



Neonatal Abstinence Syndrome (NAS)



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Learning Objectives

- Describe the epidemiology and symptomology of Neonatal Abstinence Syndrome (NAS)
- Recall pharmacological and non-pharmacological treatment recommendations
- Understand and apply methods of NAS prevention



Agenda / Contents

- 1 What is Neonatal Abstinence Syndrome?
- 2 Treatment Recommendations
- 3 Prevention Methods
- 4 Resources and Conclusion



Chapter 1

What is Neonatal Abstinence Syndrome?

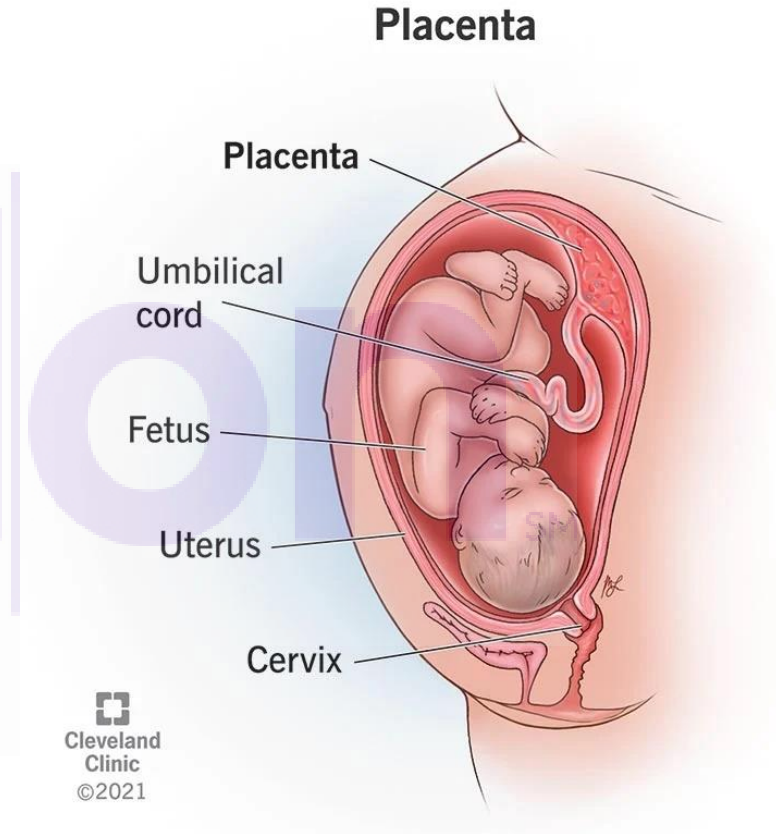
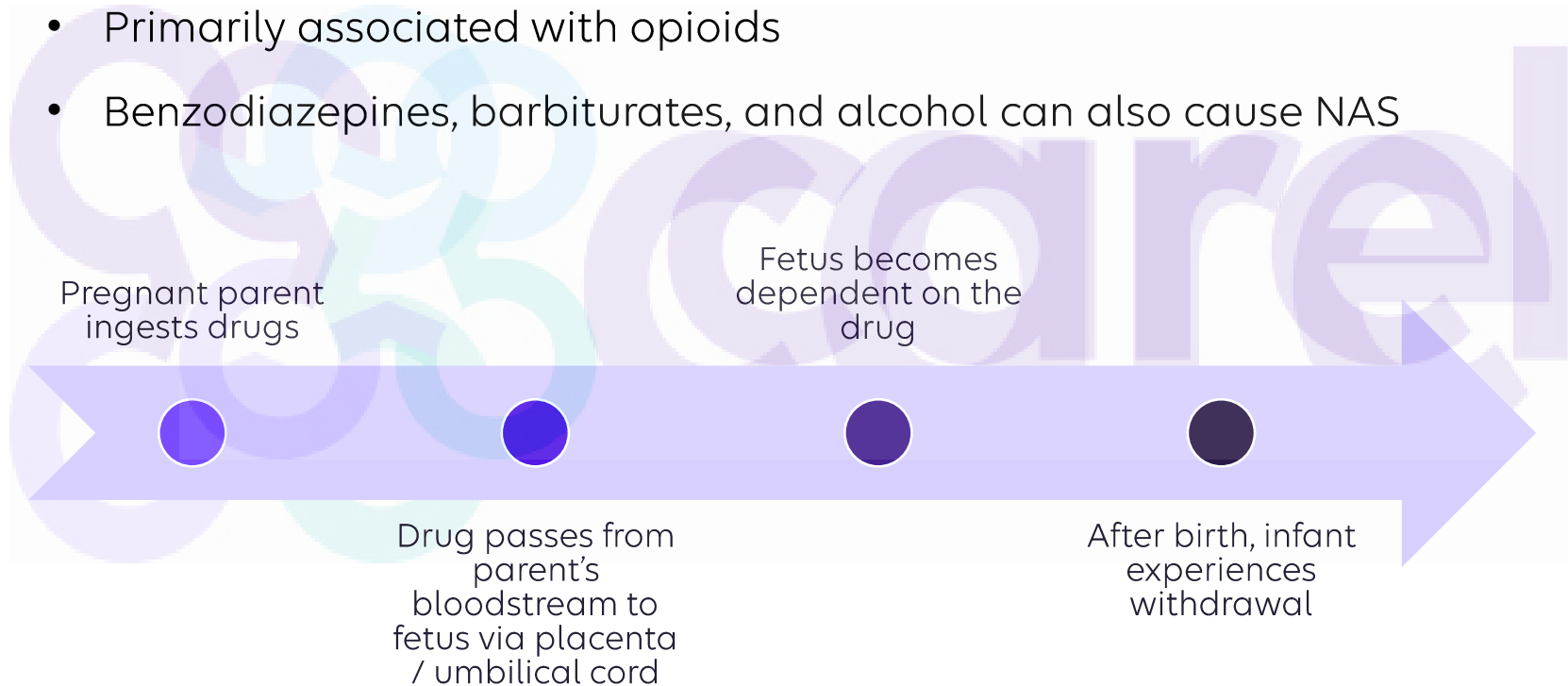


