



Provider Guidance - Molina Complete Care

Neonatal Abstinence Syndrome/ Neonatal Opioid Withdrawal Syndrome

Guidance to help providers understand the resources and services available for Neonatal Abstinence Syndrome/Neonatal Opioid Withdrawal Syndrome.

Molina Complete Care Mother-Baby Connections

Molina Complete Care (MCC) serves the central GSA including Maricopa, Pinal and Gila counties. MCC's Mother-Baby Connections Neonatal Abstinence Syndrome (NAS)/ Neonatal Opioid Withdrawal Syndrome (NOWS) program provides comprehensive, care management from experienced nurses with expertise in high risk and substance exposed newborns to address the special needs of these infants and families. Our MCC newborn care managers work in tandem with our OB care managers to coordinate services and supports across the system of care for both mother and baby. The primary goal is to support and preserve the mother-baby dyad; improve the quality of care for her newborn; plan for a safe discharge from the hospital; and strengthen the mother's ability to care for her newborn child.

Discharge planning should start on the day an infant is identified as at risk for NAS. The discharge plan includes a Plan for Safe Care, referrals to early intervention and home visitation programs as needed.

Notify MCC Care Management to assist with discharge planning and transition home as soon as a baby is diagnosed with NAS. Call toll free at (888) 656-7503.

NAS/NOWS Evidence-Based Care

MCC supports evidence-based practices in the care of newborns, including:

- Non-pharmacological treatment when possible - holding, cuddling, or gently rocking; breastfeeding on demand; swaddling; non-nutritive sucking; quiet room with dim lighting and few visitors; skin-to-skin contact.
- The use of a standardized treatment protocol including non-pharmacological treatment and rooming-in with the mother as first-line treatment followed by pharmacological treatment when warranted
- The use of a standardized functional scoring protocol e.g. Eat, Sleep, Console
- Treating babies with NAS/NOWS first and foremost as babies – room-in with mom, be held, breastfeed on demand
- Treating families just as any other NICU or rooming-in family.
- Supporting the mother-baby dyad, when possible
- Empowering the new mom with substance use disorder, through education and support, to care for her newborn.
- Ensuring the new mom is not judged or discriminated against or made to feel that substance use is a criminal or child welfare issue.

Opioid use in Arizona

Current data in Arizona reveal a growing problem with opioid use during pregnancy resulting in increasing numbers of newborns born with neonatal abstinence syndrome (NAS).

According to the Arizona Department of Health Services, every day at least two babies are born suffering from opioid withdrawal in Arizona.

From June 17, 2017- June 13, 2019, there have been 1,418 suspected cases of NAS reported to ADHS from Arizona hospitals.

The mother-baby dyad should be preserved through family-centered care.

Care & treatment should be comprehensive, tailored to pregnancy, culturally appropriate, trauma-informed, and non-stigmatizing.

Trauma Informed Care

Trauma informed care is strengths-based care emphasizing empowerment, choice, collaboration, safety (physical and emotional), and trustworthiness. Care requires a paradigm shift from asking, “What is wrong with you?” to “What has happened to you?”

For example, before screening for substance use, request permission to ask questions about drug and alcohol use. If she declines screening, advise her that you respect that decision but would like to inform her about the potential harms of drug use.

Importance of Correct Coding

Analysis of NAS data identified a possible under-reporting of the prevalence of NAS due to inconsistent coding & standardized criteria for diagnosing NAS. Use ICD-10 diagnosis codes:

- P96.1 Neonatal withdrawal symptoms from maternal use of drugs of addiction
- P96.2. Withdrawal symptoms from therapeutic use of drugs in newborn
- P04.4 & P04.49 are for those newborns affected by maternal drug use or other drugs of addiction

Note: P96.1 must be coded first before coding P04.14, P04.40, P04.41, P04.42, P04.49.

