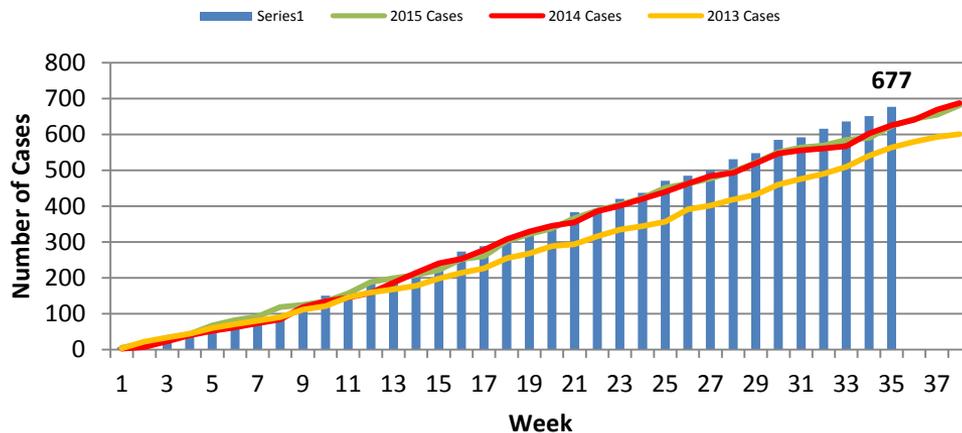


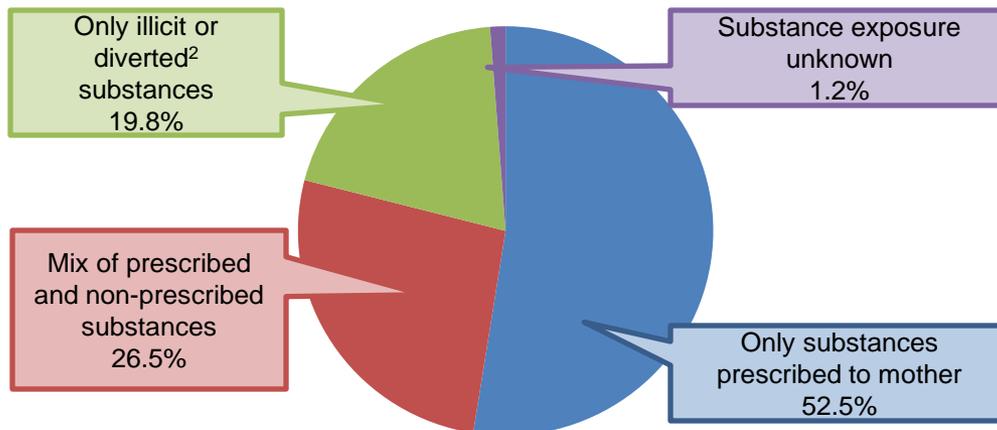
Neonatal Abstinence Syndrome Surveillance

August Update (Data through 09/03/2016)

Cumulative Cases NAS Reported



Maternal Source of Exposure



Quick Facts: NAS in Tennessee

- **677 cases** of Neonatal Abstinence Syndrome (NAS) have been reported since January 1, 2016
- In the majority of NAS cases (**79.0%**), at least one of the substances causing NAS was **prescribed to the mother by a health care provider.**
- The highest rates of NAS in 2016 have occurred in the East, Northeast and Upper Cumberland Health Regions, and Sullivan County.

NAS Prevention Highlight -Surveillance at Work

Effective January 1, 2013, NAS data has been collected and reported. This data has been used by The Tennessee Department of health and partners to:

- Inform legislation to regulate opioid prescribing and decrease supply
- Develop partnerships to increase family planning availability to incarcerated women and others at risk for addiction
- Track progress of community interventions
- Increase support for drug disposal options
- Develop reports, publications and presentations to share NAS data with national and local partners

Additional Detail for Maternal Sources of Exposure

Source of Exposure	# Cases ³	% Cases
Medication assisted treatment	460	68.0
Legal prescription of an opioid pain reliever	76	11.2
Legal prescription of a non-opioid	53	7.8
Prescription opioid obtained without a prescription	182	26.9
Non-opioid prescription substance obtained without a prescription	81	12.0
Heroin	17	2.5
Other non-prescription substance	107	15.8
No known exposure	8	1.2
Other ⁴	38	5.6

NAS Cases by County/Region

Maternal County of Residence (By Health Department Region)	# Cases	Rate per 1,000 births
Davidson	46	6.8
East	152	29.4
Hamilton	9	3.2
Jackson/Madison	3	3.7
Knox	62	17.6
Mid-Cumberland	78	7.6
North East	121	54.6
Shelby	1	0.1
South Central	35	11.5
South East	24	10.2
Sullivan	50	49.5
Upper Cumberland	73	27.9
West	23	5.8
Total	677	12.7

NAS Prevention Opportunities

Women of Childbearing Age

- Use prescription medications only as directed by a healthcare provider; talk to your provider about pregnancy prevention if you are taking opiates for pain.
- Taking opioids early in pregnancy can cause birth defects and serious problems for infants and mothers.
- Many women taking opioids may not know they are pregnant and unknowingly expose their unborn child.

Health Care Providers

- Query the [Controlled Substance Monitoring Database](#) before prescribing an opioid or benzodiazepine and ensure women of childbearing age are prescribed contraception with these substances.
- Implement Screening, Brief Intervention, and Referral to Treatment ([SBIRT](#)) in your practice setting.

Everyone

- Get help for substance abuse problems by calling 1-800-662-HELP.
- Visit the Department of Health [Lay Naloxone Training Administration Website](#).

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