hepatitis C virus?

YES! Mothers who are infected with hepatitis C virus may breast feed. But if your nipples are cracked or bleeding you should use a breast pump to express breast milk from that affected breast and discard the milk until nipples have healed. If only one breast is cracked and bleeding, you may still breast feed from the other breast.

Breastfeeding Resources

“My baby was born needing methadone maintenance. Breastfeeding was one of the most important decisions I made regarding his health and treatment plan.”



Websites and videos

- www.KellyMom.com
- <http://www.womenshealth.gov/breastfeeding/>
- <https://www.youtube.com/user/NancyMohrbacher>
- <http://med.stanford.edu/newborns/professional-education/breastfeeding/hand-expressing-milk.html>
- Nancy Mohrbacher's Youtube video series
- Basic breast massage and hand expression: www.bfmedneo.com/Breast/MassageVideo.aspx
- Breastfeeding Solutions App v1.3 for smartphone

Vermont breast pump sales and rentals

- WIC offices
- Keene Medical Products: 863-2114
- Lactation and Birthing Solutions: 888-3470
- Lactation Resources of Vermont: 878-6181
- Natural Beginnings: 236-4136

New York lactation consultants and pump resources

- Plattsburgh WIC Office: Sue Trombley: (518) 565-4835
- CVPH Lactation Clinic-Plattsburgh: (518) 562-7142. Monday to Friday 11-4 pm and weekends 9:30 am-3 pm
- Clinton County Health: (518) 565-4848. IBCLCs available (Everyone can have a visit if they want.)
- Essex County: Moms Program (518) 873-3500 (Medicaid eligible.) Often able to facilitate rental for active WIC clients. (No script needed.)
- Saranac Health Department: (518) 891-4471

What will my baby be doing? What fun games can we play?

Every baby develops at their own pace. This is just a guide.

“Reading to a child at night, responding to their smiles with a smile, returning their vocalizations with one of your own, touching them, holding them - all of these further a child’s brain development and further potential even in the earliest months.” - T. Berry Brazelton

1-2 MONTHS	
Raises head and chest when lying on tummy	Tummy time with bright/shiny objects, such as a spoon, in front of the baby
Fixes on objects with eyes	Wave colorful bandana above baby’s head
Smiles/Coos	Rock baby while talking/singing/reading book
3 – 4 MONTHS	
Reaches	Blow bubbles; show baby how to reach out and pop them; talk with them about what you are doing
Follows object with eyes/head	Keep sponges/towels/scarves around during diaper changes, rub different textured items on baby’s tummy, cheek, arm
Laughs	Put music on and dance or sing with baby
5 – 6 MONTHS	
Sits with support from arms	Sit baby up using their arms as support; try using small pillows to help them
Rolls over	Lie baby on blanket with arms stretched out in front; gently and slowly pull blanket up, rolling them over.
Babbles	When baby babbles, imitate their noises; try this while reading with baby

7-8 MONTHS	
Crawls on all fours	Make a “cushion mountain” with pillows of different sizes/textures; show baby how to crawl around and up them
Looks for disappearing toy	Take a paper towel tube and a colorful cloth; stuff the cloth in the tube, encourage baby to look for it
Mimics simple sounds	Talk with baby showing them your eyes, nose, mouth, ears, etc. Show them their own, and on a doll. Sound out words slowly, let baby watch how your mouth moves and encourage them to try out different sounds.
9-10 MONTHS	
Stands, holding onto a support	Put favorite toys up on couch; encourage baby to pull up and “cruise” along the couch to get them
Grasps with thumb and index finger	Give baby 1-3 Cheerios (so they don’t grasp a handful at a time)
Says “Mama/Dada,” specific to you	Play peek-a-boo, hiding behind a wall; when you pop out say “Mama” or “Dada”
11-12 MONTHS	
Walks with hand held	Put heavy objects in laundry basket, allow baby to use for support while standing; remove some and baby can push like cart
Finds hidden toy	Hide toy in shoebox and play hide-and-seek to have baby find it
Knows several body parts	Play in front of mirror ask baby to show you different body parts; read books, ask baby to point out characters’ body parts

Life

My daughter's name is the perfect name for her: it means "life." She's almost 2 years old now, and developmentally she's more advanced than that. I thank God every day that things have turned out the way they did.

I started using heroin when I was just 15 years old. I wanted to see what was so special about it that my father would allow it to take him away from me forever. Before "it" came around, I was the most important aspect of his life. He died of an overdose and that was the first day the fight for my life and myself began.

Throughout the past 11 years, I allowed heroin to destroy me, my beliefs, my values and my emotions. I lost three children to the foster care system and one child to my older brother. I ended up in federal prison once and state prison three times.

In January, 2002, I had my son. During my entire pregnancy I continued to use. I was too afraid to stop due to losing a baby at 5 months pregnant from quitting "cold." I left the hospital without my son because the state had to step in due to my use, and I've never even known him.

It was at that point something changed within me. I was living in a world of pain and anger, in a world where the sun never shined. My husband was feeling the same way. We thought that the only way to get clean was to leave Vermont (despite the fact that we were both on furlough and weren't allowed by law to leave the state). In late March of 2002, we did our last use of drugs and left Vermont. We "detoxed" driving to a state in the middle of the country and for a few days once we reached there.

In May of that same year, I began to get sick day and night. I thought that I had the flu, but I couldn't have been more wrong. My husband woke me up at 1 am on May 25 to the sound of the police breaking down our door. Our time away was over.

