



Neonatal NAS Initiative Webinar

November 20, 2019

2:00-3:00pm



General Housekeeping



- Your line has been placed to mute to reduce background noise.
 - You can press *6 to unmute yourself.
- All collaborative members want to learn from your wins and challenges so please share!



Please watch the following VON Micro-lessons this month (November 2019): Lesson #15



Key Driver Diagram for VONNAS initiative

SMART Aim

We aim to decrease length of stay among newborns diagnosed with NAS in participating GaPQC hospitals from 11.2 days to 10.1 days by 9/30/2021

Global Aim

Improve care for babies and mothers impacted by NAS

Primary drivers

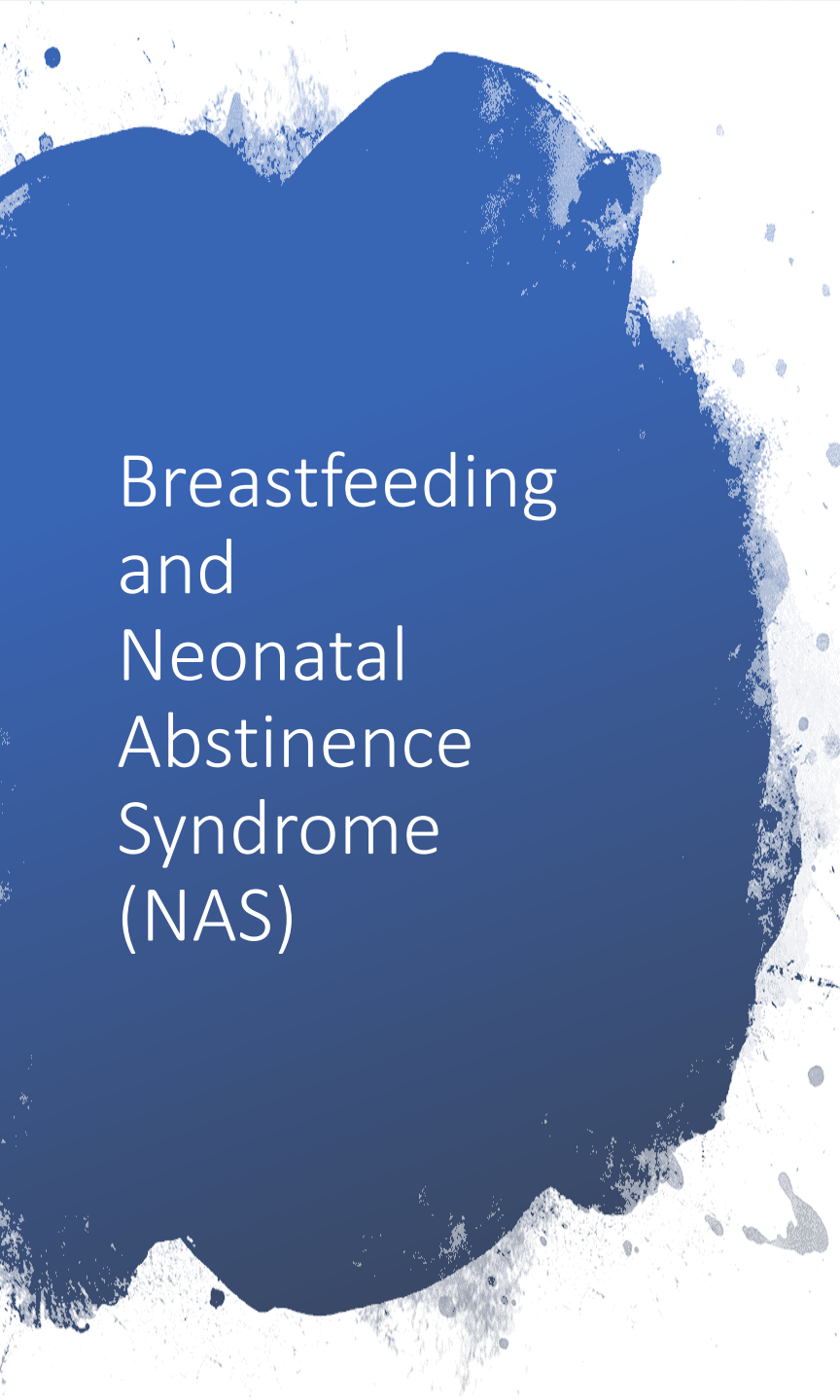
- Improve identification of mothers and infants at risk
- Increase reliability of scoring for symptoms of NAS
- Increase non-pharmacologic treatment
- Provide family-centered care / avoid mother-infant separation
- Reduce pharmacologic treatment
- Reduce variation in treatment of infants with NAS
- Improve transition to home, engaging parents

