MATERNITY AND NEONATAL UNIT

GUIDELINE:

NARCOTIC DEPRESSION IN THE NEWBORN- TREATMENT

SCOPE:
Midwives and nurses Maternity and Neonatal Unit

AUTHOR:
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PURPOSE:
To inform all midwives and nurses working in the maternity and neonatal unit of use of Naloxone to treat respiratory depression of the new-born.

DEFINITION:
Narcotics given to the mother during labour can contribute to respiratory depression. Naloxone is a pure narcotic antagonist, a synthetic congener of oxymorphone. It prevents or reverses the effects of opioids including respiratory depression, sedation and hypotension.

GUIDELINE:
1. Naloxone should only be given to babies with respiratory depression.
2. Naloxone should not be administered to newborns whose mothers are known to be or suspected to be physically dependant on opioids. In such cases an abrupt and complete reversal of the narcotic effects may precipitate an acute abstinence syndrome. Paediatric advice should be sought in these cases.
3. If resuscitation is indicated it must be instituted without delay before Naloxone administration.
4. Naloxone is available in ampules of 0.4mg/ml
5. The recommended dose is 0.1-0.2mg/kg per dose by IM injection therefore 0.25-0.5mls/Kg is to be administered.
6. The onset of action by IM injection is almost as rapid as IV administration but the duration is longer.
7. Some babies require a second dose of Naloxone.
8. Babies who require resuscitation and naloxone need close observation for at least 4 hours. This observation should take place in NNU where oxygen saturations can be monitored.
9. The administration and dosage of Naloxone must be documented on the neonatal drug chart.
REFERENCES
Auckland DHB Narcotic depression of the Newborn infant guideline March 2015
http://www.adhb.govt.nz/newborn/Guidelines/SubstanceUse/NarcoticDepression.htm

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