
Neonatal Abstinence Syndrome: Discharge planning and transitions of care

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Objectives

- Understand the importance of safe transitions of care for families affected by NAS
- Discuss specific areas of focus of babies affected by NAS
- Explore the IPQUIC guidelines for medical home for substance exposed infants

Transitions of care

- Transitions of care are vulnerable times for patients, families, and their healthcare providers
- Both verbal and written communication should be given to caregivers, with opportunities to teach back
- Communication from hospital to outpatient providers should happen at time of discharge

Feeding

- Infants affected by NAS (regardless of whether they require morphine or NICU stay) may have significant feeding challenges
 - Use of a nipple shield with breastfeeding
 - Different bottle or nipple types
 - Higher calorie formulas due to excess weight loss
- Connect eligible families to WIC program prior to DC
- Families should demonstrate comfort and capability to feed infant prior to discharge

Symptom management, when to call PCP


- PCP should be identified prior to discharge
- Appointment scheduled for 1-3 days after discharge
- Poor feeding, difficulty to console, safe sleep, fevers should be discussed

Supporting families

- Postpartum depression/anxiety very common
 - Screen before discharge
 - Identify family support for at home
 - (MAT provider, psychologist, etc)
- Identify home-based visitation programs
- Review safe care for babies
 - Reduce shaken baby/NAT
 - Ok to take breaks if baby is in a safe place

Safe sleep

- Maximizing supportive care for NAS should always be in the context of safe sleep



1 Sleep baby ALONE.

2 Sleep baby on his BACK.

3 Sleep baby in a CRIB. ALWAYS!

4 Put nothing in baby's sleep area.

5 Do not overdress baby.

6 Do not smoke anything around baby.

Safe Sleep Baby
ALONG **B**ACK **C**RIB
ALWAYS!

THE CHILD ABUSE PREVENTION CENTER

Funding provided by:
FIRST5
SACRAMENTO

Safe sleep

- Safe sleep for EVERY sleep
 - Including naps
 - Grandparents may have different perceptions
- Do NOT leave babies unattended in devices
 - Mamaroo (sometimes used in the NICU)
 - Carseat
 - DockATot
 - Monitor (i.e. Owlet)
- Tobacco exposure also increases risk of sudden death

Hospital → outpatient provider transition

- PCP appt should be scheduled before discharge
- Warm handoff by phone is ideal when possible
 - Discuss pending labs (i.e. Infant drug screens)
 - Immediate issues to follow (weight etc)
 - Long-term issues to follow (Hep C exposure)
 - DCS involvement, infant caregiver
- Discharge summary

**IPQIC – Medical home for substance
exposed infant toolkit**

<https://www.in.gov/laboroflove/>



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Labor of Love
Helping Indiana Reduce Infant Death



The key to a healthy baby and a happy mom

-  **Women**
-  **Expectant Parents**
-  **New Parents**



Resources

Below are resources you can use whether you are trying to avoid pregnancy, want to be pregnant, are already pregnant, or raising a child.

If You're Avoiding Pregnancy for Now

[Birth Control Methods](#) Find descriptions of birth control methods, brand names, and pros and cons.

Source: Centers for Disease Control (2019)

If You're Planning on Pregnancy

Got Health Insurance?

- [About Medicaid In Indiana \(2019\)](#)
- [Things To Know When Choosing An Insurance Plan \(2019\)](#)

Find a Doctor, Midwife or Other Health Care Provider

- [MOMS Helpline \(2019\)](#)
- [Ask Liv \(2019\)](#)
- [The American College of Nurse Midwives \(2019\)](#)
- [The American College of Obstetricians and Gynecologists \(2019\)](#)

- Early Warning System Chart Sample
- Emergency Management Plan
- Sample Stress Debriefing Policy
- Patient Clinical Summary SME
- Hospital Audit Tool
- QBL Final

Perinatal Substance Use Practice Bundle

If you have questions about the content on this page, please email them to isdhmch@isdh.in.gov.

