Abstract Title:

Developing a Family-centered Care Model for Newborns at Risk for Neonatal Abstinence Syndrome (NAS)

Presenter:
Lisa Stellwagen MD FAAP
UCSD Medical Center Division of Neonatology
200 West Arbor Drive
San Diego, CA 92103
Phone: 619-543-3759
Email: lstellwagen@ucsd.edu

Author:
Lisa Stellwagen
Professional Title: Clinical Professor of Pediatrics
Organization / Affiliation: UC San Diego, Medical Center
Mailing Address:
200 West Arbor Drive
San Diego, CA 92103, US
Phone: 619-543-3759
Fax: 619-543-3812
Email: lstellwagen@ucsd.edu

Co Author/Co-Investigator Names/Professional Title: Michelle Leff MD FAAP; Alison Wolf RN PNP; Erika Fernandez MD FAAP (Clinical Director NICU)

Introduction: Developing a Family Centered Care Model for Newborns at risk for Neonatal Abstinence Syndrome (NAS) Background: NICU care of the infant at risk for NAS is associated with a stressful neurosensory environment, extended length of stay (LOS), low breastfeeding success and high rates of pharmacologic treatment. Objective: Develop a family centered care model for newborns at risk for NAS including an optimal environment to support breastfeeding, encourage mother-infant bonding and decrease the need for opioid treatment.

Methods: Design: Newborns at risk for NAS remain with mother after delivery on the postpartum unit. Newborns are transferred to the NICU if pharmacologic treatment is required. Setting: UC San Diego Medical Center delivers 2300 newborns/year, has a 95% breastfeeding rate, and a 49 bed NICU. Patients: Infants at risk for NAS due to intrauterine exposure to methadone or buprenorphine born to

mothers participating in a drug treatment program. Mothers must test negative for illicit drugs for 90 days prior to delivery and allow contact with their supervising drug program physician. Families must participate in a prenatal consult with neonatology staff and agree to the ground rules and a 5-7 day LOS. Intervention: Materials for parent and staff education, NAS scoring and discharge/transfer criteria were developed. Couplet care is begun at delivery and continued on the postpartum unit. Breastfeeding is encouraged with early and ongoing lactation support, infant calming, safe-to-sleep measures and reduction of environmental stress are emphasized. A simplified Lipsitz scoring system documents signs of NAS. Measurements: 1)LOS 2)Need for pharmacologic treatment of NAS 3)Breastfeeding at discharge.

Results: Results: Since May 2015; 3/5 at-risk newborns have qualified for the program. Two were discharged from the postpartum unit 5 days after birth without opioid treatment. The third required transfer to the NICU for treatment of NAS. All three infants were breastfeeding at discharge. The parents of the infant transferred to the NICU saw that the infant was not tolerating couplet care and were supportive of NICU transfer and opioid treatment. Families, postpartum and neonatology staff have expressed satisfaction with care. Limitations: The small number of infants at risk for NAS enrolled thus far.

Conclusion: Conclusions: Management of the infant at risk for NAS in couplet care on a postpartum unit is possible with advance planning, clear guidelines, staff and family education, and allowance for a 5-7 day hospital stay or NICU transfer if baby shows significant signs of withdrawal. This family centered care program may allow for shorter LOS, lower rates of opioid treatment of these newborns, and higher breastfeeding rates.