We found ourselves in jail once again. We continued to stay clean, but it seemed like all the negativity wouldn't end. I remember thinking, "What's the point?" I was so confused. I didn't know what to do. I didn't have enough faith in myself to stay clean and I couldn't handle losing another child. God only knew when I'd gain my freedom again, so I set up an abortion, which had never seemed like an option for me until now. How could I bring another child into my chaos? I couldn't. But how could I go through with an abortion? I couldn't do that either. I went back and forth. I thought that maybe this is my chance to do things over again, my chance to do things right. I decided to have the baby, but I was so afraid of what might happen.

I was released exactly 30 days before my due date and I had been clean for 8 months. I lived at the Lund Family Center with other women and girls, some with the same issues as me. But the closer it got to my due date, the more afraid I got, and the more I craved something, anything, to take the fear away. I was honest about my feelings and thoughts. I knew if I wasn't, or if I tried to hide it, I'd end up using. It was at that point that my counselors and I felt I should look into methadone.

It was hard to get the doctors to agree, due to my length of sobriety. They felt that since I'd gone 8½ months without anything, I should just continue. They didn't realize everything I had to lose if I messed up just once.

They prescribed naltrexone, which made me ill. I didn't want to try it, but I wanted to show I had good faith. Once that didn't work and they saw that I was working hard (doing daily meetings, being open and honest, following their advice), I was started on methadone. It seemed like a relief. I felt safe finally, like people heard me and were willing to help me and my baby succeed.

I was afraid of how the methadone would affect the baby and her development now and in the future. Everyone assured me things would be okay and that the doctors would be able to handle any problems that may arise. I still had my doubts. I also felt a little guilty, like I should have just tried hard or waited until after the birth, since she hadn't ever been exposed to anything. I just told myself it was better and safer than the possibility of relapse.

When I was in labor, my old fears came up, along with the excitement of having my new baby in my arms, finally being able to hold her, touch her. I was afraid that the state would take her because I was on methadone or that she would have some sort of physical problem.

All those fears left once she arrived and I saw her. They changed into hope of what our life and future together would be like. She was perfect. She didn't have any problems and didn't seem to have much, if any, withdrawal symptoms. She didn't need any methadone, and to this day it doesn't seem to have affected her at all. She's so smart, beautiful and healthy.

My daughter is the life that I made and will continue to nurture, love, and be there for, without substance abuse being a part of our lives.

Just One Mother

I was just another struggling addict in recovery. Then I got pregnant for the first time, and I was so excited. At the same time I was scared to death. What was I going to do? How would I take care of another human being when I was having trouble taking care of myself? I asked myself all of these questions but never said anything to anyone else, I just stuffed it. Eight months went by and I was still vomiting every day, I was hot, uncomfortable and “fat.” I got a letter from my boss saying my job was being cut down to only 10 hours a week. I was not getting along with my boyfriend. I was losing my apartment, and I was bringing a baby into the world. What was I going to do?

I went to visit one of my friends (she was in recovery too) and she had heroin on the coffee table and offered me some. How could I pass it up? I was desperate and depressed! That’s when it all started. I was only going to do one bag to take the edge off, but any addict knows that wasn’t going to happen. I used every day from that day on for about two weeks. I was dodging my probation officer and friends. I was lying to my boyfriend, parents and friends. Everything was worse than before I picked up that bag.

One day I was getting high with the girl that got me the heroin; she too was on probation. We were at her apartment when a loud (familiar) knock on the door scared us both. I ran out of the room and hid under the covers to avoid being caught by the officers, but it didn’t work. One of them came in the room and lifted the covers; he knew it was me and took me to the probation office, where the staff worked as hard as they could to get me help because I was pregnant. I was scared that they were trying to find a way to get me to jail. They finally reached a woman who told them that I could go to Burlington and start on methadone maintenance; there was help for pregnant women. Help was exactly what I wanted, for me

and my unborn baby.

I was so scared for my daughter. I asked a lot of questions at the hospital. Everyone was assuring me that everything would be okay. They said that it was better to be on methadone regularly than to be on heroin because the withdrawal symptoms might hurt the baby. My family was a little upset that I relapsed while I was pregnant, but they were supportive. My boyfriend was not supportive at first, but the doctors reassured him. I had to live at the Lund Family Center until I could find a place to live; they helped me tremendously. They were able to support me and help me get to the hospital every day to get my dose of methadone.

After I had my daughter, life became very scary. She was having trouble with withdrawal symptoms, and she had to go to the NICU. She needed methadone. A couple of days after I had my daughter, another mother who went through what I was going through came to my room and told me her story. She helped with some of the fears that I was having. I wish every mother could have that luxury.

The day I took my daughter home was the best day ever. I had a miracle in my arms, and she was beautiful. Just looking in her eyes made me think twice about ever picking up another drug. I have now been clean for two years. I wouldn’t change any of it; I’m the happiest I’ve been in years.

My daughter is now two. I have had a steady job, an apartment, a car, and a wonderful life. I owe a lot of this to the doctors, nurses, and women who helped along the way. The Neonatal Medical Follow-Up Clinic staff was there 110% and helped my daughter taper off methadone successfully. I would have been lost without them.

I am just one mother of many that are still successful in methadone maintenance and whose babies are smart, beautiful and normal - just like they should be.