Breastfeeding and Substance Use Traffic Light

Breastfeeding and Substance Use Traffic Light (Spanish)

Perinatal Substance Use Practice Bundle By Section With Attachments

- List of Updates made in August 2020
- Non Pharmacologic (updated August 2020)
- Pharmacologic (updated August 2020)
- Transfer (updated August 2020)
- Discharge Planning Infants (updated October 30, 2020)
- Discharge Planning Mother (updated August 2020)



Perinatal Substance Use Practice Bundle Individual Attachments

- 5 Ps Screening Tool
- Addiction Services Map
- Alcohol Exposure – Going Home
- Alcohol Exposure – Going Home Spanish
- Breastfeeding and Substance Use Guidance Document
- DCS Patient Handout
- DCS Process Review for Medical Providers
- Help Me Grow Map
- Infant Discharge Readiness Checklist
- Infant Primary Care Provider Letter
- NAS Pharmacologic Therapy Protocol
- NAS Process Algorithm
- Newborn Withdrawal Going Home
- Newborn Withdrawal Going Home Spanish
- Non Pharmacologic Treatment Algorithm
- Pharmacologic Treatment Algorithm
- Postpartum Discharge Planning and Referral Checklist
- Postpartum Letter to Primary Care Provider
- Transfer Algorithm

RESOURCES AND SUPPORTS NEEDED



Universal

- Discharge Planning
- Notification to Department of Child Services
- Primary Care Provider
- Behavioral Health Resource
- Home Visiting
- Individual Care Plan
- Help Me Grow

Targeted

- First Steps
- Department of Child Services
- Developmental Pediatric Referral

High Risk

- Sub-Specialty Care
- Perinatal Center Developmental Follow-Up

Discharge readiness checklist

Infant Name: _____ **DOB:** _____

The purpose of this form is to standardize care and expectations for all substance exposed newborns. These newborns are at increased risk for poor weight gain, failure to thrive and problems with their development, vision and behavior throughout childhood. Families affected by substance use are also at risk for numerous social complications, including maternal depression, housing instability, domestic violence exposure, and hunger. These newborns are at increased risk for missed pediatric care opportunities. Please ensure that each newborn has a follow-up pediatric provider identified and first newborn appointment scheduled.

Cord drug screen results received _____

ICD 10 Code: _____

Cord drug screen pending with follow-up plan

Person responsible for following up pending cord drug test and communicating results with DCS and pediatric provider:

Name: _____ Contact: _____

DCS notified if positive drug screen for illicit substance

Safe home environment/discharge disposition assured by DCS (if necessary)

Home visitation follow-up arranged

Agency name: _____

If eligible for Medicaid, an order for home health nursing visit (30 allowed without prior authorization) has been written prior to discharge and included in the discharge documentation

Referral made to Managed Care Entity (MCE) case management

First Steps referral completed if concern for abnormal tone or immediate developmental needs are present (e.g. feeding or attachment issues). Please note that First Steps is not necessary for all perinatally substance exposed newborns.

Visit	Social Determinants Screening	Maternal Depression Screening	Developmental Surveillance	Developmental Screening Tool (ie. ASQ-SE)	Vision Surveillance Strabismus Screening ²	Hep C Evaluation	Age-Specific Recommendations
Initial ¹	X						Weight, jaundice check
2 week	X						Growth monitoring
1 month	X	X	X				Growth monitoring
2 month	X	X	X				Growth monitoring
4 month	X	X	X			X	Hep C RNA PCR (if indicated)
6 month	X	X	X		X		Evaluate for hypertonicity ³
9 month	X			X	X		Auditory evaluation ⁴
12 month	X		X		X		
15 month	X		X		X		
18 month	X			X	X	X	Hep C Ab, RNA PCR (if indicated)
24 month	X			X	X		
4-6 year	X		X		X	X	School Readiness Screening ⁵

¹ First visit should be within 72 hours of discharge from hospital. ² For any vision concerns or strabismus on exam, refer to Pediatric Ophthalmology. ³ For any hypertonicity on exam after 6 months, refer to First Steps for physical therapy +/- occupational therapy. ⁴ For infants diagnosed with NAS or those admitted to the NICU. ⁵ For behavior/development concerns, refer to public school-based services and may refer to Developmental/Behavioral Pediatrics.

Additional Recommendations:

- I. Determine whether DCS is involved with the family. Contact DCS if infant misses the newborn appointment or any well-child appointments.

- II. Weight and growth should be carefully monitored, especially from birth to 4 months due to the increased risk of failure to thrive and poor growth. Weight gain should average about 20 – 30 grams per day for the first two months of life.

- III. Screening for social determinants of health with a validated tool (not just surveillance) at ALL well care visits. Some examples of screening tools include:
 - a. Health Leads Screening Toolkit available at <https://healthleadsusa.org/solutions/tools/>
 - b. We Care Survey available at <http://pediatrics.aappublications.org/content/pediatrics/suppl/2015/01/02/peds.2014-2888.DCSupplemental/peds.2014-2888SupplementaryData.pdf>

Additional resources for screening tools available at AAP's Screening Technical Assistance and Resource (STAR) Center – <https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/Screening/Pages/default.aspx>

Open discussion