Neonatal Abstinence Syndrome

Margaret Mary Health
Batesville, Indiana

Background

- In 2011, the Ohio Governor charged 6 free-standing pediatric hospitals in the state to develop strategies toward reduction of incidence of NAS.
- Dr Scott Wexelblatt, Cincinnati Children's Hospital Medical Center Perinatal Institute, requested participation from Greater Cincinnati Health Council hospitals.

Background

- Margaret Mary Health's CEO, Dr. Tim Putnam, signed a letter supporting the NAS initiative.
- In November 2013, Margaret Mary Health began drug screening all presenting delivering mothers on admission.

Developing the Program

- The OB-GYN Physicians & Pediatricians supported the NAS screening process and actively collaborated and approved policies to capture unsuspected perinatal narcotic exposure.

Maternal Drug Screening Policy

MARGARET MARY HEALTH	**Maternity Services** *Maternal Drug Testing*	Medical Director Approval: *(If applicable)*	
		Committee Approval: *(If applicable)*	
		Page 1 of 3	

PURPOSE:

1. To enable identification of infants at risk for Neonatal Abstinence Syndrome (NAS) by providing prompt diagnosis followed by timely, effective and efficient treatment.
2. To provide mothers who may need substance abuse treatment referrals.
3. To identify "best practice of care" for infants with NAS in order to standardize the care for this group of infants.

RESPONSIBILITY/COMPETENCY:

MD, RN, Social Services, Laboratory will have knowledge of this policy.

POLICY:

To identify and treat newborn babies born with NAS, universal drug testing should be ~~done on~~recommended to all maternal patients. Expectant m~~M~~others will be informed of the Hospital's policy on admission and requested to document their consent to material drug testing, using the consent form provided by the Hospital. ~~a signed consent obtained on admission.~~ Positive maternal/neonatal drug tests will be communicated to the medical staff, who will communicate the positive results to their patients.

Maternal patients may choose ~~, who choose~~ to decline, or otherwise opt out of universal testing, whether or not they sign the consent on admission. A patient's decision to opt out of such testing~~s~~ shall be appropriately documented in the patient record.

The infant(s)' physician may consider (in the physician's discretion) the lack of a maternal drug screen result, in addition to any known risk factors for NAS, when determining whether testing, observation and/or treatment of the infant(s) for NAS is clinically indicated. ~~should be informed that their infant(s) will be tested and observed as inpatients for 72 hours if clinically indicated.~~

PROCEDURE:

1. If the maternal patient has provided her consent, a~~A~~ drug test will be ordered on all maternal patients on Intrapartum admission
2. All maternity patients will have a urine specimen sent to the lab as soon as possible upon admission.

Drug	Drug Class	Half-Life
Subutext	Opiate	24-60 hrs
Suboxone	Opiate	20-73 hrs
Meth	Amph/Meth	6-15 hrs
Heroin	Opiate	<1 hr (very rapid half-life)
Cocaine	Cocaine	1 hr (very rapid)
Marijuana	Cannabinoid	14-38 hrs

3. RN will obtain clean catch urine specimen of 25-60 milliliters as soon as possible on admission.
4. RN will obtain a signed consent from patient to perform drug screening.
5. Specimen is labeled in the patient's room, using Mobilab.
6. Specimen is placed in a biohazard bag and sent to the lab. If the specimen is not sent directly to the lab, the specimen should be refrigerated.
7. RN will document time and date of collection of urine in Meditech.

Newborn Drug Screening Policy

MARGARET MARY HEALTH	**Maternity Services** *NAS Infants at Risk*	Medical Director Approval: *(If applicable)*	
		Committee Approval: *(If applicable)*	OB-Peds Committee 10/02/2013
		Page 1 of 2	

PURPOSE:

To enable identification of infants at risk for Neonatal Abstinence Syndrome (NAS) by prompt diagnosis followed by timely, effective and efficient treatment.

To identify "best practices" for infants with NAS in order to standardize the care for this group of infants.

RESPONSIBILITY/COMPETENCY:

MD, RN, Social Services, Laboratory will have knowledge of this policy.

POLICY:

To identify and treat newborn babies born with NAS, universal drug testing is suggest ~~should be done~~ on all maternal patients. Positive maternal/neonatal drug tests will be communicated to the medical staff, who will communicate the positive results to their patients. ~~A meconium screen will be collected on all newborns whose mother's urine drug test results are positive.~~ Maternal patients, who choose to opt out of universal drug testing, should be informed that their infant(s) will be tested, and ~~as well as~~ observed as inpatients for ~~a minimum of~~ 72 or more hours if clinically indicated.