Eat, Sleep, Console (ESC)

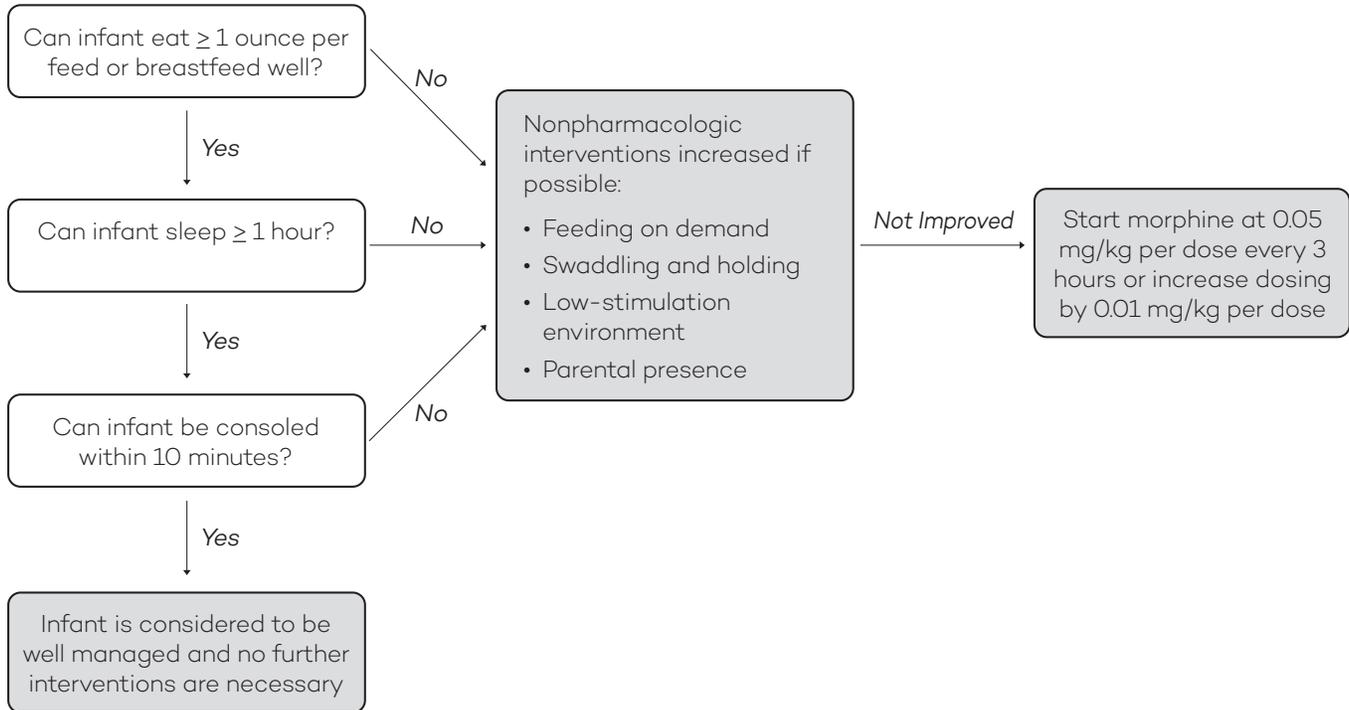
The ESC method’s sole principle is that the treatment of the infant (both non-pharmacologic and pharmacologic treatment) should be based on infant function and comfort, rather than reducing signs and symptoms of withdrawal. The ESC Care Tool only documents items key to the functioning of the infant, specifically the infant’s ability to eat effectively, sleep, and be consoled within a reasonable amount of time.

Recent studies have questioned the validity and reliability of the commonly used Finnegan Neonatal Abstinence Scoring System (FNASS) and its modified versions. In addition, the FNASS assessment approach may lead to unnecessary and prolonged pharmacologic treatment of infants with NAS. Newer research suggests that medication, if used, should not be titrated based on Finnegan score, but rather should be based on function-based assessments focused on how well the infant is eating, sleeping, and how comfortable the infant is.

Recent studies show that the ESC method:

- Supports infants and mothers rooming-in together during infant hospitalization
- Focuses on non-pharmacologic treatments
- Increases breastfeeding rates
- Decreases pharmacologic treatment and duration of treatment
- Decreases the average length of stay (LOS)

Yale's ESC Approach



Matthew R. Grossman et al. *Hospital Pediatrics* 2018; 8:1-6

Safe Discharge

Teach-back method

The teach-back method for mother/caregiver teaching is recommended. Teach-back is an evidence-based health literacy intervention that promotes patient engagement, patient safety, adherence, and quality.

