

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 CCC+ and Medallion 4.0 Medicaid beneficiaries statewide. 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 1-800-424-4518.

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 Virginia

According to the Virginia Department of Health data, Virginia is experiencing a growing problem with opioid use during pregnancy resulting in increasing numbers of newborns born with neonatal abstinence syndrome (NAS). The state rate in 2017 was 7.4 babies per 1,000 birth hospitalizations.

According to the Virginia Hospital and Healthcare Association (2017):

- 3 out of 4 affected babies are covered by Medicaid; and
- The average hospital cost for babies born with NAS was \$53,400 compared to or all other hospital births at \$9,500

Trauma Informed Care

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 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
- PO4.4 & PO4.49 are for those newborns affected by maternal drug use or other drugs of addiction

Note: P96.1 must be coded first before coding PO4.14, PO4.40, PO4.41, PO4.42, PO4.49.

Eat, Sleep, Console (ESC)

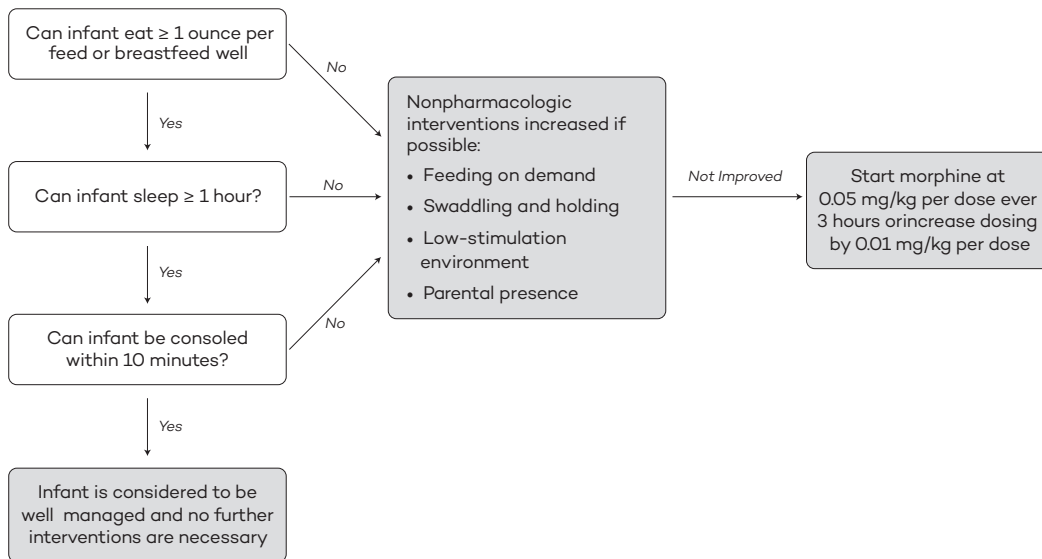
The ESC method’s sole principle is that the treatment of the infant (both non-pharmacologic and pharmacologic treatment) should be based on infant function and comfort, rather than reducing signs and symptoms of withdrawal. The ESC Care Tool only documents items key to the functioning of the infant, 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



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.

Virginia

- §54.1-2403.1 Code of Virginia mandates that prenatal care providers screen their patients' use of legal and illegal substances and refer them for further assessment when indicated.

In policy: The plan of safe care (POSC) should address the needs of the child as well as those of the parent, as appropriate, and ensure that appropriate services are provided to ensure the infant's safety. A POSC should begin when the mother is pregnant and be initiated by her health-care providers.