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Defining Neonatal Abstinence Syndrome (NAS)

- NAS is a treatable condition that effects newborns following chronic exposure to certain substances while in utero
- Primarily associated with opioids
- Benzodiazepines, barbiturates, and alcohol can also cause NAS



NAS Withdrawal Symptoms

Withdrawal symptoms may include

- Irritability / too much crying
- Trouble sleeping
- Trouble feeding
- Fever
- Sweating
- Trembling
- Muscle rigidity
- Seizures

NAS symptoms may look like other conditions. Diagnosis depends on parents' reported drug use as well as drug screenings.



NAS Withdrawal Timeframe & Severity

- Symptoms appear within 24 - 48 hrs of birth
- Symptoms may last 1 week up to many weeks
- Length and severity of withdrawal symptoms depends on

1. What type of drug was used

2. The last time it was used

3. Whether baby is full-term or premature



Implications on Child Development

Children who were exposed to drugs in the womb are at higher risk for

- Developmental delays
 - Learning disabilities
 - Autism spectrum disorder
 - Attention-Deficit Hyperactivity Disorder (ADHD)
 - Trouble with motor skills development
 - Hearing / vision problems
 - Problems with nutrition and growth
 - Behavioral concerns
- Early intervention programs can help
 - Therapies & skill building





7% of people
report using
opioids during
pregnancy

A baby is
diagnosed with
NAS every 24
minutes

Average cost of
hospital stay for
a baby with NAS
is 7x higher than
a healthy child



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Chapter 2

Treatment Recommendations



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Treatment Considerations (Opioids)

