

Neonatal Abstinence Syndrome—Reportable Disease Frequently Asked Questions (FAQ)

What is Neonatal Abstinence Syndrome (NAS)?

Neonatal Abstinence Syndrome (NAS) is a condition in which a neonate experiences withdrawal symptoms following exposure to certain substances during the prenatal or immediate postnatal period. Substances may include prescription substances (such as opioids or benzodiazepines) that are obtained with or without a prescription, alcohol, or illicit substances.

Why is NAS being added to the list of reportable diseases?

The Commissioner of Health periodically reviews and updates the Department of Health's list of reportable diseases. Events of public health significance may be added to the list. The birth of a child with NAS is an event of public health significance. The substantial rise in the incidence of NAS and the associated public health consequences warrant the addition of NAS to the list at this time.

Is NAS a problem in Tennessee?

Over the past decade, we have seen a nearly 10-fold rise in the incidence of babies born with Neonatal Abstinence Syndrome (NAS) in Tennessee (with 524 cases in 2010). Infants with NAS have prolonged hospital stays, experience serious medical and social complications, and place a tremendous strain on health and human service systems.

Who should report a case of NAS?

Cases of NAS should be reported by a health care provider at the facility where NAS is diagnosed; this will usually be a hospital. In the event that NAS is diagnosed in an outpatient setting, then the outpatient clinician should report the case.

How do I report a case of NAS?

Instructions for reporting can be found at <http://health.tn.gov/MCH/NAS/index.shtml>.

Should all babies with NAS be reported?

All babies whose mothers reside in a Tennessee county (ie those babies who would be considered "in-state" births) should be reported. Do not report those babies whose mothers reside outside of Tennessee, even if the baby was born in a Tennessee hospital.

How will the data be used?

This data will be used in aggregate to inform the development of NAS-related policies and programs aimed at reducing the incidence of babies born to substance-affected mothers.

Is the reported information confidential?

Yes. All individually identifiable health information collected, created, and/or prepared by the Department is deemed confidential and shall not be considered a public record. The Department may disclose such information to those entities or persons as are necessary to carry out the purposes of Rules and 1200-14-04-.01 et seq. or as otherwise authorized or required by law.

Will my name be associated with the report?

No. The only “identifying” information collected about the reporter is the name of the reporting facility. No individual provider names are collected.

Am I required to report?

Yes. According to State rules and regulations, “All healthcare providers and other persons knowing of or suspecting a case, culture, or specimen of a reportable disease or event shall report that occurrence to the Department of Health in the time and manner set forth by the Commissioner in the List.”

If I report this data, is it passed along to the Department of Children’s Services (DCS)?

No. This reporting procedure is for surveillance purposes only. Reporting a case of NAS does not constitute a referral to the Department of Children’s Services. If a provider knows of or reasonably suspects child abuse or neglect, he or she is required by law to make a report to the Department of Children’s Services at 1-877-237-0004 or online at <https://reportabuse.state.tn.us/>.

Should I report a case of NAS to DCS?

The Department cannot advise whether you should report an individual case to DCS. If you know of or reasonably suspect child abuse or neglect, you are required by law to make a report to the Department of Children’s Services at 1-877-237-0004 or online at <https://reportabuse.state.tn.us/>.

Last Updated: 11/28/2012 9:01 PM