NAS Screening and Non-Pharmacologic Therapy

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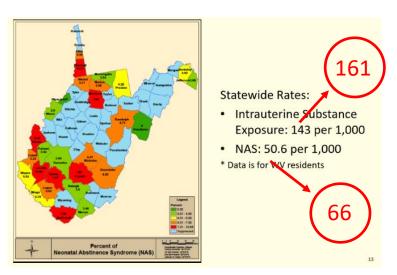
Holly Sroka RN, CTTS

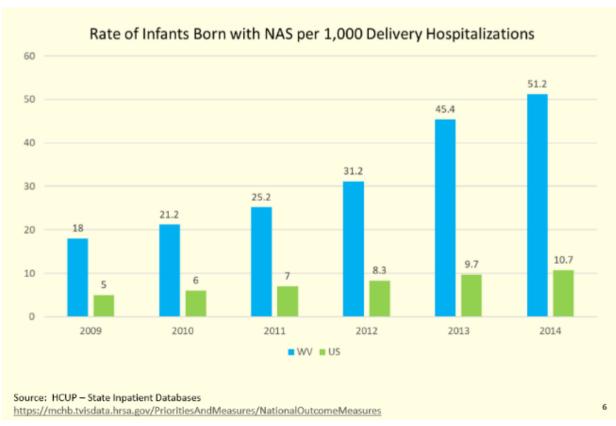
Perinatal Transition Coordinator

Wheeling Hospital









Christina Mullins, Neonatal Abstinence Syndrome Surveillance in West Virginia. West Virginia Department of Health and Human Resources April 2018.

Wheeling Hospital Perinatal Transition Program

West Virginia Perinatal Partnership
Drug Free Mom's and Babies Program
Holly Sroka RN, CTTS, Perinatal Transition Coordinator







• Referrals

- OB offices (Drug Screening policy)
- Community agencies
- Self-referrals

Interview

- General information
- Pregnancy history
- Social issues / Safety concerns
- Assess personal and family needs
- Review substance use history
- Education provided on Substance use in pregnancy





- Referrals for services
 - MAT/ Addiction counseling
 - Mental health treatment
 - Community groups (NA, AA, Peer Support)
 - WIC
 - Home visiting programs
 - Assistance programs
- Plan of Care
- Continued Support
 - Meet after OB appointments
 - Phone calls/texts
 - Ongoing review and update of the Plan of Care



Preparation for hospital

- Hospital protocol
- Social Service consult
- CPS referral
- Education on NAS
- Education on Non-pharmacological interventions
- Mother Centered Approach

Post-Natal period

- Regular contact with mother, Continued education on therapeutic interventions and promote bonding
- Provide support/answer questions
- Liaison between mother and hospital staff
- Assist/support with CPS involvement
- Assess interaction between mom and baby
- Schedule home visit

Guiding principles:

- starts in-utero and continues at home
- focus on both maternal and neonatal care
- Initiation of nonpharmacologic therapy prior to onset of symptoms

Interdisciplinary Care

social services, addiction specialist, obstetricians, and pediatricians

- involves a collaborative care plan or an integrated care approach to the care of the mother and infant
- meet each morning to discuss all mothers with substance abuse disorder and infants with intrauterine drug exposure

Staff Education:

not limited to NAS... Crisis Prevention Intervention



Nonpharmacologic measures initiated on any infant with intrauterine drug exposure... even before the infant exhibit clinical signs or symptoms of withdrawal:

- gentle handling
- demand feeding
- breast feeding if not contraindicated
- gentle rubbing instead of patting the infant when burping
- avoidance of waking a sleeping infant unless due for feeding (if not on demand feeding)
- pacifiers
- swaddling
- holding, cuddling and manual rocking
- kangaroo care
- rooming-in with the mother



Nonpharmacologic measures initiated if the infant exhibits clinical signs or symptoms of withdrawal:

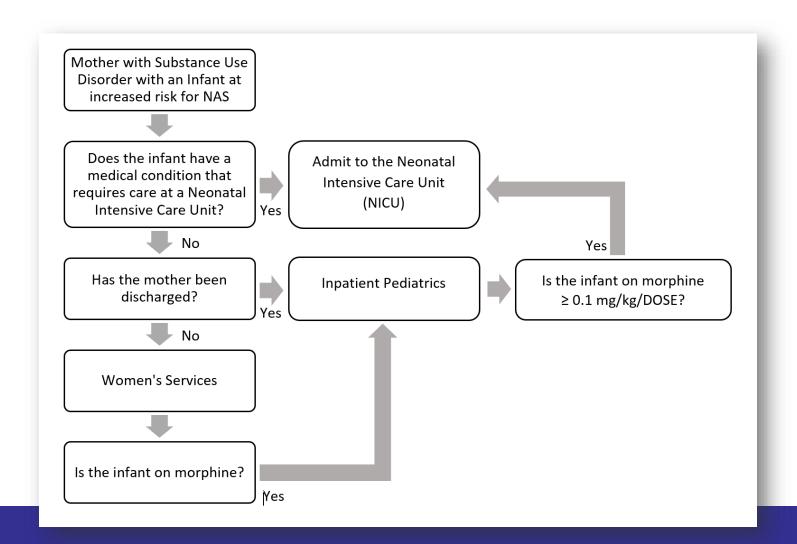
- continuous minimal stimulation with dim light and low noise environment
- small, frequent feeding (e.g. every 2 hours)
- high-calorie feeds (22 cal/oz)
- music therapy
- massage therapy
- use of bouncers (e.g. MamaRoo)