During Pregnancy

- Pharmacological
- Non-pharmacological

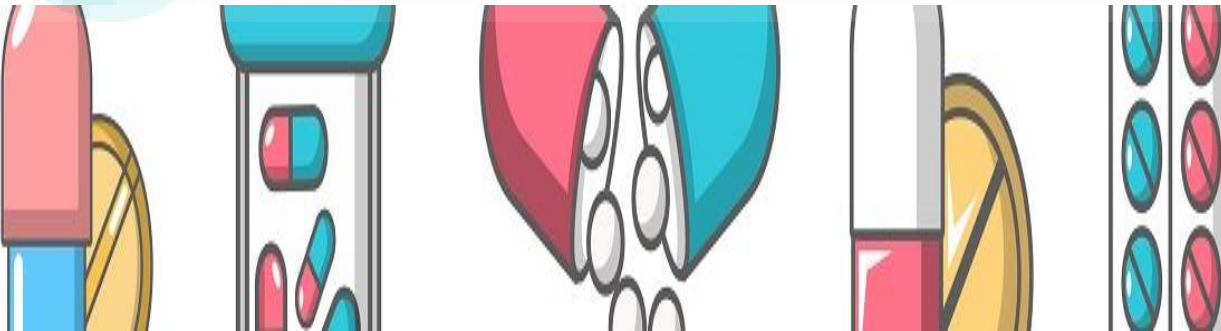
After Birth

- Pharmacological
- Non-pharmacological



Treatment During Pregnancy: Pharmacological

- Medications for Opioid Use Disorder (MOUD) (*previously known as Medication Assisted Treatment (MAT)*)
 - Methadone
 - Buprenorphine
- Withdrawal / Detox during pregnancy is NOT recommended
- MAT / MOUD provide a more stable intrauterine environment for fetal development
- Does not prevent NAS- infant has a 50% chance of experiencing NAS



Treatment During Pregnancy: Non-Pharmacological

Primary and prenatal care

- Ensures general wellbeing of parent and fetus
- Monitors fetal development

Addiction therapy

- Help parent identify and manage triggers for substance use
- Create plan to maintain sobriety following birth

Recovery support services

- Peer support
- Housing, finances, parenting, etc.



