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BACKGROUND/PURPOSE

- With the growing opioid epidemic in the United States, there has been an increase in the number of opioid exposed newborns. For example, Yale New Haven Children’s Hospital saw a 74% increase in infants exposed to methadone in utero between 2003 – 2009 (Grossman et al, 2018).
- **Purpose:** To combat these rising numbers, Lehigh Valley Health Network should use the most effective treatment tool for Neonatal Abstinence Syndrome (NAS) supported by up-to-date research.

PICO

For infants at risk for NAS on the Mother Baby Unit, will implementation of Eating, Sleeping, and Consoling (ESC) Care Tool as compared to the current Neonatal Abstinence Guidelines from Birth to Discharge Pathway decrease the use of pharmacological agents?

OUTCOMES/EVIDENCE

- Less than 10-40% of infants with prenatal long-acting opioid exposure require pharmacologic treatment using the ESC assessment and non-pharm care method. In contrast, most studies report initiating pharmacologic therapy for NAS at a rate of 50-80% when using a numerical, score based-approach (Wachman et al., 2017).
- Grossman et al demonstrated “supportive, non-pharmacologic interventions combined with assessments that focused on the functional well-being of infants with NAS,” such as the ESC tool, “reduced resource use, including less use of morphine and fewer NICU stays” (8).
- Per Grossman et al, “using the ESC approach exposed significantly fewer infants to pharmacologic treatment than if we used the Finnegan Neonatal Abstinence Scoring System approach” (4).

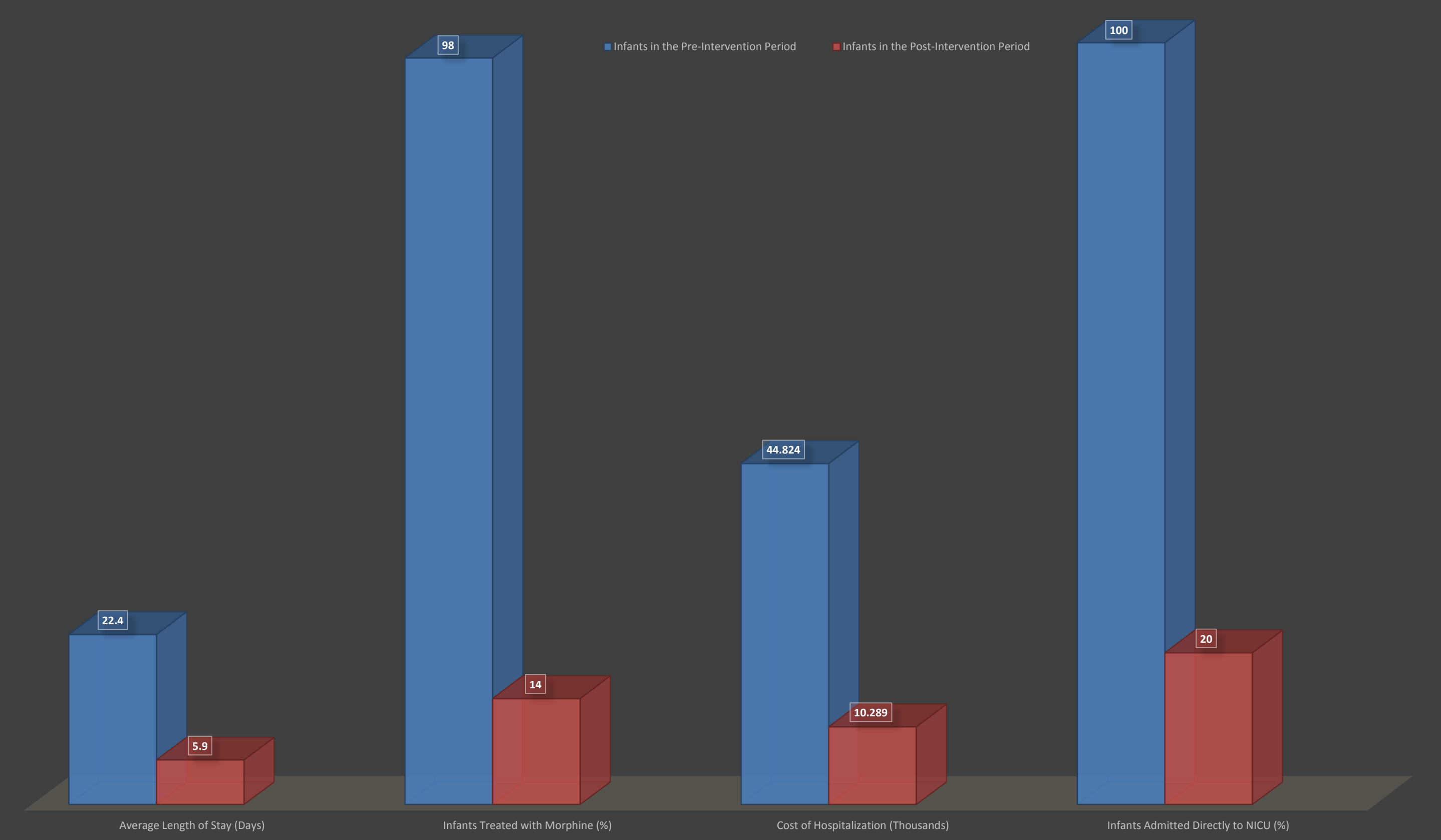
IMPLEMENTATION

Due to the state of Pennsylvania currently working toward the standardization of care for infants experiencing NAS, there was no implementation of the ESC Care Tool at LVHN. In place of implementation, research on other hospitals’ implementation process was conducted and reported on.

NEXT STEPS

LVHN will carry out the standardization of care for infants suffering from NAS, as decided on by the state of Pennsylvania

PHARMACOLOGICAL VS. NON-PHARMACOLOGICAL TREATMENT OF INFANTS WITH NEONATAL ABSTINENCE SYNDROME



Data from Yale New Haven Children’s Hospital

REFERENCES

Bagley, S. M., Wachman, E. M., Holland, E., & Brogly, S. B. (2014). Review of the assessment and management of neonatal abstinence syndrome. *Addiction Science & Clinical Practice*, 9 (10), 1-10.

Grossman, M. R., Lipshaw, M. J., Osborn, R. R., & Berwitt, A. K. (2018). A novel approach to assessing infants with neonatal abstinence syndrome. *Hospital Pediatrics*, 8 (1), 1-6.

Grossman, M.R., Berwitt, A.K., Osborn, R.R., Xu, Y., Esserman, D.A., Shapiro, E.D., Bizzarro, M.J. (2017). An Initiative to Improve the Quality of Care of Infants With Neonatal Abstinence Syndrome. *PEDIATRICS* 139 (6), 1-10.

Wachman E.M., Grossman, M., Schiff, D.M., Philipp, B.L., Minear, S., Hutton, E., Saia, K., Nikita, F., Khattab, A., Nolin, A., Alvarez, C., Barry, K., Combs, G., Sticknet, D., Driscoll, J., Humphreys, R., Burke, J., Farrell, C., Shrestha, H., Whalen, B.L. (2018). Quality Improvement Initiative to Improve Inpatient Outcomes for Neonatal Abstinence Syndrome. *Journal of Perinatology*.

Wachman, E., Whalen, B., Minear, S., MacMillan, K., & Grossman, M. (2017). Caring for opioid-exposed newborns using the eating, sleeping, consoling (esc) care tool. Boston Medical Center Corporation.