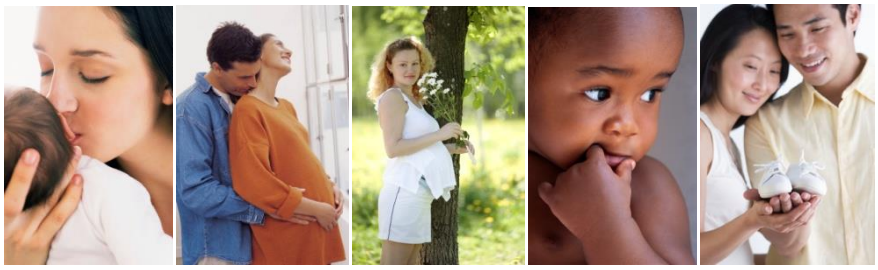

TRANSFER PROTOCOL

Substance Exposed Newborns
Hospital Services Availability and Transfer Indications

All Hospitals and Birthing Centers must have:

- Staff Competent to assess for symptoms of NAS (Finnegan or Other Scoring Tool)
- Process/policy for identification of these infants including process for urine and cord testing
- Non-pharmacologic treatment protocol
- Medical Social Work/Case Manger availability

Infant Characteristics and Required Services

Asymptomatic Newborn with Negative Cord Tissue Testing

- Routine Newborn Care

Asymptomatic Newborn with Positive Cord Tissue Testing *

- Social Worker/Case Manager consultant available 24 hours DCS referral policy consistent with Indiana code
- Ability to Implement Discharge Process and Readiness Checklist for Substance Exposed Newborns

Symptomatic Newborn with Positive Cord Tissue Testing, Not Requiring Medication*

- Medical Evaluation to exclude other causes
- Staff trained to manage newborns with NAS
- Physician/APN available 24/7 to manage care
- OT/PT/Speech available for consultation
- Social Worker,DCS, case managers that are available for appropriate referrals for newborn & family
- Mother-Newborn Dyad Care (if possible)
- Lactation Guidelines for substance exposed Mother-NB Dyad
- Non-Pharmacologic Management Protocol
- Ability to Implement Discharge Process and Readiness Checklist for Substance Exposed Newborns

Symptomatic Newborn with Positive Cord Tissue Testing, Requiring Medication*

- All services identified for symptomatic newborn
- Pharmacologic Management Protocol
- OT/PT/Speech available for consultation
- Pediatric Pharmacist available for consultation
- Ability to Implement Discharge Process and Readiness Checklist for Substance Exposed Newborns

INDIANA PERINATAL QUALITY IMPROVEMENT COLLABORATIVE [IPQIC]

*** If all services are not available, transfer of the exposed newborn to a risk appropriate setting should be considered. Consultation with a referral hospital is indicated.**

Neonates with established Neonatal Abstinence Syndrome (NAS) benefit from a holistic management strategy, or guideline, to acutely treat neonatal abstinence; improve outcomes for the newborn, her mother and her family; serve as a basis for quality improvement initiatives; and begin or continue to address the complex psychosocial and medical needs often encountered in such families and their communities.

Acute treatment of NAS involves diagnosis, exclusion of disorders that mimic signs and symptoms of NAS, monitoring severity of abstinence using an informative scoring tool by trained nursing staff, and treatment with consistently applied non-pharmacologic and subsequently, if needed, pharmacologic interventions to provide comfort during the acute abstinence phase.

The social determinants of health; maternal, paternal and family psychosocial and mental health disabilities; newborn and family neurodevelopmental, behavioral and psychiatric follow-up; and legal or child protection services consultations are important aspects of care that are to be ensured prior to and/or following the acute treatment of NAS. Furthermore, a holistic plan that includes ongoing care for the newborn, mother, father and family is to be established and scheduled prior to determining the newborn's discharge disposition.