Treatment After Birth: Non-Pharmacological



Rooming-in

- Baby rooms with parent
- Quiet, dark environment
- More peaceful vs. NICU



Breastfeeding

- Reduces severity of NAS
- Supports bonding

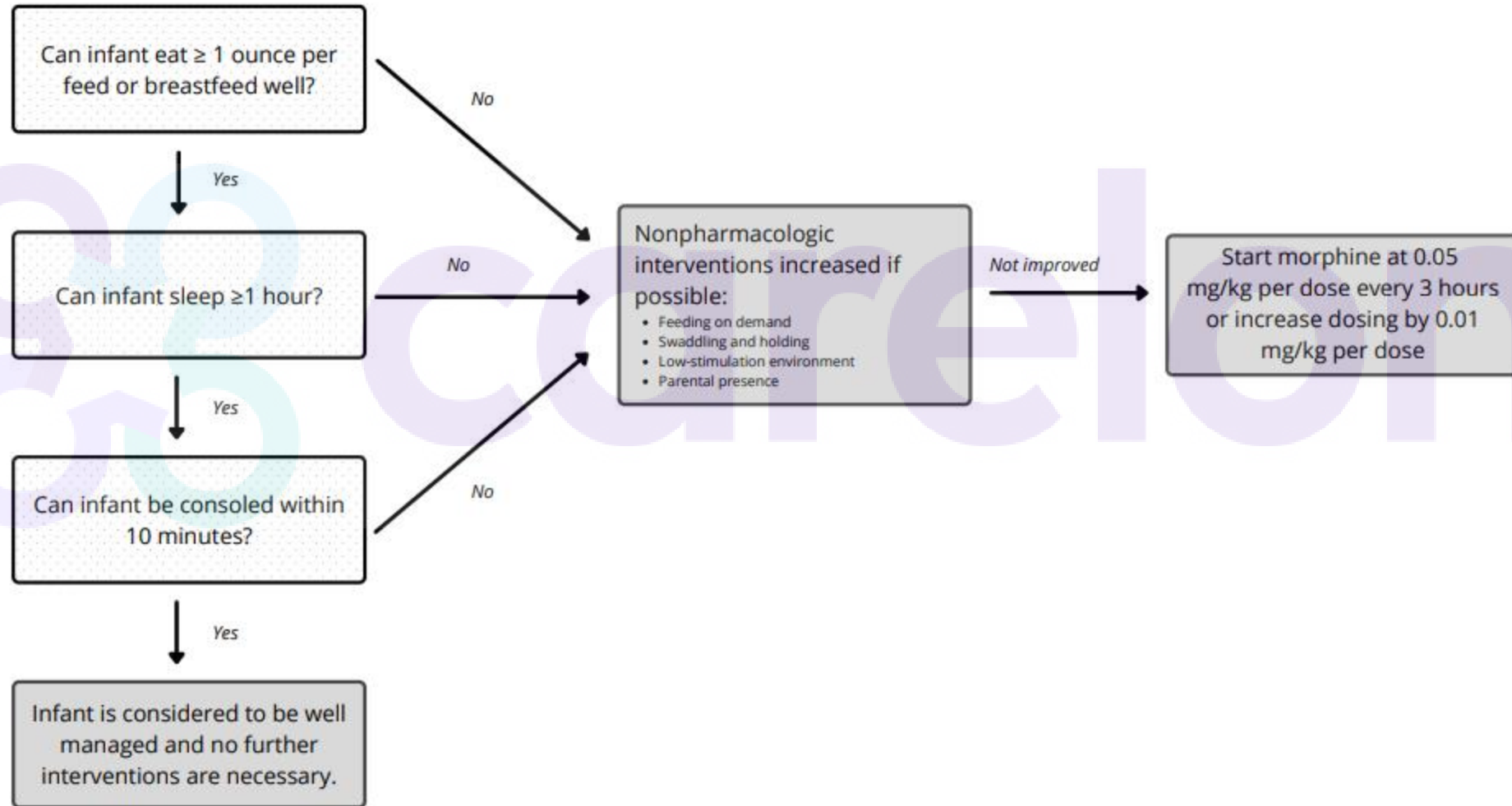


Swaddling & Swaying

- Calming, soothing
- Helps reduce NAS symptoms



Treatment After Birth: Eat – Sleep – Console Protocol

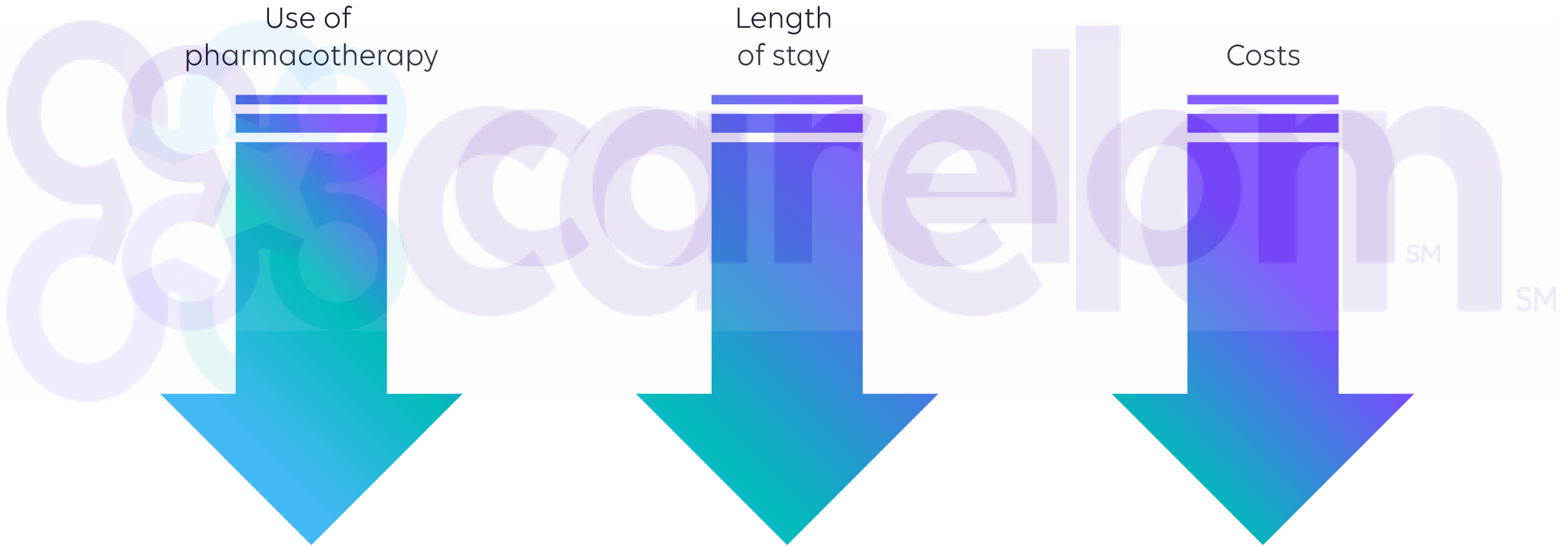


Video: Rooming-in at Baystate Medical Center



Treatment After Birth: Non-Pharmacological

- Rooming-in, breastfeeding and swaddling are associated with reduced



Treatment After Birth: Pharmacological

- Recommended medications for infant are liquid morphine or liquid methadone
- Smallest effective dose should be administered
- Dose is based on severity of symptoms
 - Standardized scoring system
 - Functional assessment
- Current guidelines support using medication only as needed
- Use of non-pharmacological interventions helps reduce need for medication
- 80% of newborns can be weaned within 5-10 days