- §63.2-15093 Code of Virginia: Requires that health care providers file a report with CPS if they suspect a child is experiencing withdrawal or was born affected by substance abuse due to in utero drug exposure. Report online at <https://www.vdh.virginia.gov/surveillance-and-investigation/commonwealth-of-virginiastate-board-of-health/>.
- §63.2 -1505 Code of Virginia mandates that CPS conduct a family assessment and develop a Plan of Safe Care.
- § 32.1 -127 Code of Virginia directs hospitals to develop and implement a protocol requiring written discharge plans for identified, substance-abusing, postpartum women and their infants. The protocol shall require that the discharge plan be discussed with the patient and that appropriate referrals for the mother and the infant be made and documented. Appropriate referrals may include, but need not be limited to, treatment services, comprehensive early intervention services for infants and toddlers with disabilities and their families pursuant to Part H of the Individuals with Disabilities Education Act, 20 U.S.C. § 1471 et seq., and family-oriented prevention services. The discharge planning process shall involve, to the extent possible, the other parent of the infant and any members of the patient's extended family who may participate in the follow-up care for the mother and the infant. Immediately upon identification, pursuant to § [54.1-2403.1](#), of any substance-abusing, postpartum woman, the hospital shall notify, subject to federal law restrictions, the community services board of the jurisdiction in which the woman resides to appoint a discharge plan manager. The community services board shall implement and manage the discharge plan.

Resources

Community Resources

Home visitation programs:

Early Impact Virginia

Alliance for Early Childhood Home Visiting <https://earlyimpactva.org/directory/>

Home visiting programs vary by locality. To find contact information for home visiting programs in your area, choose a city or county from the drop-down menu on the website.

Home Visiting Models:

- CHIP of Virginia
- Early Head Start
- Healthy Families
- Healthy Start/Loving Steps
- Nurse Family Partnership
- Parents as Teachers
- Resource Mothers

Early Impact Virginia is funded in part through federal investments from the Maternal, Infant, and Early Childhood Home Visiting Program (MIECHV) to enhance collaboration across all home visiting providers and facilitate more effective system building at the state and local level. Learn more about Virginia's MIECHV program at <https://www.vdh.virginia.gov/family-home-visiting/maternal-infant-and-early-childhood-home-visiting-program-miechv/>

The MIECHV Program funds evidence-based home visiting programs using models that are proven to improve child health and to be cost effective:

- [Healthy Families America](#)
- [Nurse Family Partnership](#)
- [Parents as Teachers](#)

Community Support Services – <https://mccofva.auntbertha.com/>

Early Intervention Services

Infant Toddler Connection of Virginia

<https://itcva.online>

State Resources

Virginia Neonatal Perinatal Collaborative (VPNC)

Maternal OUD & NAS Breakout Session slides

https://virginianpc.org/wp-content/uploads/2019/10/VNPC-Annual-Summit-2019-MOUD_NAS-breakout-session.pdf

Virginia Department of Social Services (DSS)

Substance Exposed Infants

https://www.dss.virginia.gov/files/division/dfs/cps/intro_page/manuals/07-2019/section_10_substance_exposed_infants_August_2019.pdf

Virginia Department of Health (VDH)

Opioid Data

<https://www.vdh.virginia.gov/opioid-data/>

Virginia Department of Health (VDH)

Neonatal Abstinence Syndrome Data

<https://www.vdh.virginia.gov/opioid-data/neonatal-abstinence-syndrome-nas/>

Department of Medical Assistance Services (DMAS)

Addiction and Recovery Treatment Services (ARTS)

<https://www.dmas.virginia.gov/for-providers/addiction-and-recovery-treatment-services/>

Additional Resources

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

<https://www.mccofva.com/for-providers/provider-toolkit/>

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

Eat, Sleep, Console – Carillion Roanoke

[ESC transitional nursery video](#)

Eat, Sleep and Console: Changing Landscape for Neonatal Opioid Withdrawal Syndrome –

[Children’s Hospital of Richmond at VCU presentation](#)

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. – <https://store.samhsa.gov/product/Clinical-Guidance-for-Treating-Pregnant-and-Parenting-Women-With-Opioid-Use-Disorder-and-Their-Infants/SMA18-5054>

March of Dimes – Do your part to reduce stigma so moms and babies get the support they need

<https://beyondlabels.marchofdimes.org/>

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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