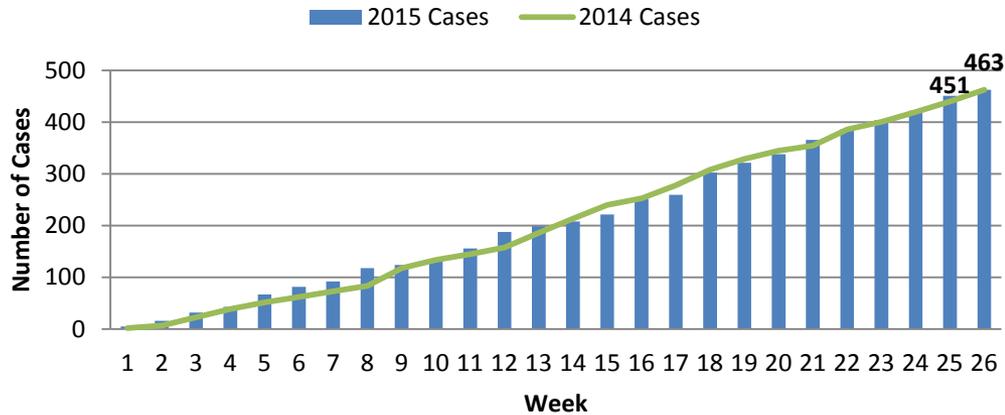


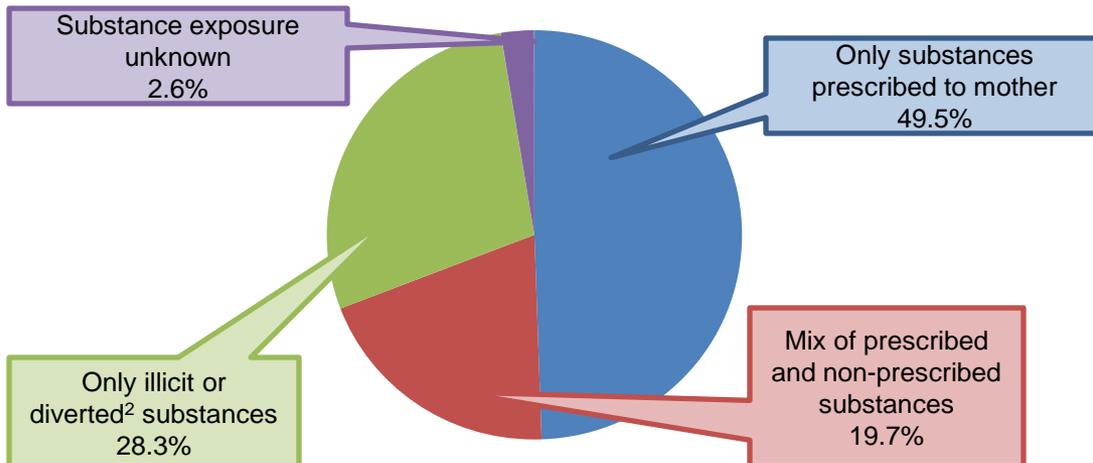
Drug Dependent Newborns (Neonatal Abstinence Syndrome)

June Update (Data through 7/04/2015)

Cumulative Cases NAS Reported



Maternal Source of Exposure



Quick Facts: NAS in Tennessee

- **463 cases** of Neonatal Abstinence Syndrome (NAS) have been reported since January 1, 2015
- In the majority of NAS cases (**69.2%**), at least one of the substances causing NAS was **prescribed to the mother by a health care provider.**
- The highest rates of NAS in 2015 have occurred in Sullivan County and the Northeast region.

NAS Prevention Highlight

The [Prescription Drug Abuse/Misuse Working Group](#) at East Tennessee State University College of Public Health was formed in 2012 to impact the increase in prescription drug abuse and drug overdose deaths in the Appalachian Region. The group conducts research and develops resources for communities to address multiple problems associated with drug abuse, including a **Neonatal Syndrome (NAS) Prevention Toolkit**, **NAS Frequently Asked Questions** document, and a **NAS for Providers** guide. These resources can be found [here](#).

For more information about the group, contact Robert Pack, PhD, MPH at packr@etsu.edu.

Additional Detail for Maternal Sources of Exposure

Source of Maternal Substance (if known) ³	# Cases ³	% Cases
Supervised replacement therapy	277	59.8
Supervised pain therapy	50	10.8
Therapy for psychiatric or neurological condition	35	7.6
Prescription substance obtained WITHOUT a prescription	163	35.2
Non-prescription substance	109	23.5
No known exposure but clinical signs consistent with NAS	4	0.9
No response	8	1.7

NAS Cases by County/Region

Maternal County of Residence (By Health Department Region)	# Cases	Rate per 1,000 births
Davidson	27	5.5
East	104	26.9
Hamilton	13	6.6
Jackson/Madison	0	0
Knox	60	23.7
Mid-Cumberland	44	5.8
North East	65	39.3
Shelby	15	2.3
South Central	24	10.5
South East	10	6.1
Sullivan	39	50.4
Upper Cumberland	50	26.3
West	12	4.2
Total	463	11.8

NAS Prevention Opportunities

Women of Childbearing Age

- 50% of all pregnancies are unplanned. If you are a sexually active woman ages 15-45; taking an opioid painkiller (and not practicing birth control); you may be at a higher risk for having a newborn with a spinal or abdominal wall defect. Please talk to your doctor to ask about a “lowest dose for the least amount of time” method for pain management and [birth control options](#) to avoid pregnancy.

Health Care Providers

- Be familiar with “[Frequently Asked Questions Regarding Public Chapter 820](#)”. The intent of PC 820 is to provide tools to address illicit drug use among pregnant women through treatment. While not a legal guidance document, the information provided may be useful.

Everyone

- Make sure you “Count, Lock, and Drop” your medications to reduce abuse of opiates and other prescription drugs. For more information about how to secure your medications, click [here](#).

Notes

1. Individual weekly summary reports are archived at: <http://www.tn.gov/health/article/nas-summary-archive>
2. “Illicit” means drugs which are illegal or prohibited. “Diverted” means using legal/prescribed drugs for illegal purposes. For example, using a prescription drug purchased from someone else or using a prescription drug that was prescribed for someone else.
3. Multiple maternal substances may be reported; therefore the total number of cases in this table may not match the total number of cases reported.

For questions or additional information, contact Dr. Angela Miller at angela.m.miller@tn.gov