- The goal is to ensure that the healthcare professional explained medical information clearly so that the mother/caregiver understands what was communicated to them. It is a test of how well the healthcare professional explained the concept.
- In teach-back, the healthcare professional asks the mother/caregiver to *explain in her own words or to show us* what they need to know or do.
 - Start with most important message.
 - Limit to 2-4 key points.
 - Use plain language.
- If mother/caregiver doesn't understand, rephrase the message until she articulates and demonstrates a clear understanding.
- The mother/caregiver needs to use her own words. If she simply repeats what the healthcare professional said word for word, she may not have understood.
- Teach-back is proven to improve understanding and can open the door to shared decision-making and improved self-management of care.

Agency for Healthcare Research and Quality (AHRQ) Webcast

Teach-Back Strategy: Patient and Family Engagement:

https://www.youtube.com/watch?v=n1TeXdMI3_I&feature=youtu.be

Federal & State Requirements

Federal

- Child Abuse Prevention & Treatment Act (CAPTA) Reauthorization (2010) and P.L. 114-198, Comprehensive Addiction and Recovery Act of 2016, Title V, Section 503 – requires states to develop plans of safe care in response to prenatal drug exposure.

Arizona Statutes

- Arizona Revised Statutes 13-3620 requires a health care professional, who reasonably believes that a newborn infant may be affected by the presence of alcohol or a drug, to immediately report this information, or cause a report to be made, to Arizona Department of Child Safety. For reporting purposes, “newborn infant” means a newborn infant who is under thirty days of age. Call to report: (888) 767-4245 or (888) SOS-CHILD.

Online reporting: <https://dcs.az.gov/report-child-abuse-or-neglect>

- The Infant Care Plan was developed by the state of Arizona in response to CARA and CAPTA. The Infant Care Plan describes the services and supports that will be provided to address the health and well-being of the infant and the substance use and overall treatment needs of the parent or caregiver. Each plan addresses the following areas:
 - Substance use treatment needs of the parents/caregivers
 - Medical care for the infant
 - Safe sleep practices
 - Knowledge of parenting and infant development
 - Infant toddler mental health and the mental health of the parent
 - Living arrangements in the infant’s home
 - Child care
 - Social connections

Resources

Community Resources

Home visitation:

[Strong Families AZ](#) – *Strong Families AZ is a network of free home visiting programs that helps families raise healthy children ready to succeed in school and in life. Programs focus on pregnant women and families with children birth to age 5. Find a program by zip code – includes Arizona Health Start, Early Head Start, Healthy Families, Nurse Family Partnership, Parents as Teachers, Family Spirit, Safecare*

[High Risk Perinatal Program \(HRPP\)](#) – *For NICU and substance exposed newborns. Community Nursing Services facilitates the transition of the child and family from the Newborn Intensive Care Unit to their home and community. Periodic monitoring of the child’s medical and developmental needs identifies infants who would benefit from referral to other early intervention programs. Through these home visits, the family receives support and education as well as referral to appropriate community resources. In home visits for 0- 3 years old.*

Pregnant and Postpartum Housing

[Arizona Friends of Homeless](#)

Peer Support

[Peer and Family Support Resources and Contacts](#)

[CHEEERS – Peer Doulas](#) - *Credentialed Peer/Recovery Supports who currently or plan to work with pregnant women with substance use disorders specialized training to become a certified Doula.*

Community Supports

[MCC of AZ](#)

Early Intervention Services

[AzEIP](#) – *Services and supports for birth to three years of age with disabilities or delays.*

State Resources

Arizona Department of Health Services and Arizona Statewide Task Force on Preventing Prenatal Exposure to Alcohol and Other Drugs

[Provider Guidance for Assessment and Management of Pregnant Women and Infants Healthy Outcomes for Mom and Baby Neonatal Abstinence Syndrome \(NAS\)](#)

Arizona Department of Health Services Neonatal Abstinence Syndrome

[Resource Materials NAS Provider Video Series and Course](#)

Arizona Department of Child Safety Opioid Epidemic

[Arizona Department of Child Safety Opioid Epidemic](#) – *To prevent child abuse and neglect by supporting the needs of children and strengthening families.*

Mandatory Reporting of Substance Exposed Newborns (SEN)

[Mandatory Reporting of Substance Exposed Newborns \(SEN\)](#)

Clinical Guidelines & References – Opioid Prescribing Guidelines

[Arizona Opioid Prescribing Guidelines](#)

[Register for the Arizona Controlled Substances Prescription Monitoring Program \(CSPMP\)](#)

Arizona Substance Abuse Treatment Resources

[Substance Abuse Treatment Resources](#)

