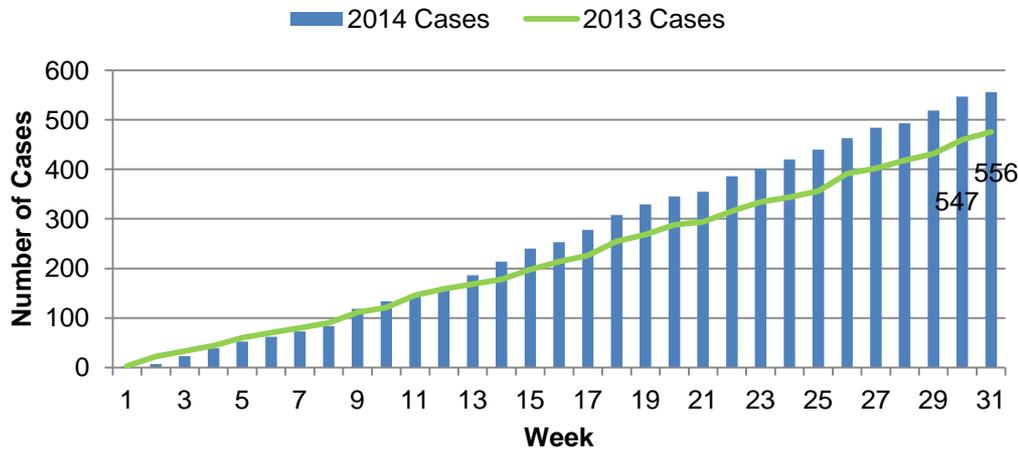


Drug Dependent Newborns (Neonatal Abstinence Syndrome)

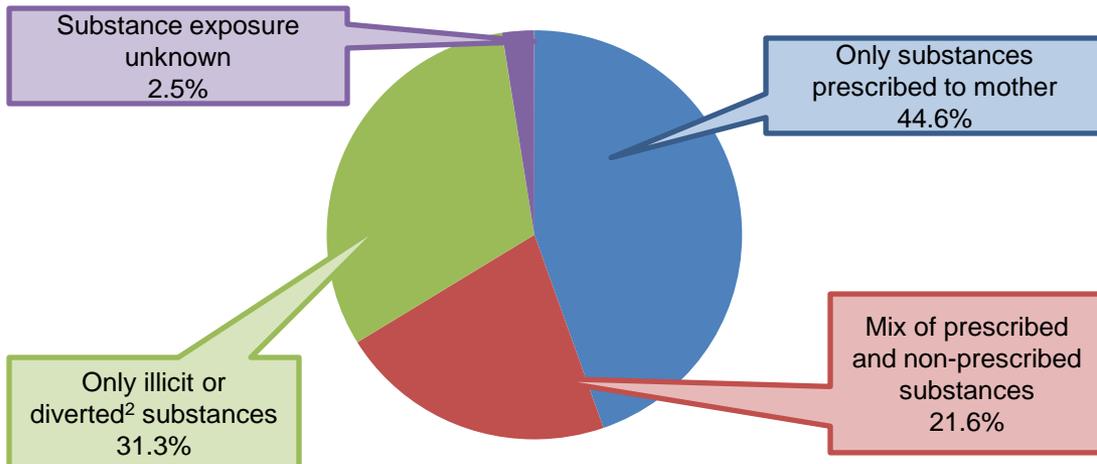
July Update (Data through 08/02/2014)



Cumulative Cases NAS Reported



Maternal Source of Exposure



Quick Facts: NAS in Tennessee

- **556 cases** of Neonatal Abstinence Syndrome (NAS) have been reported since January 1, 2014
- In the majority of NAS cases (**66.2%**), at least one of the substances causing NAS was **prescribed to the mother by a health care provider.**
- The highest rates of NAS in 2014 have occurred in Sullivan County and the East, Northeast, and Upper Cumberland Regions.

NAS Prevention Highlight

There are two primary prevention strategies for Neonatal Abstinence Syndrome—prevention of dependence/addiction among women of childbearing age, and prevention of unintended pregnancy among women who are at risk of dependence/addiction. To support providers in preventing addiction and adverse outcomes, the Tennessee Department of Health has published the [Clinical Practice Guidelines for Outpatient Management of Chronic Non-Malignant Pain](#). The guidelines “are intended to be used to support clinicians in their treatment of patients with chronic pain with particular reference to the prescribing of opioid medications.”

Additional Detail for Maternal Sources of Exposure

Source of Maternal Substance (if known) ³	# Cases ³	% Cases
Supervised replacement therapy	298	53.6
Supervised pain therapy	73	13.1
Therapy for psychiatric or neurological condition	36	6.5
Prescription substance obtained WITHOUT a prescription	227	40.8
Non-prescription substance	118	21.2
No known exposure but clinical signs consistent with NAS	2	0.4
No response	12	2.2

NAS Cases by County/Region

Maternal County of Residence (By Health Department Region)	# Cases	Rate per 1,000 births
Davidson	26	4.5
East	159	35.0
Hamilton	5	2.1
Jackson/Madison	2	20.5
Knox	61	2.7
Mid-Cumberland	49	5.8
North East	79	41.4
Shelby	25	3.8
South Central	20	7.8
South East	9	4.3
Sullivan	39	42.1
Upper Cumberland	65	30.1
West	17	5
Total	556	12.5

NAS Prevention Opportunities

Women of Childbearing Age

- Talk to your healthcare provider about all the medications you are taking.
- If you are pregnant, talk with your healthcare provider about the benefits and the risks of any medicine you are planning to take. Be sure to ask about the potential impact to your baby.

Health Care Providers

- Review the recommended strategies for drug screening and management of women during the prenatal, intrapartum, and postpartum periods outlined by the American Congress of Obstetricians and Gynecologists in their [Committee Opinion: Opioid Abuse, Dependence, and Addiction in Pregnancy](#).

Everyone

- Call your local Poison Control Center (1-800-222-1222) for questions about medicines.
- Discard medications as soon as the treatment course is finished. Do not keep them around “just in case.”

Notes

1. Individual weekly summary reports are archived at: http://health.tn.gov/MCH/NAS/NAS_Summary_Archive.shtml
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.