

THIS CA UPDATE HAS BEEN SENT TO THE FOLLOWING:**COUNTIES:**

- Imperial
- Riverside/San Bernardino
- Los Angeles
- Orange
- Sacramento
- San Diego

LINES OF BUSINESS:

- Molina Medi-Cal Managed Care
- Molina Medicare
- Molina Marketplace (Covered CA)

PROVIDER TYPES:

- Medical Group/ IPA/MSO**
 - Primary Care**
 - IPA/MSO
 - Directs
- Specialists**
 - Directs
 - IPA
- Hospitals**
 - Ancillary**
 - CBAS
 - SNF/LTC
 - DME
 - Home Health
 - Other

Opioid Safety Toolkit – Emerging Treatment Options for Neonatal Abstinence Syndrome (NAS)

This is an educational notification to Molina Healthcare of California (MHC) network providers on Neonatal Abstinence Syndrome (NAS).

The incidence of NAS – withdrawal symptoms experienced by some newborns exposed to opioids while in utero – has increased dramatically in recent years, with some states experiencing incidence rates of 15 out of every 1,000 births. Health care providers are advancing novel models of care that are showing very promising results.

What you need to know:

The current standard of care for infants with NAS involves transfer to specialized NICUs, assessments based on the Finnegan Neonatal Abstinence Scoring System (FNASS), treatment according to the score, and round-the-clock dosing with scheduled tapers, typically over a 30-day period.

Emerging models of care focus on evidence-based and family-centered treatment. Infants are kept with their mothers and assessed for their ability to Eat, Sleep, and Be Consolated (ESC scale), mothers are coached on how to soothe their infant and breastfeed, and morphine is administered as needed instead of on a schedule.

What you need to do:

Providers can support emerging models of care by adapting the following approaches:

- Coordinate infant care outside of the NICU
- Allow mother to room-in
- Create a low-stimulation environment (dimmed lights, reduced noise)
- Perform a functional assessment based on the ESC scale
- Abstain from starting or increasing morphine if an infant can:
 - Breastfeed effectively or take \geq 1oz from bottle
 - Sleep undisturbed for \geq 1 hour
 - Be consoled within 10 minutes, if crying
- Provide morphine if non-pharmacological interventions are unsuccessful
- Administer morphine as a single dose (prn); if needed around the clock, tapered by 10% as often as three times a day
- Expect and encourage parents to be present as much as possible and play an active and continuous role in their baby's care
- Allow breastfeeding if it is not contra-indicated
- Offer prenatal counseling for parents
- Care for mother and parents by coaching them on caring for their infant

For more information on NAS and its emerging treatment options, please refer to California Health Care Foundation’s Opioid Safety Toolkit at:

<https://www.chcf.org/wp-content/uploads/2019/02/EmergingTreatmentOptionsNAS.pdf>.

The websites below are additional resources to learn more about opioid exposure in California:

- Neonatal Abstinence Syndrome and Maternal Access to Treatment for Opioid Use Disorder in California Counties: <https://www.urban.org/research/publication/neonatal-abstinence-syndrome-and-maternal-access-treatment-opioid-use-disorder-california-counties>
- Addressing Opioid Exposure in Pregnancy — Best Practices for Women and Newborns: <https://www.chcf.org/event/addressing-opioid-exposure-pregnancy-best-practices-women-newborns/>

What if you need assistance?

If you have any questions regarding the notification, please contact your Molina Provider Services Representative below:

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