Some Facts to Keep in Mind

I am 39 years old. I am an alcoholic and an addict. I want to share some facts I know about being an addict and a mother. It's not easy to lie, cheat and steal. It all ends up in jail or death and for some people, both. Also, don't forget AIDS, which some of us don't know we can contract by sharing our cooker, cotton, water and, of course, needle. I'm not going to waste time and tell you the drugs I've done. I want to explain that if you do heroin for more than three days, you are apt to have withdrawal, which consists of hot and cold sweats, no sleep, vomiting, and the runs (to the toilet) - just totally ill-feeling. They say that in 72 hours you are fine, but it isn't always true. It took me half a year to feel healthy again.

I ended up having a daughter. She was born dependent on opioids. I was really hurt, ashamed, felt guilty and a lot of other things because she had to stay in the NICU. I did go up every two to three hours to feed her and take care of her. She had to take methadone because of the withdrawals that she would have. The doctors, nurses and I weaned her off the methadone so that she would not have any withdrawal. Thank God and the people that worked with me for everything.

I gave birth and was in court the next day. I had a C-section, mind ya, and every bump hurt. My precious baby was worth it all.

I had a lapse when she was ten months old. It turned out bad, real hell. The saddest part is, I was smashed and don't remember a thing. One thing I do know is I shouldn't have gotten behind the wheel. Admitting I was wrong and lots of help from my lawyer got me respect in court.

I had to go to Conifer Park in New York for rehab. I missed my daughter's first birthday. When I came back, I went to court on my birthday and was able to have my daughter back and we went to "Families in Recovery" for a year, so you know, it wasn't easy. I had to leave a urine sample three times a week and do a Breathalyzer every morning and night. I had to go to meetings; I was on a tight rope.

I have been three years clean and sober. I want women to know that if you want to be sober, you can do it, and relapses are part of the program. Just know that to change things you have to learn things - actually everything. I was scared of change, but it passes. It gets better. We addicts don't finish much in life but a bag. I now have 13 certificates of completion! I also got my diploma, the best so far.

Being a mother to my daughter is the greatest thing in my life. She will say "Mom, I love you with all my heart," and I melt. She is a very smart little girl. I want to thank all of the people that have helped me do it.

I have learned that to be free, I must surrender, and surrendering brings comfort. I have learned that it was my total sense of self, as much as drugs and alcohol, that was seducing me into death.

Some things for us addicts to keep in mind:

1. No one is going to take care of your baby as you would.
2. Change people, place, and things.
3. You can beat the urine screens, but you can't beat the sickness.
4. Don't do it; don't worry about it.

I Love My Life

I never thought that the biggest fight of my life would be drug addiction. So here I am, one year and two months later, and the gloves are on. I owe a lot of my sobriety to the Chittenden Center. I love my life now. When I was using, I hated it; I hated me.

I was six months pregnant with my son and using, and I also had a daughter in custody. I just could not stop; I would use when it was a good day and use when it was a bad day or try all these things like only use on weekends or at night. Unfortunately, my addiction made me use all of the time. Waking up in the morning was the worst, because if you did not have anything to wake up for, you would have to go out on the prowl for drugs. A lot of times it would take right up until late at night, but by that time I was so sick and so thankful that I hooked up.

So, one day I had just had enough! I needed help and quick. If I didn't, I was going to kill myself or kill my habit. I called the Chittenden Center; they had me in the hospital in two days. I cried from joy because I knew my life was going to be great again. I started on methadone in the hospital in June and went back to the hospital to have my son in September.

I started going to the Chittenden Center after he was born; they set me up with a counselor and helped me with the resources that I needed to address all of my issues. I also have a psychiatrist that I see. I, like everyone else, have underlying issues of why I started using to begin with, and I'm still working on that.

My son sees a specialist every couple of months; they monitor him very closely to make sure that he has no health problems.

I have changed my life so much. I have a lot of support from the Chittenden Center, church, therapy, NA, AA... I don't think that you can do it alone. Methadone, buprenorphine or any kind of medication therapy needs to go with counseling and support.

I almost gave up hope, but I am so glad that I didn't.

Methadone Changed My Life

I wanted to stop using, but I was scared to. I have never been more ashamed in my life, nor have I ever hated myself so much as I did when I was pregnant and using dope. I had this innocent baby growing inside of me who was counting on me to give him the best of life possible. To keep him safe, protected, healthy and, most importantly, happy.

Finally, I had had enough. Enough of being depressed, feeling guilty and doing absolutely nothing about the situation I was in. I got myself here; I was going to get myself out. After making a few calls (ACT One, the Chittenden Center), I finally found the help I needed through VT Health Department-ADAP. The woman there (who I had known since I was 16 years old) was so understanding and, for the first time in seven months, I finally felt like everything was going to be all right. She made all the necessary calls and had me at the hospital the very next day.

I was started on methadone and stayed in the hospital for three days. While I was there, I learned quite a bit about being a pregnant addict. I met a doctor who told me that drug addiction and pregnancy had been studied for at least 30 years. He told me I wasn't alone and that the most vulnerable time for a woman to relapse is when she's pregnant, and that pregnancy and post-partum can actually trigger relapse. All the chemical changes and hormones in your body just go crazy.

We use the only coping mechanism we have. We "use" to cover our pain, just like all addicts. I felt like being pregnant was a safety net, which I should be able to not use just because I was pregnant. I wasn't doing anything to combat my disease. No counseling, no meetings. I didn't even tell my pregnancy doctors that I was an addict or had ever used drugs. I lied and told them that I had never used drugs.