Discharge Considerations

If no medication is utilized, infant should be monitored for minimum 4 days

If medication is used, infant should be monitored for minimum 24 hours after weaning

Infant should be successfully feeding / sleeping

Pediatric Medical follow-up should be scheduled within 5 days of discharge

Parents / caregivers should be provided with NAS education and safe sleep education

Birth parent should receive ongoing addiction treatment / support – risk of return to use is high



Breastfeeding While Receiving Pharmacotherapy

- Buprenorphine and methadone levels in breastmilk are very low
- Provided parent is stable and not consuming any illicit drugs, breastfeeding is encouraged
- Positive effects outweigh minimal risk
 - Breastfeeding for even a short time decreases symptoms of NAS and need for pharmacological treatment
 - Provides bonding and skin-to-skin contact opportunity
 - Positive effects on parent's mental health
- The parent and their doctor can decide based on various factors



Barriers to Seeking & Receiving Care

Shame &
embarrassment

Fear of
judgement

Fear of legal
repercussions

Fear of losing
custody
of children

Financial
burden

Lack of medical
knowledge



Video: Journeys of Hope (Texas DHHS)



Chapter 3

Prevention Methods



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Why Prevention?

- Many people don't know they are pregnant until they are months into their pregnancy
- If they have used drugs during this time, it's often too late to quit using
- Assuming they wish to continue the pregnancy, all providers can do is offer treatment and support

Preventing NAS depends on

- ① Helping people who use illicit substances avoid unplanned pregnancy
- ② Helping people who want to have a baby prepare for a healthy pregnancy



1

Helping people who are using illicit substances avoid unplanned pregnancy

- Ask anyone of child-bearing age about their plans regarding pregnancy
- For those who do NOT want to have a baby at this time, provide education on
 - Neonatal Abstinence Syndrome
 - Contraception options
- Remain non-judgmental and compassionate



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Helping people who want to have a baby prepare for a healthy pregnancy

- Education on NAS
- Refer to primary and prenatal healthcare
- Provide / refer to addiction treatment
- Stabilization on MOUD is recommended route
 - NAS may still occur, but it less likely and tends to be less severe
- Attempting a sober pregnancy without the help of MOUD is not recommended due to high risk of return-to-use or OD



Empower Wellness for NAS Prevention

- Prevention program launched January 2023
- Peer specialists engage members with goal of reducing unplanning pregnancies / instances of NAS
- Promotion of wellness, SUD recovery, family planning
- Support before, during, and after pregnancy
- Quality measures:
 - Emergency Department visit rates
 - Opioid-related NICU admission rates
 - MOUD rates
 - Contraceptive adherence rates
 - Outreach & engagement rates

The logo for Elevance Health, featuring a blue upward-pointing arrow above the word "Elevance" in a bold, sans-serif font, with "Health" in a smaller font below it.



Chapter 4

Resources and Conclusion



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Resources

[CDC: Treatment for Opioid Use Disorder Before, During, and After Pregnancy](#)

[DHHS: Safe to Sleep Infographic](#)

[SAMHSA: Clinical Guidance for Treating Pregnant and Parenting Women With Opioid Use Disorder and Their Infants](#)

[ASAM: Public Policy Statement on SUD Among Pregnant People](#)



Key Takeaways

- NAS is a treatable condition in which a fetus becomes dependent on a substance, usually opioids, ingested by the pregnant parent
- Treatment recommendations include pharmacological and non-pharmacological interventions for both the parent and the infant
- Studies support allowing the parent to have as much contact as possible with the infant during treatment, and to “room-in” rather than placing the infant in a NICU whenever possible
- Pregnant people with a SUD face specific stigmas and barriers
- Prevention methods can help people with SUD avoid unplanned pregnancy or plan for a healthy pregnancy if desired





Thank You!

All attendees will receive a copy of the slide deck and a link to view a recording of the webinar within 24 hours.

Please contact BH_ClinicalTrainingDepartment@carelon.com with questions or concerns.



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- Stanford Medicine <https://www.stanfordchildrens.org/en/topic/default?id=neonatal-abstinence-syndrome-90-P02387>

