Neonatal Abstinence Syndrome (NAS)

State Action, Partnerships, & Collaboration

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Neonatal Abstinence Syndrome: How States Can Help Advance the Knowledge Base for Primary Prevention and Best Practices of Care
Objectives

- Describe how a state-level approach to neonatal abstinence syndrome (NAS) can address several levels of prevention and intervention

- Characterize state and community efforts to address the gaps in knowledge

- Examples of actions health departments can take to support better outcomes for infants and families affected by NAS and substance abuse
  - Quality
  - Safety
  - Care
Opioid pain relievers play an important role in appropriate pain management, but misuse is a growing public health problem.
It falls to the public health community to activate a comprehensive approach.

- Prevention Education
- Surveillance Monitoring (PDMPs)
- Diversion Control Law Enforcement Licensure
- Treatment Recovery
ASTHO President’s Challenge
Reduce Prescription Drug Abuse and Deaths 15% by 2015

- Focuses attention on a critical national health issue
  - Public health
  - Population impact

- Public health strategies can be applied

- Yields benefits and impact in a relatively short period of time
Encourages all S/THOs to apply strategies to achieve measurable reductions in controlled prescription drug misuse, abuse, and overdose

Move beyond “silo-based” approaches to focus on collaboration with partners to carry out aligned, comprehensive efforts

- **Identify at least one policy or program to implement, improve, or evaluate in the next year**
Neonatal Abstinence Syndrome

“Rapid Cycle Vertical Transmission of Drug Dependence” - Vermont Oxford Network

Underscores the importance of a comprehensive approach

Determinants of health
System and service coordination
Health promotion, prevention, screening and early intervention
Treatment, resilience and recovery support

for optimal health and wellbeing across the lifespan
Many unanswered research and operational questions exist:

- Standardized protocols for identification, treatment, discharge
- Measuring and reporting NAS rates
- Consistently providing good care in an unbiased and compassionate manner


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Prevention and Intervention Opportunities

Primary Prevention – Preconception

- Appropriate prescribing of controlled substances
- Prevent substance abuse among women of reproductive age
- Prevent unplanned pregnancies – incorporate family planning services, counseling/referral as part of treatment plan

Prenatal Screening

- Universal substance use screening in early pregnancy
- State agencies, quality improvement efforts, and perinatal collaboratives promote prenatal screenings as the expected standard of care for obstetric providers

Treatment for Opioid Dependent Pregnant Women

- Optimize service delivery and treatment capacity
- Framing as a public health issue vs. criminal
  - punitive atmosphere deters access to treatment
Prevention and Intervention Opportunities

At Birth – Diagnosis and Management

- Encourage birthing hospitals to have a written policy on criteria for screening and testing
- Promote use of an NAS screening tool as the standard of care to improve decision-making about non-pharmacological or pharmacological therapies
- Work with CPS agencies to review and train staff on policies for reporting substance-exposed newborns

Neonatal Care – Ongoing Support for Mother-Infant Dyad

- Surveillance and follow-up
- Provision of family-focused services, case management: community-based peer recovery worker, home-based services, and family treatment drug courts
State Examples: Highlights

TENNESSEE
- State Surveillance, Reporting, and Medicaid Claims Data Demonstrating Costs and Drivers of NAS

VERMONT
- Designing a Regionalized, Integrated System for Opioid Dependence Treatment

OHIO: Nationwide Children’s Hospital
- Quality Improvement Efforts Geared to Improve Protocol and Communication
Many states are working to address knowledge gaps:

- Tennessee Initiative for Perinatal Quality Care
- Delaware Healthy Mother and Infant Consortium’s Standards of Care Subcommittee; Home Visiting Advisory Council
- Vermont Oxford Network
- Massachusetts Neonatal Quality Improvement Collaborative
- Perinatal Quality Collaborative of North Carolina
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