I gave birth at 9:43 pm on a Monday in October. I can say with all honesty that my life changed, and my boyfriend's life changed too. I have never used anything since then. The day our son was born was the most amazing moment of our lives. We saw the world differently and wanted to give our baby nothing but endless love and happiness. He is our angel. God sent him down from Heaven just for us. We knew we had to change so we could be the best parents possible to this blessed gift from Heaven.

Our son had to go to the NICU for three days and two nights. He had to be put on methadone. I still feel guilty about that to this day, but I'm working on it. We stayed a week at the hospital and then we finally were able to go home - the three of us as a family.

The first three months of our son's life were pretty rough. He had a hard time putting on weight and did get sick from some withdrawal when we weaned him off the methadone too quickly.

For the first three months we were at the doctor's office once, sometimes twice a week. We would go between our pediatrician and the Neonatal Medical Follow-Up Clinic. Our VNA nurse would also come with us or visit us 1-3 times each week. All these people, plus our families, helped us get through the trying and scary times during his first few months of life. We are so thankful and grateful to them; we've been extremely lucky. All the people that we've encountered since I've been on methadone have been amazing. We couldn't have made it this far without them.

STORIES

Our son is now 3 years old. He is amazing; he's the most charming boy! He's beautiful, brilliant, and he made us a family. He loves to laugh and make you smile. He makes the world a better place just being here.

I'm in my third year of college, have made the dean's list, and my boyfriend just got a job promotion. We have our good days and our bad days, but I can genuinely say that we are happier now than we ever have been. I always say that my son is my strength. He's the reason that I'm clean today. Methadone helps me to stay clean, to live my life, and to be a good mom. I will have to deal with my addiction for the rest of my life: I know that methadone is not a cure. Everyday is a work in progress and I need to do everything possible to stay sober.

I've been on methadone almost four years now. It's definitely a decision that has changed my life. My son and being on methadone has saved my life. Thank God they both came along when they did. I don't know where I'd be if they hadn't.

From a Mother who Loves her Son and Loves Herself

Hi, I'm a 24 year old mother. I am on methadone. I have been an addict since I was 16 years old. I never really wanted to admit that I had a problem. I first started out just smoking pot; that's how we all start. Then a few friends had some Percocet's and asked me if I wanted some. I didn't want them to think that I wasn't cool so I said "sure." I wish I hadn't touched them now. At first I was only taking pills every once in a while, then I started doing them more frequently, taking four or five at a time, then every day. After a while, it just wasn't getting me high enough, so I started smoking crack, taking Oxys, and I started shooting up. That was the worst mistake of my life.

At the age of 20, I met my boyfriend. I didn't want him to know about my addiction, so I hid it from him for two years. Then he found out about my drug problem. I was sooo scared that he was going to leave me, but he stuck by my side, even though I put him through so much.

On my 23rd birthday he brought me out to "Friday's." He got me a piece of cake with a candle on it and told me to make a wish, so I did. That night my wish came true: I was pregnant, though I didn't know it at the time. I found out three weeks later. I was so excited when I found out that my wish actually did come true. I ran out of the bathroom and told my baby's father. He said, "Really?" and I said, "Yes!" He hugged me and then I ran up to my mom's room and told her. What I didn't think of was how I would actually tell my doctors that I was an addict!

I met a girl on Christmas Eve. I told her that I was almost three months pregnant and I was an addict; I needed help. She told me that she was an addict too and that's what brought her to Burlington, because she was pregnant and needed to get clean.

So, the day after Christmas, I finally told the doctors that I needed help. I cried and cried because I thought that I was a bad mom. What I wasn't realizing was that I was a great mom because I was getting HELP. The doctors put me in the hospital for about four days and my boyfriend stayed right with me by my side. They stabilized me on methadone and my new friend was right there for me, too. I left the hospital on the fourth day, and I went to my friend's house, where I lived for a while.

I had my son 3 months early. He was so small, weighing 2 pounds, 10 ounces and was 14 1/2 inches long. He is doing great now and I am too: 13 months later and I'm still on methadone and staying clean. I get three take-homes and will be getting my fourth one very soon. I now have my own place with my son, and we are doing great. Honestly, I don't know what I would have done if I didn't get the help. I do know that my son wouldn't be with me and I probably would be dead. Thank God that I'm not.

My advice to all the mothers out there that have a drug problem: get the help while you can. Get help before it's too late.

They Really Cared

My story starts around 2004. I was a single mother of a roughly two-year old little girl. I was hanging out with some people and started doing pills: Percocets and Vicodin mostly. I tried a few other pain killers, bupes, cocaine, marijuana, Dilaudid, Ritalin, and Klonopin... pretty much whatever was offered! I was addicted to Percs and Vics for almost four years.

I got pregnant with my second daughter in January of 2008. I tried to quit. I did for two weeks and then was offered a line and was told "one line wouldn't hurt the baby." It didn't stop at one line. I did pills and smoked pot through my whole pregnancy.

When my second daughter was born, she had to be rushed to Fletcher Allen Health Care in Burlington, VT. She wouldn't breathe on her own and her little body was so tense, it was the worst thing I had ever seen. And I caused it, because I needed to get high! Pretty selfish, huh? The doctors had to give her something to reverse the affects of the narcotics and she slowly started to come around.

She was in the NICU for three days hooked up to an IV for fluids and antibiotics. She needed to have a brain wave monitor and a machine to monitor her vital signs. It was the scariest time in my whole life. I had never felt so hopeless, alone, scared and stupid.