PROCEDURE:

Newborn Testing:

Informed Consent will be obtained prior to testing, unless the clinical situation leads the providers to believe there has been exposure to controlled substances and there is maternal refusal.

1. A urine specimen will be collected if:
   a. Mother has a positive drug test result
   b. Failure to obtain drug test on the mom prior to delivery
2. Meconium stool specimen will be obtained if:
   a. Mother has a + (positive) urine result
   ~~a.~~b. A specimen may also be collected if Mother has a – (negative) urine drug screen but high risk factors are present.
   ~~b. Mother has a – (negative) urine drug screen but if any risk factors are high~~
3. If mothers have a negative urine drug test, but high risk factors are present in mother or infant, a urine and meconium drug test may be sent on the neonate. ~~Mothers with a negative urine drug test, but have high risk factors may indicate sending a urine and meconium drug test on the neonate.~~ High risk factors include the following:

Maternal Characteristics:

- No prenatal care
- Previous unexplained fetal demise
- Precipitous labor
- Abruptio placentae
- Hypertensive episodes
- Severe mood swings
- + Human immunodeficiency virus (HIV)
- + Hepatitis B surface Antigen (HbSAg)
- + Hepatitis C virus (HCV)
- Cerebrovascular accidents
- Myocardial Infarction
- Repeated spontaneous abortions
- History of substance abuse

Infant Characteristics:

- Prematurity
- Unexplained IUGR
- Neurobehavioral abnormalities
- Urogenital anomalies
- Necrotizing Enterocolitis (NEC) in an otherwise healthy full-term infant

