**Background**

The number of in-utero opioid exposures continues to rise nationally.

Infants at risk for experiencing Neonatal Abstinence Syndrome (NAS) are currently assessed using the Finnegan scoring method to determine treatment.

Franciscan Health currently uses the Finnegan scoring method (FNASS) but does not consider functionally based assessments for determination of treatment planning.

New research suggests that function based assessment could reduce medication treatment rates and improve outcomes.

This project seeks to transition to the EAT, SLEEP, CONSOLE (ESC) care tool for assessment and treatment planning for infants experiencing NAS symptoms.

**Project Aims**

For infants experiencing NAS when compared with the Finnegan tool, the ESC model may provide the following benefits:

- Reduced number of infants treated pharmacologically for NAS and thus infant exposure to medications
- Reduced Length Of Stay
- Reduced cost/case

In this program, this project seeks to change the stigma around neonatal exposure and withdrawal in order to provide family centered care and outcomes supportive to the family unit.

“armer, babies are exposed to what their mother consumes, including opioids. Heavy opioid use by a pregnant woman will make the baby dependent on the drug but not addicted. The mother will increasingly seek out and take the drug, which is reinforced each time she consumes opioids. The fetus, however, isn’t being reinforced by seeking and taking a drug; it’s being passively exposed to a drug. It therefore doesn’t learn the powerful associations between drug-taking behavior and the drug effects that can produce addiction.”

**Methods**

1. Form a Multi-Disciplinary team to understand the goals of ESC and provide staff resources and education

2. Offer additional support resources for infant consoling including developmental aids, caregivers and “cuddlers.”


4. Educate physicians providers about ESC and methods for delay or avoidance of administration of medications for withdrawal.

5. Extend length of stay for all infants exposed in utero to 5-7 days per AAP recommendations.

6. Transfer all infants to Pediatrics upon maternal discharge from Postpartum to continue bonding and supportive care.

7. Avoid routine transfer to NICU unless needed for co-existing medical concerns.

8. Avoid routine administration of medications for withdrawal but offer PRN dosing as needed for symptom management.

**Results**

Education regarding ESC was offered to all W&C staff in the form of a 4-hour class. A pre/post-test measured results of the educational offering in terms of knowledge about infant withdrawal, the Eat, Sleep, Console program and the interventions which could and should be offered to any neonate.

**References**


NASCEND. (2018). NASCEND Essential of Care: Substance Exposed Infants (Pamphlet). Louisville. KY: NASCEND LLC.


**Impact of NAS at Mooresville Campus (2013 thru 2Q 2018)**

(estimated net revenue less estimated net cost)

<table>
<thead>
<tr>
<th>Year</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
<th>2018</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>FY 1</td>
<td>$88,552</td>
<td>$231,839</td>
<td>$203,450</td>
<td>$209,988</td>
<td>$147,727</td>
<td>$24,346</td>
<td>$846,280</td>
</tr>
<tr>
<td>FY 2</td>
<td>N/A</td>
<td>$53,791</td>
<td>$303,532</td>
<td>$12,753</td>
<td>$51,485</td>
<td>$364,650</td>
<td></td>
</tr>
</tbody>
</table>