Then I was told by a pediatrician about Treatment Associates. I called from the NICU and stopped "cold turkey" the day she was born. We then moved downstairs to the newborn nursery to watch her for withdrawal. How could I do that? She didn't have a chance. She had no choice! I was wrong!

Luckily, she didn't need medicine for withdrawal. Everyone took such good care of my baby and me. I couldn't have asked for better people to take care of us. They really cared and wanted to help. I thank them and God every day for giving me, us, another chance.

I have been clean now for four months. I go to groups, one-on-one counseling weekly, and I take the Suboxone daily (the way it is prescribed). My baby is great and so beautiful!

My life has changed so much for the better. I will never go down that road again. It's not worth it. My kids deserve a better mother and I deserve better. Life is too short and too precious!

If I Can Do it, Anyone Can

The overwhelming pain and anguish I feel when I think about my life six years ago can be unbearable at times. I hated the person I was. I hated the things I did. I hated myself and my life and the way I hurt myself and my loved ones. Sometimes when I talk about my life six years ago, I feel like I'm talking about someone else - that I'm looking at someone else's life. But the truth is, it wasn't someone else doing those things. It was me. I was the one who was addicted to opiates. I was the one who became pregnant and couldn't stop. I was the one who stuck needles in my arm while I had a baby growing in my belly. Truth be told, it was all me.

The pain, anguish and devastation I felt when I was pregnant and using can never be truly expressed in words. I always said I would never become addicted to drugs. But I did. When I was addicted, I always said that if I became pregnant I would stop using immediately. I couldn't. The truth is, if you are an opiate addict and become pregnant, simply stopping is not an option. I thought I was weak, immoral, and the lowest, most pathetic, disgusting, horrible, nastiest scum of humanity because I couldn't stop using when I became pregnant. Don't get me wrong, I tried to stop. I really, really tried with every ounce of my being to not use.

When I was three months pregnant, a friend of mine who was also a pregnant addict tried to detox herself. She went into labor at six months gestation and gave birth to her baby girl. Her daughter lived for an hour and then died. It was not the actual using that hurt the baby; it was the detox. Because of what happened to her, I was terrified to stop using because I didn't want my baby to die. I didn't want to continue using, but I had no clue what to do or where to go for help. Six years ago, the help and programs that are set up now were not available. All I thought was that DCF was going to take my baby. I saw them as vultures, circling overhead and just waiting for me to admit my problem so that they could swoop down and take my baby away from me.

I kept searching until I did find the help I needed. I got myself into this situation, and I was going to get myself out. When I was seven months pregnant, I finally found someone to help me after my long search. I was admitted into the hospital and stabilized on methadone. I was afraid to put myself and my baby on another substance, but I also knew I needed help beyond what I had already tried.

While I was at the hospital, I learned a lot about being a pregnant addict. I learned that I wasn't the first person who had used drugs while pregnant. I learned that methadone had been extensively studied and used successfully for over 30 years to treat pregnant addicts and addiction in general.

I am an addict, and addiction is a disease that should be treated as any other illness. Some of the medical staff treated me with the respect and dignity that I deserved as a person who was suffering from a medical problem. There are two people I still remember from my hospital stays. One nurse and I became very close during one of my stabilizations after my son was born. She came into my room late at night, sat at the foot of my bed, and just talked to me. She genuinely cared and was making every effort possible to let me know that she was there not to judge me, but to simply listen to me and my story. Another nurse that I remember vividly was not so kind and caring. My son had to be admitted to the NICU to be stabilized on methadone because he was showing signs of withdrawal. This nurse let me know directly that I was a horrible person and did not deserve to be a mother to my son. Unfortunately, most health care providers back then shared the same animosity towards pregnant addicts.

Fast forward six years later and I honestly feel that the overall view of addiction in the healthcare field has improved. Don't get me wrong, I know there are still many who still see us as degenerate, no-good, scum of the Earth. But on the whole I truly do believe that a lot of opinions have changed. The reason for that change is education. I have had the honor and privilege of being a part of an amazing group of women, some in the health care field, that are pioneering the issue of educating health care providers about the disease of addiction, and more specifically, pregnancy and addiction. Our group is called VCHIP/ICON, and we truly feel that if people are educated about addiction they'll acknowledge that it is a medical disease and should be treated as such.

Most addicts are good, decent, hard-working people that are intelligent, artistic, musically inclined, that come from all walks of life. Addicts should be treated with respect and dignity, just as if they had any other medical problem. When I am speaking at one of our many seminars, I truly feel as though I am reaching people and helping to enlighten people about the disease of addiction. I always use an analogy that has helped me come to terms with my own feelings about addiction, pregnancy and methadone: An addict using methadone can be compared to a diabetic who uses insulin. The diabetic takes their insulin and lives a happy, healthy life. I never chose to be an addict, but I take my daily dose of methadone and live a happy, healthy life.

Over the past six years, my life has changed dramatically. Two years ago, I was blessed with my second child, a beautiful baby girl. My daughter did not need pharmacological treatment with methadone like my son did, but if she had, I know that it would have been alright. My son is an extremely intelligent, bright, happy, beautiful, and well-rounded normal little boy.

I now have two points of reference with pregnancy and addiction: using, getting pregnant, and getting on methadone; and being on methadone and then becoming pregnant. I know that many opinions about addiction in the health care field have changed over the past few years, partially because of how I was treated in the hospital when my daughter was born compared to my experience of my son's birth. All of the providers I came in contact with treated me with respect and dignity that I now know I deserved.