Location, location... it was not the NICU!

• Rooming-in is the preferred inpatient setting for the care of the mother and infant at Wheeling Hospital. This provides the best environment for the mother-infant interaction and has been shown to lessen severity of withdrawal signs for infants with NAS.¹

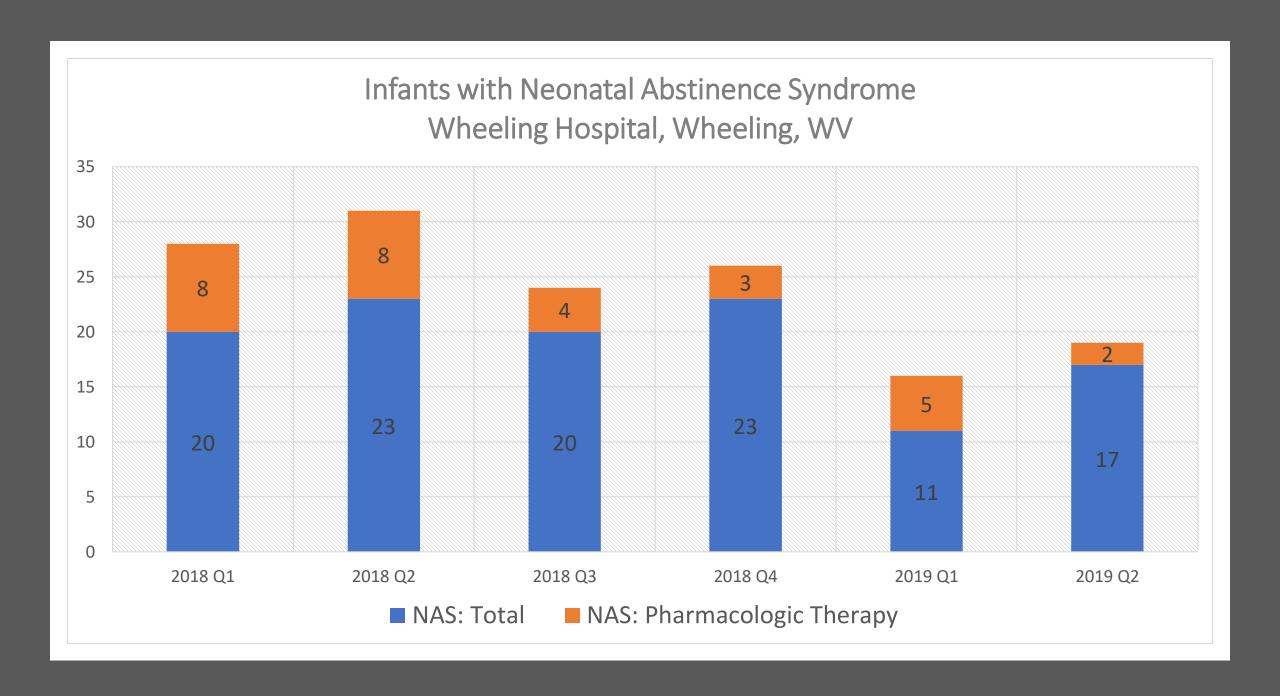




Cardiorespiratory and Pulse Oximetry Monitoring

All infants started on morphine must be on continuous cardiorespiratory and pulse oximetry monitoring for at least 48 hours from initiation or until the first step of the weaning phase, whichever is later regardless of location.





Home Visit







■ Environmental assessment

- Environmental exposure
- Safety concerns

■ Needs assessment

- Assistance/services
- Status of CPS case
- Family needs



■ Maternal assessment

- Health / Healing
- Depression
- Substance use disorder (SUD) treatment/counseling
- Contraception
- Appointments





■Infant

- Visual head-to-toe assessment
- Safe sleep/period of purple crying
- Nutrition
- Continued withdrawal s/s
- Brief developmental assessment



- Education
- Assess interaction between mom and baby
- Refer as needed



