

Improving Tennessee Health Care Providers Understanding of Neonatal Abstinence Syndrome (NAS)

Research Team

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Background

Primary prevention in NAS seeks to stop opioid misuse before it becomes an addiction. Understanding prescribers and pharmacists' knowledge, attitudes, beliefs and behaviors regarding prescription opioids can increase primary prevention of NAS.

Study Aim

Assess prescriber and pharmacist knowledge, attitudes, beliefs, and behaviors around NAS prevention and opioid use in pregnancy.

Study Methods

Unique surveys were tailored to four specific groups: primary care prescribers, DATA-waivered prescribers (prescribers trained to treat opioid dependence), pain management clinic directors and community pharmacists. One hundred individuals from each group were randomly selected to complete the survey. Those contacted for the survey provided care in any of the following counties: Blount, Carter, Claiborne, Cocke, Grainger, Greene, Hamblen, Hancock, Hawkins, Jefferson, Johnson, Knox, Sevier, Sullivan, Unicoi, Union, and Washington.

Study Results

The response rate was 15% for prescribers and 44% for pharmacists. Among prescribers, pain management clinic directors (41%) were most likely to complete the survey.

- Only 12% of prescribers and 48% of pharmacists felt adequately trained on the subject of opioid use during pregnancy, however most had been to educational programs on NAS and substance use in pregnancy.
- Nearly half of prescribers and one-third of pharmacists felt that evidence based information about NAS prevention is easily accessible to them.
- While 76% of prescribers always discuss with the patient the need to inform the prescriber if the patient becomes pregnant,
 - 24% never administer a pregnancy test prior to initiating opioids,
 - 22% never recommend long acting reversible contraception (e.g., IUD), and
 - 18% never discuss potential dependence and withdrawal to opioids in the newborn
- 50% to 75% of pharmacists never engage a woman prescribed opioids in NAS prevention behaviors, such as documenting the woman's contraceptive method while on an opioid

Study Implications

- Both prescribers and pharmacists feel responsible in preventing NAS and consider it an area of concern in their practice setting.
- Empowering prescribers and pharmacists to ask women about contraception and pregnancy status as well as educating women on the potential for dependence in infants could decrease NAS.
- Ongoing education that is accessible to prescribers and pharmacists on opioid use among women is needed, specifically on appropriate contraception and use during pregnancy.
- *For a full report of this study (prepared by the grantee), please [click here](#)*

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