Interventions

- Develop standard screening guidelines
- Educate staff on scoring
- Assess inter-rater reliability of scoring
- Use Eat, Sleep, Console
- Increase breastfeeding
- Use non-pharmacologic bundles of care
- Use a standard opioid treatment protocol
- Back-transfer infants stabilized on treatment
- Collaborate with support organizations/agencies
- Provider education to reduce stigma

Vermont Oxford NETWORK Micro-lessons

- Lesson 1. Improved Family-Centered Care at Lower Cost & Improvement Story: Using Standardization to Create a High Reliability
- Lesson 2. The Prescription Opioid Epidemic and Neonatal Abstinence Syndrome – A Public Health Approach
- Lesson 3. Virtual Video Visit Chapter 1: Linking Attitudes with Outcomes
- Lesson 4. Substance Use 101: Mythbusters
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- Lesson 13. Scoring: Cases, Controversies
- Lesson 14. Withdrawal, Toxidromes, and Confounders
- Lesson 15. Lactation and the Substance-Exposed Mother-Infant Dyad**
- Lesson 16. Engaging Families in Feeding and Nutritional Support
- Lesson 17. Developmental Outcomes of Substance-Exposed Infant
- Lesson 18. Virtual Video: Two Stories of Recovery and the Long Road Home



Breastfeeding
and
Neonatal
Abstinence
Syndrome
(NAS)

Prepared and Presented by
Claire Eden, BA, IBCLC, RLC,
Licensed Lactation Consultant

Director, EPIC Breastfeeding
Education Program

American Academy of Pediatrics-
Georgia Chapter

November 20, 2019

Georgia Perinatal Quality
Collaborative



No conflicts to disclose



What is NAS/NOWS

- Neonatal Abstinence Syndrome (NAS)/Neonatal Opioid Withdrawal Syndrome
- Generalized multi-system disorder
- Due to abrupt discontinuation of chronic exposure to opioids in utero
- Incidence of NAS increasing around the US

Where are we now?



July 2019 VON Day Audit results:

- While 71% of infants with NAS were discharged home, only 15% were breastfeeding/receiving any MOM (mother's own milk) at the time of discharge
- Only 17 of 38 hospitals participating in the audit (45%) had a policy or guideline that encourages breastfeeding or the provision of expressed human milk in substance exposed infants



Questions to Consider ?

- *Do you have a clear policy about who 'can breastfeed?'*
- *Are your staff comfortable and clear about who 'can breastfeed?'*
- *Do nurses/doctors and families feel like they are on the same team?*
- *Do mothers and family members feel empowered and that they are integral to their child's care?*
- *Are mothers/parents having positive early parenting experiences?*

Language Matters

As healthcare professionals, we should become familiar with, and consistently use, language that destigmatizes addiction disorders.

A parent-
centered
approach
to the risk-
benefit
discussion

*A **prenatal plan** preparing the mother for parenting, breastfeeding, and substance abuse treatment should be formulated through individualized, patient-centered discussions with each woman.*

Why Breastfeed?