My life has come a long way in the last six years. My partner and I have been together for almost nine years. He and I did use together, and we got clean together. Many addiction specialists claim that couples who use together cannot get clean together, but we prove that statement wrong everyday. We have a wonderful relationship and a wonderful life with our two beautiful children. He has a great job and I have been working on my college degree for the last five years.

I am happy to say that I will be walking at the graduation ceremony at Champlain College in May 2009 for my Bachelor's degree. After that, I am planning to continue my education by pursuing my Master's degree. I've done very well in college - I make the Dean's List every semester and my GPA is a 3.78 out of 4.0. I have been working with VCHIP/ICON (Improving Care of the Opiate-Exposed Newborn) for the past five years. My goal is to educate the health care community about the disease of addiction with the hopes that every addict - pregnant or not - will be treated with respect and will be viewed as the good person they are.

I am still on my maintenance program and many people ask me when I will get off of it. I don't plan on staying on it for the rest of my life, but right now I'm fine with staying on it. Methadone does three main functions: it stops physical withdrawal symptoms, it blocks the euphoric effects of other opiates, and most importantly, it blocks cravings. I could always deal with the physical withdrawal; it

was the mental part that I could not deal with. It is the days, weeks and months after the three-to-five day physical withdrawal that methadone medical treatment (MMT) is made for. Day after day I had the addict voice in my head telling me to use. With methadone, I don't have cravings and I can live a normal, healthy life. I did all of the work to get myself to where I am today but I would not be where I am if I was not on MMT.

My son saved my life. I always tell him that he was the one who saved mommy and daddy's lives and made us a family, and then our daughter came along and completed our family. It's hard to be a college student and a mom, but I get out of bed every morning and work hard for my children. I want them to have a wonderful life and I want to give them everything that a child should have: constant love and affection, bedtime stories, piano lessons, soccer camps, ballet, and so on. But most importantly, their mommy and daddy need to stay clean addicts.

We will always be addicts, but I hope and pray that we will always be addicts in recovery. Because of the genetic predisposition to addiction, I will educate my children about the disease. I feel that education is key – it gives people power to make informed decisions. Having my children equipped with knowledge won't necessarily guarantee that they'll never try a drink or a drug, but hopefully it will arm them with the education to make the right decision.

I have an amazing life and an amazing family. When I was using, I never thought that happiness would ever be possible for me. But the truth is, as long as I stay sober, I will continue to have my amazing life of happiness. Any addict will be happy and have a better life in recovery. I know that recovery isn't easy. Every day is a work in progress, but my worst day in recovery is a million times better than my best day as a using addict.

I will do everything in my power to never go back to my old life. I've worked too hard and I have too much to lose. Not only the physical stuff like my nice home and nice cars, my beautiful son and daughter and the respect and trust of my family and friends, but also my self-respect and dignity. My life is a complete 180 degree turn from what it was six years ago. I devote my life now to bettering myself for my children and also trying to better the lives of other addicts by helping to educate the community.

I am not a rare case: anyone can have the same successful outcome that I have . As long as you become clean from drugs - the sky's the limit. Anything you want or desire, all of your hopes and dreams are obtainable. You can do anything you dream in recovery. All it takes is hard work, motivation, and a goal. If I can do it, anyone can!

You Can Get Through This

I became addicted to pain medication in 2008 after a car accident that pulled all the muscles in my back. I was prescribed Percocet and had been taking them for a long period of time, which caused me to eventually be dependent on them. In the beginning of 2009 I met my current boyfriend. He knew nothing of my dependency on pain medication.

A couple of months after we met, I found out that I was pregnant. I then knew that I had to seek help and that I needed to tell my boyfriend about my dependency, which had gotten extremely bad. When I told him about being pregnant and that I was dependent on drugs he was extremely upset with me. I found a treatment program which helped me get on the Subutex program for my pregnancy.

Needless to say, I did not have the support of my boyfriend during the duration of my pregnancy while I was on the Subutex. He was very angry with me and did not agree with me being on a substance used to control addiction while I was pregnant. The only people who knew of my substance abuse were my mother and my boyfriend. Still to this day no one knows what I have been through with my substance abuse.

During my pregnancy, I felt like a failure and completely disappointed in myself for having to be on Subutex while I was pregnant. I feared that my baby would be dependent on the medication I was taking, and it caused a lot of arguing with my boyfriend. The only person that I could talk to was my mother. It was hard to keep something so big a secret from everyone.

In the fall of 2010, our son was born. He was 6 lbs. 13 oz. He was perfect in every way. That day was the best day of my life. He seemed to be doing fine, no withdrawal symptoms, and was healthy and normal.

The first night in the hospital with my son was completely horrible; he screamed all night long and no matter what I did, nothing would comfort him. The next day some nurses from the NICU came in to check on him. They scored him and then told me that they would need to bring him to the NICU to be put on methadone because he was having withdrawal.

My heart dropped to the bottom of my stomach. Everything that I had feared during my whole pregnancy came true. I remember crying all day that day and feeling like such a terrible mom. My boyfriend was very angry with me. After they took my son to the NICU he spoke to me and finally after 10 months was supporting me in the way that I needed him to. I think he realized that we needed to be supportive of each other in the situation that we were in.

The next couple of days were the worst days of my life. They couldn't seem to get his dose right and he was having a terrible time with withdrawal. They discharged me from my room the day after he was admitted to the NICU so I was without a room. Thank God for the rooms that were available on the 5th floor in the children's unit.