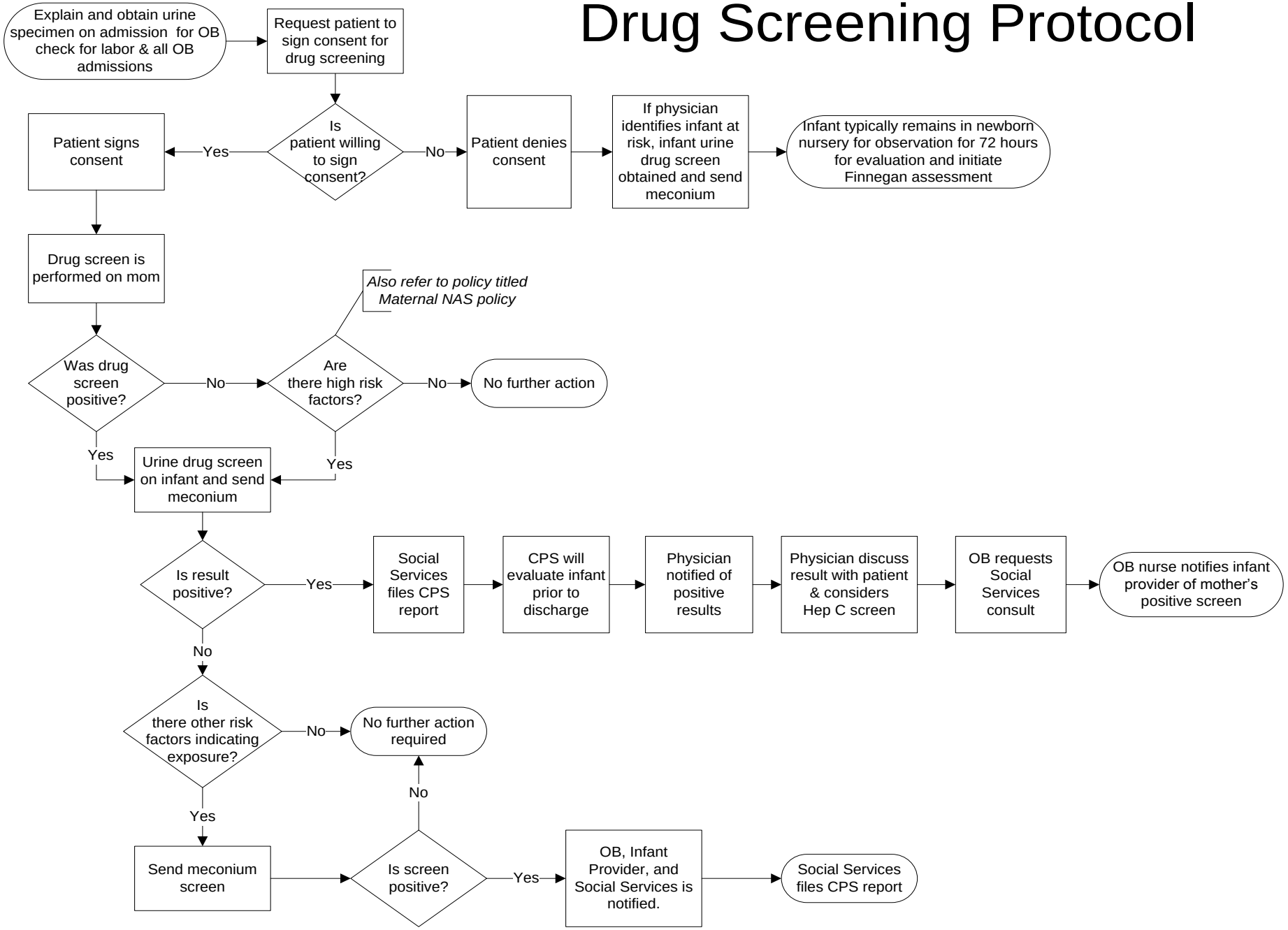
Key Individuals

- OB Nursing Staff educated patients on the new process and the importance of detecting prior to delivery.
- Laboratory Manager assisted with recommending a 7-panel drug screen for mothers & babies for timely results and cost effectiveness.

Key Individuals

- Social Services notified local Child Protective Services of possible increase in reporting. The Social Services team also provides rehabilitation resources for mothers having used addictive illegal or prescription drugs during pregnancy.

Drug Screening Protocol



Maternal Risk factors

- No prenatal care
- + Hepatitis B surface Antigen (HbSAg)
- Previous unexplained fetal demise
- + Hepatitis C virus (HCV)
- Precipitous labor
- Cerebrovascular accidents
- Abruptio placentae
- Myocardial Infarction
- Hypertensive episodes
- Repeated spontaneous abortions
- Severe mood swings
- History of substance abuse
- + Human Immunodeficiency Virus (HIV)

Infant Risk factors

- Prematurity
- Urogenital anomalies
- Unexplained IUGR
- Necrotizing Enterocolitis (NEC) in an otherwise healthy
- Neurobehavioral abnormalities full-term infant

Required Documentation

- Maternal Drug Screening Policy
- Newborn Drug Screening Policy
- Letter to Patients from Provider
- Informed Consent
- Urine Drug Screening Flowchart
- Laboratory Drug Panel

(copies available)

Informed Consent

MARGARET MARY HEALTH
www.mmhealth.org

DRUG SCREEN CONSENT

In order to provide the safest and best care for you and your baby, you will have the following lab test performed upon admission to Margaret Mary Health:

• Urine Drug Test

These tests are given to all mothers delivering at Margaret Mary, as well as other hospitals in the area. The reason for this test is to identify any issues which could affect the health of the mother or the baby and so we can provide appropriate follow-up care as needed.

Patient Signature: _____ Date: _____

Witness Signature: _____ Date: _____

As the maternal patient, I am choosing to opt-out of the urine drug test. However, I understand my newborn will be tested and observed for a minimum of 72 hours.

Patient Signature: _____ Date: _____

Letter to Patient from MD Office

MARGARET MARY HEALTH
www.mmhealth.org

Welcome to New Beginnings! Our goal is for you to have a wonderful birth experience and for both mom and baby to receive the best care possible.

As part of that care, we are including a routine drug screen. Margaret Mary Health has joined a growing number of hospitals across the U.S. that are performing drug screens on all expectant mothers due to the rising number of infants being born addicted to drugs.

Often, mothers may use medications (including prescribed medications) that can affect their child immediately after birth. Performing a drug screen at the time of delivery will allow us to identify if a mother has levels of these medications in her system that could affect her child, and possibly cause withdrawal symptoms in the newborn. Knowing this before the birth allows us to safely manage the care and comfort of both the newborn and mother.

If a drug test is positive, we can:

- Closely monitor your baby for signs of withdrawal (usually occurs within the first 72 hours of life)
- Provide treatment to your newborn as a problem is detected
- Offer mothers services to safeguard her health

If you have any questions regarding this urine test, please speak with your care provider or call New Beginnings at (812) 933.5142.

We look forward to being part of your special delivery!

The New Beginnings Team

P.O. Box 226 • 321 Mitchell Avenue • Batesville, IN 47006 • Phone: 812.934.6624 • Fax: 812.934.5373

Barriers/Challenges

- 72-Hour Hospitalizations
- CPS consulting with mothers prior to discharge
- Added Cost
- Possible Punitive Repercussions
- Sensitivity to mother's on prescribed opiates

2014 YTD Findings

YTD Struggle

Cost versus Results

Questions?

Debra Gloyd
Margaret Mary Health
Maternity Services Manager
321 Mitchell Avenue
Batesville, Indiana 47006
812.933.5275