- Shorter length of hospital stay
- Reduced severity of NAS symptoms
- Less likely to require pharmacological intervention
- 'Benefits of breastfeeding'


There are risks to not breastfeeding



Breastfeeding/breast milk provision is part of baby's treatment

Rooming in, skin to skin, and cue-based feeding

Eat, Sleep, Console



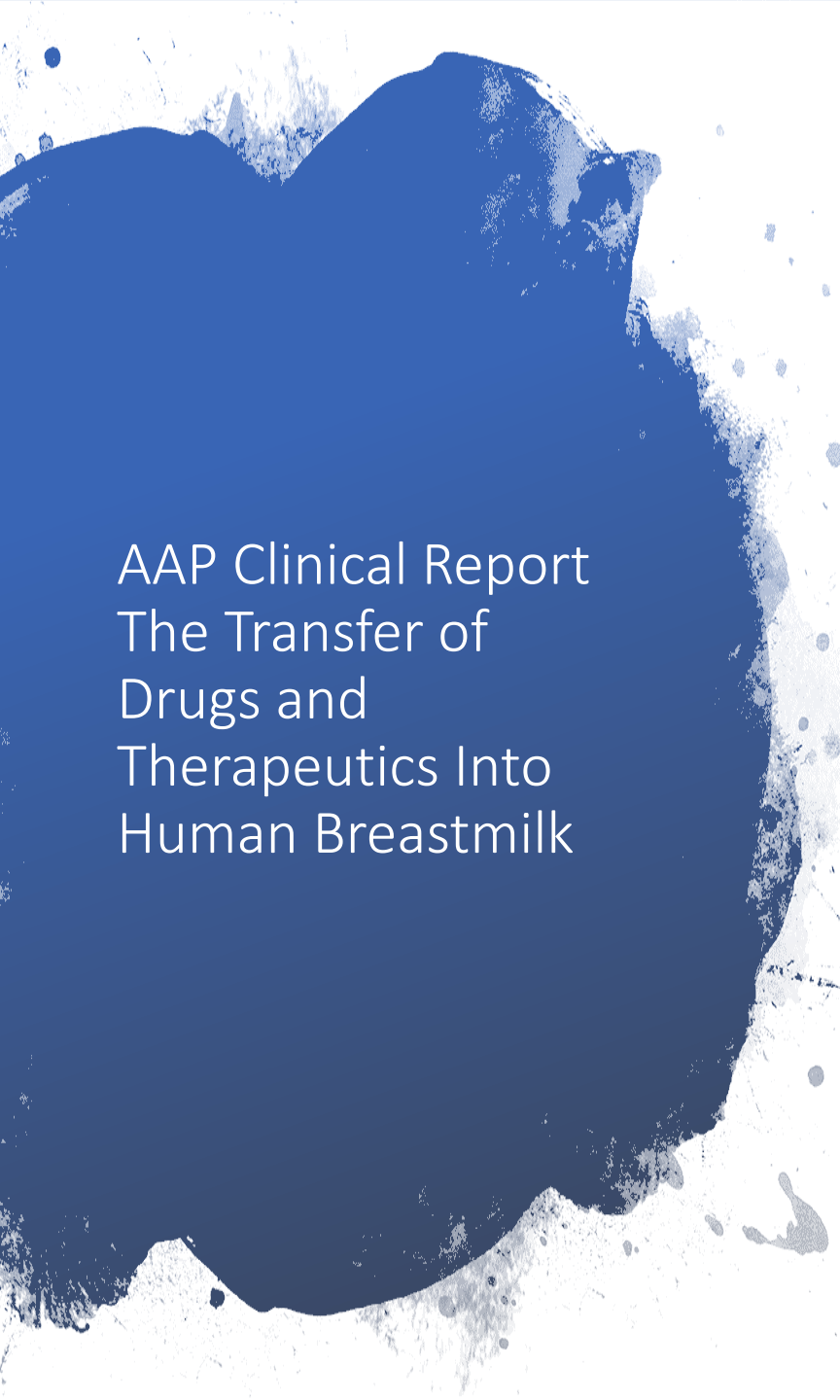
Mother's Body=Infant Habitat

- The physical environment is an important factor in treatment of NAS/NOWS
- Parents/family members are or can be a large part of that
- All infants experience an abrupt change in environment by being born
- Rocking, swaddling, etc are all attempts to replicate the physical environment of mother's body

Maternal substance abuse is not a categorical contraindication to breastfeeding. Adequately nourished narcotic-dependent mothers can be encouraged to breastfeed if they are enrolled in a supervised methadone maintenance program and have negative screening for HIV and illicit drugs.