We stayed in the small room the whole time my son was in the hospital. I never left once. I couldn't sleep or eat the whole time he was in the NICU. I breastfed so I was by his side most of the time. After the third day in the NICU, they finally got his dose right so he was comfortable and getting the treatment that he needed. He was also jaundiced, so he had to be under UV lights.

After six days in the NICU, they finally told me that we could bring our little boy home! It was the best day of my life! When we got home he had to continue the methadone treatment and was slowly

weaned. He was such a trooper. After three months of having to go to the doctor's twice a week and of having to give my baby the methadone that I so desperately didn't want to give him, he was done with his treatment and was completely off the methadone.

Today he is a healthy and happy little boy. You would never have known that he was ever on any kind of substance. Today, I am almost done with my treatment. I will be done in less than a month, and I could not be happier. If it wasn't for my son, I don't know where I would be today. As much as I hated him having to go through what he did because of my mistakes, he has made me a better person. He has helped me get the treatment that I needed, and he has gotten me through all that I have been through.

I am so thankful for my son, and I am thankful that I had people that were willing to help me and not judge me for my mistakes. I am so happy to say that I will be substance free soon, and it's all because of one little boy. For all the moms out there that are going through, or have gone through, what I have, there is hope. You can get through this.

A Rainbow After The Storm

I am 26 and have a three year old son from a previous relationship. I lost custody to his father, who lives far away in another state, when he was 1½ because of the crime I had committed while being addicted to Oxys back in 2008. I had to serve a six month prison term, so the court awarded his father custody.

I am proud to say that, in April 2012, I will be three years clean. This is the longest sobriety I have ever had since I began using drugs at 13 years old. My boyfriend and I had been together for a little under a year when we decided we wanted a baby. We decided that when the timing was right, it would just happen. I remember deciding to take a pregnancy test just for the hell of it and, to my surprise, it was positive! I was so excited; I couldn't believe it finally had happened. I ran down stairs to tell my boyfriend. We had taken several tests before, which were all negative, so when I told him he was much more reserved and didn't want another disappointment. I explained to him that there was no way this test could be wrong. I can remember telling him "Baby, you're going to finally be a daddy. We're going to have a little baby." After having to reassure him that this was really happening, he grabbed me and told me how excited he was.

I was attending Synergy, where I was prescribed Suboxone prior to becoming pregnant. I had been on maintenance meds for about two years and was having great success, but my first thought after finding out we were expecting was I had to get off it as soon as possible. I had heard of women who stayed on maintenance meds while pregnant and 30% of their babies had needed to be treated with methadone. So I decided I did not want to be on Suboxone anymore. I had already had been clean two years and believed that I could continue sobriety without the meds. I talked to my boyfriend, and we decided this was the best choice for us.

When I returned to Synergy after finding out the great news, I explained to my counselor, the nurse and my doctor that I wanted to get off this medication completely and to finally start weaning me. Everyone that I had spoken to was somewhat against me weaning off, except me. They had all stated that I shouldn't go off it. That it was safer for my unborn baby to stay on it and they would switch me to a safer alternative, which was Subutex. I kept claiming that I didn't want to take the chance of my baby needing methadone and kept saying I was strong and ready enough to get off it.

The doctors on the other hand kept assuring me that staying on Subutex was much safer than going off it, and my chances of my baby needing treatment was very slim, in fact it was less than thirty percent. So even though I was mad at the world for continuing this medication, I kept hearing the same thing over and over, so I decided that maybe these doctors did know what they were talking about. I stayed on the medication.

I was sick day and night 24/7 through my entire pregnancy and had three to five doctor's appointments every week. It felt like I spent more time at the hospital than at home. I continued to stay on Subutex and stayed clean. Things were going rather well until the doctor told us our daughter had developed a varix on her umbilical cord. This was something that was not heard of that often and, in fact, has not even been studied because it is so rare. All the doctors and specialist could tell us was that this "varix" was like an inflamed vein and had the ability to clot. If it had clotted the only thing that would be done was the baby would be delivered immediately.

They couldn't tell us anything else, so we were so confused and had a million questions that couldn't be answered. They couldn't even tell us what caused it because they didn't know either. So every single week I had to go to the COGS Clinic and have up to three non-stress tests, very in-depth ultrasounds, nurse appointments to get my prescription, and additional doctor and specialist appointments. I had to go to the hospital more than seven times some weeks and this continued right until the day my daughter was born.

Besides all of the appointments and being nauseous every day, my pregnancy went rather okay. We had talked to many doctors and specialists, and we were finally a little more at ease with me still being on Subutex, with the constant reassurance that our baby would most likely not need treatment with methadone. The varix hadn't grown or shrunk, so our little girl was okay so far.

The time was flying by and it was already October. I was due at the end of this month and could not wait. I was driving my honey nuts because I wasn't working. The couch seemed to be my best friend. Boy was I sick and tired of being home all day and watching TV - and there are only so many times you can mop your floors and clean your house. I would sweep, then dust, then mop. This became a daily occurrence just to keep myself busy so I didn't go stir crazy. I had rearranged our baby's room about a dozen times as well. Now that the final month was here it felt as though time was standing still. I was so excited and just wanted our baby here so we would know she was okay.