Arizona Rx Misuse Information and Safe Disposal of Medications

[Rethink Rx Abuse](#)

Additional Resources

Molina Complete Care Provider Toolkit – online MCC Provider Toolkit for babies born with NAS/NOWS, practice guidelines, Provider Handbook and Newborn Notification forms

www.mccofaz.com

Eat, Sleep, Console – [AAP Webinar](#)

Eat, Sleep, Console - AZ Banner Health video

[Eat, Sleep, Console - AZ Banner Health](#)

Eating, Sleeping, Consoling (ESC) Neonatal Abstinence Syndrome (NAS) Care Tool

[Instruction Manual](#)

[Substance Abuse and Mental Health Services Administration](#)

Clinical Guidance for Treating Pregnant and Parenting Women with Opioid Use Disorder and Their Infants. HHS Publication No. (SMA) 18-5054. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2018.

[March of Dimes](#) – Do your part to reduce stigma so moms and babies get the support they need

References

Douglas D, Koch K, Buitrago-Mogollon T, Horstmann S; Successful Implementation of the Eat Sleep Console Model of Care for Infants with NAS in a Community Hospital, *Hospital Pediatrics* 2019;9;632, Research Article originally published online July 24, 2019. <http://hosppeds.aappublications.org/content/9/8/632>

Jones HE, Seashore C, Johnson E, et al. Psychometric assessment of the Neonatal Abstinence Scoring System and the MOTHER NAS Scale. *Am J Addict*, 2016; 25(30): 370-3.

MacMillan KDL, Rendon CP, Verma K, Riblet N, Washer DB, Holmes AV; Association of Rooming-in With Outcomes for Neonatal Abstinence Syndrome: A Systematic Review and Meta-analysis *JAMA Pediatr*. 2018;172(4):345-351.

Grossman MR, Osborn RR, Berkwitt AK. Neonatal Abstinence Syndrome: Time for a Reappraisal. *Hosp Pediatr*, 2017; 7(20): 115-16.

Grossman MR, Berkwitt AK, Osborn RR, et al. An Initiative to Improve the Quality of Care of Infants with Neonatal Abstinence Syndrome. *Pediatrics*, 2017; 139(6): e20164460.

Holmes AV, Atwood EC, Whalen B, et al. Rooming-In to Treat Neonatal Abstinence Syndrome: Improved Family-Centered Care at Lower Cost. *Pediatrics*, 2016; 137(6).

Grossman, M. R., Lipshaw, M. J., Osborn, R. R., & Berkwitt, A. K. (2018). RESEARCH ARTICLE A Novel Approach to Assessing Infants With Neonatal Abstinence Syndrome. *Hospital Pediatrics*, 8(1), 1–6. <https://doi.org/10.1542/hpeds.2017-0128>

[Grisham](#) LM, [Stephen](#) MM, [Coykendall](#) MR, [Kane](#) MF, [Maurer](#) JA, [Bader](#) MY. Eat, Sleep, Console Approach: A Family-Centered Model for the Treatment of Neonatal Abstinence Syndrome, *Advances in Neonatal Care*, April 2019; 19(2):138-144. <https://pubmed.ncbi.nlm.nih.gov/30855311/>

[Blount](#) T, [Painter](#) A, [Freeman](#) E, [Grossman](#) M, [Sutton](#) AG. Reduction in Length of Stay and Morphine Use for NAS with the “Eat, Sleep, Console” Method; *Hospital Pediatrics*; 2019 Aug;9(8):615-623.

Howard, M. B., Schiff, D. M., Penwill, N., Si, W., Rai, A., Wolfgang, T., & Moses, J. M. (2017). Impact of Parental Presence at Infants ' Bedside on Neonatal Abstinence Syndrome. *Hospital Pediatrics*, 7(2), 63–69. <https://doi.org/10.1542/hpeds.2016-0147>

Kocherlakota, P. (2014). Neonatal Abstinence Syndrome. *Pediatrics*, 134(2), e547–e561. <https://doi.org/10.1542/peds.2013-3524>

Wachman, E. M., Grossman, M., Schiff, D. M., Philipp, B. L., Minear, S., Hutton, E., ... Whalen, B. L. (2018). Quality improvement initiative to improve inpatient outcomes for Neonatal Abstinence Syndrome. *Journal of Perinatology*, 38, 1114–1122. <https://doi.org/10.1038/s41372-018-0109-8>



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