

# Substance Exposed Newborn Breakout

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# Name, Title and Organization

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PLEASE ADD TO THE CHAT

# Substance Exposed Newborn Driver Diagram

## Aims

1. Increase identification of SENs and diagnosed NAS and FASD

Standardize compassionate, non-judgmental maternal/infant **screening**, prenatal **education**, and **support**

- Use standardized definitions, diagnoses, ICD-10 codes, and documentation for SENs (for guidance, see CSTE NAS Case Definitions used by PA DOH)
- Train nurses caring for newborns on validated NAS assessments (e.g., Finnegan, Eat Sleep Console Care Tool) and practice inter-rater reliability
- Develop screening criteria for prenatal identification of infants at risk for substance exposure and NAS (see PA PQC SUD Driver Diagram)
- Screen for prenatal substance exposure (especially if not done during pregnancy) in the newborn nurse setting in the context of discussing health issues possibly affecting infant
- Educate staff re: SENs (including NAS), trauma-informed care, and state and county guidelines (e.g., Family Care Plans / Plans of Safe)
- Educate staff on appropriate communication strategies for engaging parents/caregivers who are individuals with an FASD
- Create standardized prenatal consult templates and family education materials about SENs (including NAS) and what to expect from beginning to end (e.g., see <https://www.ddap.pa.gov/Documents/Agency%20Publications/NAS%20Toolkit%20Book.pdf>)
- Use trauma-informed principles for compassionate care for SENs and parents

# Substance Exposed Newborn Driver Diagram

## Aims

2. Decrease hospital LOS for NAS
3. Increase percentage of NAS who receive non-pharmacologic treatment
4. Increase breastmilk feeding among parents with SUD if not contraindicated and caregivers

## Balancing Measures

1. Percent NAS infants with ED visits in first 30 days after newborn discharge
2. Percent NAS infants with hospital readmissions in first 30 days after newborn discharge

Use standardized **non-pharmacological treatment** bundles as the first line of treatment for all SENs

- Create and use non-pharmacotherapy order sets for SENs, including NAS
- Establish and adhere to a standardized non-pharmacological treatment protocol as the first line of treatment (e.g., rooming in with safety measures, skin-to-skin contact, swaddling, rocking, dimmed lighting, limited visitors, quiet environment)
- Establish breastmilk feeding guidelines based on national recommendations, and educate staff on the guidelines and how to empower patients to make informed decisions about breastmilk feeding that support the health of their newborn
- Use empowering messaging to engage the parent/caregiver

Standardize **pharmacological management** of NAS

- Create and use pharmacotherapy EHR order sets for NAS
- Create standardized protocols for pharmacologic treatment of NAS

# Substance Exposed Newborn Driver Diagram

## Aims

5. Increase referrals to and engagement in outpatient family care services, including physical, behavioral, and social services

**Establish Family Care Plans** Prior to Discharge

- Partner with families and social/child services to establish family care plans (Plans of Safe Care) according to federal, state, and county guidelines
- Use Cuddler Program to free up parent for treatment

**Support Engagement in Family Care Plans**

- Refer SENs to appropriate follow-up services prior to discharge, including but not limited to Early Intervention (EI) Services, lactation support, and home visits, and close the loop on those referrals
- Follow-up with outpatient providers to ensure that the family care plans are adopted and engagement in outpatient care
- Follow the dyad for up to 15 months

# Structure Measures via Quarterly Survey:

## *Summary of Revised Survey for Substance Exposed Newborns & NAS*

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- ✓ % nurses caring for newborns in the nursery and/or NICU trained on validated NAS assessments
- ✓ QI efforts in place to increase inter-rater reliability for NAS assessments
- ✓ Standardized definitions for SENs and NAS
  - ✓ SEN (in-utero exposure to any alcohol or other drug substance)
  - ✓ NAS (“confirmed” and “probable” Council of State and Territorial Epidemiologists’ (CSTE) NAS Standardize Case Definitions)
- ✓ Standardized set of ICD-10 codes for SENs and NAS
- ✓ % neonatal providers and nursing staff trained in respectful and equitable care
- ✓ Established breastmilk feeding guidelines for SUD
- ✓ Standardized pharmacologic treatment protocols for NAS
- ✓ Standardized non-pharmacologic treatment protocols for NAS
  - ✓ Check the type of non-pharm care
- ✓ Newborn care team educated on criteria for Plans of Safe Care, their role in establishing and initiating the Plans of Safe Care, and how to explain it to families
- ✓ Newborn care team educated on the criteria, protocols, and best practices for referring SENs and families to services (early intervention, home visiting services, etc.)
- ✓ Newborn care team created a protocol for closing the loop on the referral status

# Quarterly Process & Outcome Measures: NAS

*Median hospital length of stay for newborns with NAS*

# treated with a non-pharm bundle

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# NAS cases

# receiving pharmacologic therapy


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# NAS cases

# referred to appropriate follow-up services

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# NAS cases

 # readmitted within 30 days of discharge

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# NAS cases

*What changes?*

*All NAS measures reported quarterly*

*Additional annual breakdown for  
LOS by treatment type (pharm and  
non-pharm)*

*Additional annual reporting by  
race/ethnicity*

 # used ED within 30 days of discharge

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# NAS cases

# Of the PA PQC SEN and NAS Key Interventions:

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- Which interventions is your team implementing or sustaining through the PA PQC QI initiatives?
- Which Key Interventions would you like to consider / prioritize for 2022?
- What questions do you have for your peers to inform your QI initiatives around these Key Interventions?
- What feedback do you have on the Driver Diagrams, Survey, and Measures as the Work Groups finalize these materials for a mid-March 2022 to mid-March 2023 implementation period?