NAS management requires a foundational infrastructure to ensure the availability of the personnel, services, protocols, guidelines, education and physical plant necessary to care for newborns with NAS, mothers and other caregivers. A team of expert professionals knowledgeable and skilled in the complex care needs to best support the newborn and his family is essential. Inter-professional, multidisciplinary communication is a key ingredient in the recipe of care. Specific personnel vital to this care team include:

- Mother, Father, Significant Other and Family: Couplet care with mother, father, significant other, or family support members in a single room is preferred with the mother providing normal newborn care, comfort and non-pharmacologic interventions. The composition of the newborn's care team will vary with the composition of the child's family.
- Alternative care models are needed when consistent mother, father, significant other or family involvement is precluded. The default is nursing, social service and, if available, volunteers who provide for all care needs of the newborn.
- Medical caregivers (physicians/advanced practice nurses or physician assistants) with expertise in diagnosis of NAS, differentiating other causes of nonspecific symptoms, medical treatment guideline use (including non-pharmacologic and pharmacologic guidelines developed by experts in state and national organizations) and directing the care of newborns with NAS and their mothers are essential. Physicians may include pediatricians, family practice physicians, obstetricians, and medicine-pediatric doctors; the important skill set for all medical caregivers is having expertise in the care of newborns with NAS or their mothers or both. Such caregivers should be available at all hours and days of the week.
- The medical caregivers in collaboration with nursing staff, medical social workers and other team members are responsible for determining if the personnel and infrastructure for caring for newborns with NAS and their mothers is available in the local hospital. If the necessary personnel, infrastructure (eg. physical space, protocols, medical caregiver and staff education) and guidelines for care are not available locally, transfer to a higher level of care is indicated.

- Nursing staff: Nursing staff educated and skilled in monitoring severity of NAS using scoring tools (e.g. Finnegan; Eat, Sleep, Console tools) are necessary team members who must be available at all hours and days. Nursing staff also provide newborn care when mother or other surrogate caregivers are not available in addition to vital sign monitoring, identification of new problems, dispensing medications and educating mothers/other caregivers about NAS, the special needs of newborns with NAS and maternal self-care.
- Medical Social Worker(s): Medical Social Workers are also essential for managing the psychosocial needs of newborns with NAS and families. Social Workers help determine the medical, social and financial resources needed to care for the newborn and family including those services that address the social determinants of the health of the newborn, mother, father, significant other and family. Social Workers are responsible for collaborating with Child Protection Service staff and Case Management staff to develop a discharge disposition plan and ongoing addiction and psychosocial treatment services needed by mothers and other caregivers.
- Case Management staff: Case managers are vital team members to collaborate with Social Workers and Health Insurers on disposition planning for the newborn with NAS and his caregivers.
- Department of Child Services staff: Child Protection staff are important resources for establishing the safety of the home and determining the discharge disposition.
- Pharmacist, preferably pediatric, but non-pediatric pharmacist knowledgeable about pharmacotherapy of NAS is acceptable. Pediatric pharmacist support is important when pharmacologic intervention is indicated. ~~Such support can be provided by local hospital staff or by arrangement with non-hospital consulting pharmacy staff.~~ It is expected that the pharmacist is expert in medications and dosing for newborns with NAS. Ideally, the pharmacist is integrated in the local team that develops or adapts guidelines from other expert sources for medicinal treatment of NAS.
- Lactation consultant(s): Feeding problems are frequently encountered in newborns with NAS. Lactation consultants with expertise in newborn feeding support are important adjunct team members for mothers of newborns with NAS who elect to breastfeed. Breastfeeding, when appropriate, can help to mitigate potential risks and improve outcomes for both infants and their mothers. To determine whether breastfeeding is appropriate for a specific newborn, IPQIC has developed a guidance document available at https://www.in.gov/laboroflove/files/breastfeeding-and-substance-use-final.pdf
- Occupational, Physical Therapy and Speech Specialists: Occupational, Physical Therapy and Speech specialists in care of newborns with NAS are also important adjunct NAS treatment team members. Such team members assess and determine interventions for newborns with NAS who have abnormal neurologic, developmental and oral feeding dysfunction.

Indications for Transfer to a Higher Level of Care

1. Uncertainty about the diagnosis of NAS and its differential diagnoses
2. Inability to appropriately monitor for symptoms of substance exposure for 5 or more days
3. Lack of, or inconsistent availability of personnel skilled in the diagnosis, monitoring and management of NAS (newborn, mother and other caregivers)

4. Insufficient infrastructure (services, protocols, guidelines, education and physical plant) to provide and maintain competence in the holistic management of NAS (newborn, mother and other caregivers) in alignment with the IPQIC substance use practice bundle as revised/approved in 2020
    a. All local sites are not expected to provide all services needed by newborns with NAS, their mothers and their families after discharge from the hospital. Such services including psychiatric treatment and job placement assistance, for example, are expected to be ongoing and referral-based, not necessarily hospital-sponsored.
5. Parent request