We were just about one week until my due date, when we received a phone call stating I was being scheduled for an induction. We received the call on a Friday evening and we were scheduled for the following Monday. I was so excited I jumped up and down. We were finally going to meet our little girl and earlier than we had anticipated. The doctor on the phone had said she wanted to induce me because I was far enough along that there wouldn't be any complications if I were to deliver. They were concerned about the varix on the baby's umbilical cord because nothing had changed; it hadn't gotten any better or any worse. So because they didn't know much about it, they would rather have a scheduled delivery so they could be prepared for anything.

It took forever for Monday to come, as I am sure you can understand. We arrived at Labor and Delivery around 1:30 that afternoon. I was having contractions but they weren't getting any stronger so they put me on Pitocin at around 3:00. By 5:00, I started to get uncomfortable and was hoping our little girl would be here very soon.

At around 6:30, the pain had grown unbearable and I debated whether I wanted an epidural. I hadn't had one for my previous labor so I knew I could do this without one, but I wasn't sure if I could take this pain any longer. My boyfriend and I decided to have my cervix checked to see how dilated I was. If I was under six, I was going to get the epidural but if I was over six I wasn't going to. Well, the doctor checked me and I was just about at ten, so there went my pain reliever, damn. At 7:00, I was pushing and got to a point where I didn't believe I could do it. The pain was so intense I felt like I was going to puke and pass out.

My man and the team in Labor and Delivery were so great. They coached me through the entire process, and my nurse sat right there and held my hand even though her shift had already ended. 7:16 came and our baby was finally here. Everything was perfect on her.

Our daughter's scores had been pretty low and consistent for the first two days. On the third day I could tell she was uncomfortable but she was still doing great - or so I thought. Later that evening her scores went higher than they had ever been. She wasn't feeding or sleeping like she had been,

but she still seemed okay. The team from the Children's Specialty Center had come down to assess her and broke the bad news to me. Our little girl was going to need to be treated with methadone. Our worst nightmare was coming true; I instantly started bawling. I had done everything right my entire pregnancy. I had been clean almost three years and stayed on my prescription for Subutex like everyone had told me to. I stayed at a low dose, ten milligrams, so the chance of our daughter needing treatment would be even lower.

I felt like a failure. I felt like I screwed up my little girl's life, and she had just entered this world. What kind of mother was I? How could I have listened to the doctors and have stayed on this medication. If I would have gotten off this damn med I wouldn't be even going through this. My heart was broken, and I was disgusted with myself. The doctors brought our baby up to the Neonatal Intensive Care Unit (NICU) as I followed. My boyfriend was at work at the time so I was by myself and scared out of my mind. The nurse in the NICU had hooked up my little girl to what felt like a million different machines and they closely observed her over the next 12 hours.

At 4:00 am the following morning they had decided that they had waited long enough and were going to give her methadone. I just sat there holding my little girl and cried. I refused to leave her side, and I sat right there in the NICU next to her bed for the entire week. Sleep was not heard of at this point, and I barely could eat. All I could think about was my little girl and what kind of mother I was to stay on this medication.

I blamed myself over and over even though the doctors kept telling me that "some babies just need a little bit of treatment" and "you did the best you could for your baby." They kept telling me "I did the right thing" and "it wasn't my fault" but I didn't believe them. I was looking at my little girl, who needed to be given drugs because my stupid ass couldn't get off the meds soon enough. If I wasn't a junkie, then I wouldn't have needed this medicine and then my daughter wouldn't be going through this. Needless to say, I hated myself and no one could change how I felt.

I was in denial inside about my daughter needing methadone. I kept making excuses about how the nurses were scoring her wrong and how none of them were consistent with the scoring techniques they had used. I was blaming everything and anyone in my path. Then the following day, while holding my little girl, I noticed how much more comfortable she was. She was eating and sleeping much better, her tremors had just about gone away and she was much more content than I had seen before. It took me a few days to really realize what a difference this medication had made for her. I didn't want her to suffer, but I also didn't want her to have to take drugs as soon as she had come into this world. I was scared the meds were going to affect her mentally and physically. I was scared just knowing that I had no control.

As the days went by, I could tell she was much happier and much better. I finally took it upon myself to thank the nurses for making my baby feel better. I was so against having my baby put on methadone because I saw it as a sign that I was a failure. I am truly grateful that there are nurses and doctors who specialize in drug addiction and know just what to look out for to keep our babies safe from having withdrawals.

If our daughter had never been put on methadone, I would have never been able to see what a difference it had on my precious little one. Today, I am so very thankful and grateful to the entire staff and team who helped our daughter and we get through this scary process.

Today, our little girl is just about off her methadone (it is currently the second week in December). On the day after Christmas, it will be the last day she will have to take the methadone. She was on it for about two months and was slowly weaned off by the team at the Children's Specialty Center at Fletcher Allen. Our daughter is doing amazing! She is meeting all her normal milestones for her age and has finally started putting on the pounds. She was only five pounds, 15 ounces at birth and now at, 1½ months old, she weighs just a little over eight pounds. She is a healthy, happy baby who just needed a little extra TLC.

At first I wasn't going to bother to tell my story, but then I thought about all the families out there who will possibly have to go through what we did, and I knew I had to write this. I hope that after you read our story you will find a little comfort in knowing that you are not alone. You are not the only one who has gone through this, and you will not be the last. I hope that, if you do find out that your child will need treatment, you won't put yourself through the pain, stress and fear I did. It's not worth beating yourself up over, because, in the end, all that matters is the health and wellbeing of your baby. So, with all that being said, remember the best thing you can do for your baby is to love and nurture them, and don't forget that they won't remember this.

My Notes & Thoughts



FOR MORE INFORMATION

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