

Neonatal Abstinence Syndrome (NAS) Management Trends in Tennessee

Research Team:

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Background

Currently there are multiple available protocols on the management of infants with NAS. As a result, the management and disposition of NAS infants varies among hospitals in Tennessee.

Study Aim

Understand the different treatment practices (assessment tools, pharmacologic and environmental treatments) used in TN hospitals for infants with NAS.

Study Methods

Tennessee hospitals that care for infants with NAS infants and deliver at least 100 babies annually were included in the study. A research assistant contacted the Chief neonatologist or designate at each hospital to determine interest in completing the survey. Interested parties received a \$25 gift card for completing and submitting the survey. The survey was delivered via REDCap (Research Electronic Data Capture).

Study Results

Sixty seven hospitals met the inclusion criteria and 27 (40%) completed the survey. The average number of infants admitted with NAS in the past year to surveyed hospitals was 59. The Finnegan scoring tool was the most commonly used NAS assessment tool (96%). When to initiate treatment of NAS differed among hospitals, but 56% of providers used morphine as the first treatment medication, followed by oral sucrose (19%). Days of infant observation for NAS for short-acting, long-acting opioid and poly-drug exposure varied across hospitals. All hospitals used multiple comfort measures for infants with NAS, the 2 most common were swaddling and use of a pacifier. Breastfeeding policies for NAS infants also varied according to hospital. There was no consensus among the hospitals on the method for weaning off treatment medications. However, once weaned off medications none of the hospitals discharged the infant to home on the same day. Nine hospitals (64%) discharged the infant after 48 hours of observation. Ninety percent of responders did not know if an infant once discharged was re-admitted for withdrawal symptoms and 94% did not know if their ER screened for NAS.

Study Implications

- There is wide variation in treatment practices of NAS but the majority of providers deliver appropriate and recommended care for infants diagnosed with NAS.
- Developing an evidence-based standard NAS treatment protocol for Tennessee could decrease hospital costs and offer improved care for infants.
- The ability to follow-up on infants with NAS after hospital discharge could be useful to evaluate the adequacy of care received in the hospital.
- Improving communication with pediatric and ER providers on NAS screening and treatment could result in better continuity of care for infants and families
- For a full report of this study (prepared by the grantee), please [click here](#)