

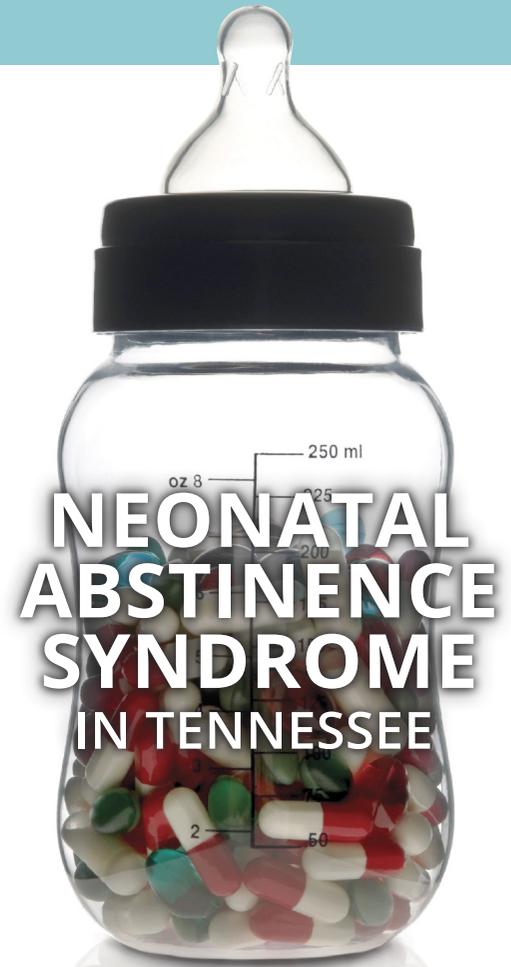


Reporting NAS Cases to the TN Department of Health

All cases of NAS among TN residents must be reported to the Tennessee Department of Health at the time of diagnosis. For more information, go to www.tn.gov/health/nas.html#reporting.

References

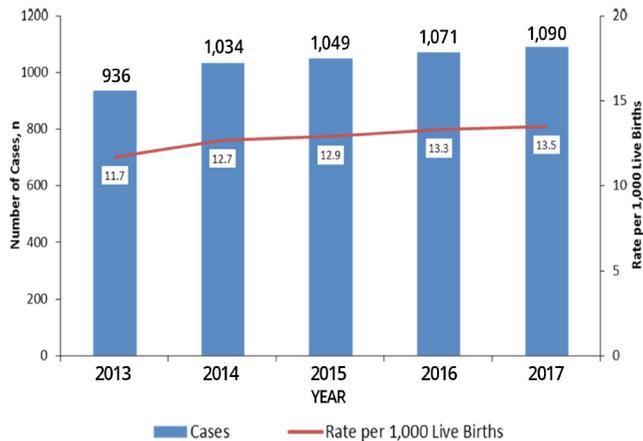
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Why does Tennessee have such high rates of NAS?

- As in many other states in the US, TN is experiencing an opioid crisis.
- TN has one of the highest opioid prescribing rates in the nation at 107.5 opioid prescriptions dispensed per 100 persons.³
- More than half of pregnancies in TN are unintended or unplanned.⁴

NAS Rate by Year
Tennessee, 2013-2017



Source: Neonatal Abstinence Syndrome Surveillance System, Tennessee Department of Health.

What can we do about it?

Information for Professionals and Community Partners



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What is Neonatal Abstinence Syndrome?

Neonatal Abstinence Syndrome, or NAS, occurs when a baby is born dependent on legally prescribed or illegally obtained drugs used by the mother during her pregnancy.

Symptoms of NAS include:

- Vomiting and diarrhea
- Excessive or high-pitched crying
- Irritability
- Difficulty sleeping
- Sneezing
- Feeding difficulties
- Tremors and seizures
- Rapid breathing
- Sweating

Medications that can cause NAS

- **Opioids/Narcotics**
 - Buprenorphine
 - Heroin
 - Methadone
 - Codeine
 - Fentanyl
- **Benzodiazepines**
 - Diazepam
 - Clonazepam

How to Prevent NAS

The Prescriber's Role in NAS Prevention

TN law **REQUIRES** prescribers to:

- Counsel women of childbearing age about the risk associated with opioid use during pregnancy (Public Chapter 901).
- Discuss family planning options before prescribing opioids and during treatment (Public Chapter 901).
- Follow requirements for opioid prescribing limits (Public Chapter 1039).

Prescribers should also

- Use non-opioid treatment for pain, especially among women of childbearing age.
- Target outreach/education for women at risk.
- Identify pregnant women who are using opioids early in their pregnancies and connect them with providers or programs that have experience in treating such individuals.
- Provide (or refer pregnant women to) early and regular prenatal care.
- Develop an environment that is comfortable and safe for women seeking assistance and treatment.

Tennessee Statistics

- State rate: 13.1/1,000 live births.¹
- Rates are considerably higher in east and middle Tennessee than in the western part of the state (see Figure 1).¹
- In 2015, TennCare infants with NAS were 11 times more likely to be in Department of Children's Services (DCS) custody within one year of birth than infants without NAS.²
- The rate of NAS increased tenfold between 2000 and 2012 in Tennessee.¹

	All TennCare live births (2015)	TennCare Infants with NAS (2015)
Number of births	46,900	1,197
Average cost per child	\$8,494	\$44,314
Average length of stay (days)	3.5	21.0

Figure 1: Rate of NAS by County, 2017

