

Mother & Baby Substance Exposure Toolkit

Best Practice No. 39

A part of the California Medication Assisted Treatment Expansion Project

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Educate clinical providers and staff about neonatal abstinence syndrome

Best Practice No. 39

Outpatient, Labor and Delivery, Nursery/NICU, and Education

Overview

Educate clinical providers and staff regarding:

- Neonatal abstinence syndrome (NAS) identification, evaluation, and treatment of the newborn.
- Supportive, non-judgmental interactions with parents.

Why we are recommending this best practice

Clinical providers and staff who have a strong foundation of knowledge can educate and support families. Positive provider and staff interactions with families of newborns with NAS contribute to better outcomes and a successful hospital experience. Please refer to [Best Practice #34](#), and [Best Practice #37](#) for more information about provider and staff education on opioid use disorder (OUD).

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Strategies for Implementation

- CME and in-service training can provide the information and skills needed to educate clinical providers and staff.
- Families can play a valuable role in the care team. They should be encouraged to initiate skin-to-skin contact and participate in other aspects of care.
- Mothers should be encouraged to breastfeed if on a stable medication assisted treatment (MAT) dose. Breastfeeding is discouraged if the mother is using marijuana, and mothers should be counseled about the potential risk of exposure during lactation. Breastfeeding is contraindicated if the mother is taking illicit drugs or is infected with HIV.

- Patient care and communication of clinical information should be clear and consistent.
- Provider and staff interactions with families should be supportive and non-judgmental (see Resources section below).
- Providers and staff should be aware of external factors involved, such as a parent dealing with the disease of addiction and its treatment.



Baby M

During Baby M's hospitalization for NAS, Kayla reflects on both the positive and negative experiences she has had with providers and staff in the hospital. She notices that the interactions would set the tone for her mood that day and be reflected in the enthusiasm and confidence she had in caring for Baby M. She really liked when the hospital's policies and protocols were made clear to her, and she appreciated when providers and staff encouraged her to take a large part in Baby M's care. It made her feel successful when some of the nurses commented that Baby M was so much calmer when Kayla was holding him. On the other hand, Kayla felt less confident when the staff did not seem to know about the disease and treatment of OUD and could not relate to all the conflicting feelings she was experiencing. She became upset when she sensed that providers and staff were judging her negatively because of her OUD. She just wanted them to treat her respectfully as Baby M's mother and help her learn the best ways she could help care for him.

Resources

1. Language Matters Information Sheet.
2. Refer to Best Practice #34 (Educate patients and families about OUD) for resources relevant to educating families.

References

1. Atwood EC, Sollender G, Hsu E, et al. A qualitative study of family experience with hospitalization for neonatal abstinence syndrome. *Hosp Ped.* 2016;6(10):626-632.
2. Kocherlakota P. Neonatal abstinence syndrome. *Pediatrics.* 2014;134(2):e547-561.

Jadene Wong

MD

Dr. Jadene Wong is Clinical Assistant Professor of Pediatrics at Stanford University School of Medicine. She has practiced as a neonatal hospitalist at Lucile Packard Children's Hospital Stanford for more than 10 years, and practiced in primary care outpatient community settings for more than 20 years. She is a member of the task force for the joint CMQCC/CPQCC Mother & Baby Substance Exposure Initiative. She is also the Newborn Clinical Lead for this project and mentors Central California hospitals participating in the initiative.

Katherine Weiss

MD

Dr. Katherine Weiss is a neonatologist at Rady Children's Hospital-San Diego and an assistant professor of pediatrics at UC San Diego. Previously, she was a clinical assistant professor of pediatrics for the University of Arizona.

Her areas of interest are in quality improvement, education and international health.