Pediatrics Vol. 129 2012 pp. e827-e841

AAP Statement on Breastfeeding and
the Use of Human Milk



AAP Clinical Report
The Transfer of
Drugs and
Therapeutics Into
Human Breastmilk

...methadone levels in human milk are low, with calculated infant exposures less than 3% of the maternal weight-adjusted dose. Plasma concentrations in infants are also low...

...encourage breastfeeding for women treated with methadone who are enrolled in methadone-maintenance programs...

Estimate of Drug Exposure Via Milk

RID: Relevant Infant Dose =

Dose: infant mg/kg/day

Dose: mother mg/kg/day

- *Generally, <10% considered safe*
- *Methadone: estimated to be less than 3%*
- *Buprenorphine: about 2%*

What
about
other
exposures?

- Alcohol, cannabis, nicotine, prescription medications
- Discussed in micro-lessons
- Covered in ABM Protocol
- All part of individual assessment of each dyad



Who Should Breastfeed/Provide Milk?

Evaluate Each Dyad Individually

- engaged in substance abuse treatment?
- able to achieve and maintain sobriety prenatally?
- plan to continue in substance abuse treatment?
- abstinent from illicit drug use or licit drug abuse prior to delivery?
- negative maternal urine toxicology testing at delivery?
- received prenatal care ?

Stable methadone-maintained women wishing to breastfeed should be encouraged to do so regardless of maternal methadone dose.

**Academy of Breastfeeding Medicine 2009 ABM Clinical Protocol #21:
*Guidelines for breastfeeding and the drug-dependent woman***

Timeline

- Mother's milk does not *begin* to increase in volume until 30-40 hours after delivery of the placenta
- Colostrum is low volume
- Low volume=less exposure
- This allows for time to determine if the dyad is a candidate for breastfeeding

What is the role of informed consent?

UC San Diego

updated and clarified
their policy in a QI
effort to increase
breast milk provision
and saw benefits:

- *Less staff frustration*
- *Mothers felt needed*
- *Less-adversarial relationships*
- *Mother had unique role*
- *Partners empowered to help mother*
- *Positive parental experience*

Challenges to Lactation



Maternal

guilt, lack of confidence, conflicting advice, victimization

Infant

Poor state control, irritability, hypertonicity, disorganized suck, poor feeding

Provider

Lack of clear guidelines, stigma, bias, lack of skills or resources

Keys to Increasing Breastmilk Exposure/Breastfeeding

- Standardize care
- Incorporate breastfeeding decision-making into your NAS protocols/bundles.
- Create a multidisciplinary team for PDSA cycles
- Plan for continuity of care

Resources

ABM Clinical Protocol #21: Guidelines for Breastfeeding and Substance Use or Substance Use Disorder, Revised 2015

Reece-Stremtan S, Marinelli KA. ABM clinical protocol #21: guidelines for breastfeeding and substance use or substance use disorder, revised 2015. *Breastfeed Med.* 2015;10(3):135–141. doi:10.1089/bfm.2015.9992

AAP Clinical Report: The Transfer of Drugs and Therapeutics Into Human Breastmilk

Hari Cheryl Sachs and COMMITTEE ON DRUGS

Pediatrics September 2013, 132 (3) e796-e809; DOI: <https://doi.org/10.1542/peds.2013-1985>

AAP Statement on Breastfeeding and the Use of Human Milk,

SECTION ON BREASTFEEDING

Pediatrics March 2012, 129 (3) e827-e841; DOI: <https://doi.org/10.1542/peds.2011-3552>

NNEPQIN Breastfeeding Guidelines for Women with a Substance Use Disorder

<https://med.dartmouth-hitchcock.org/documents/NNEPQIN-Breastfeeding-Guidelines.pdf>

Illinois Perinatal Quality Collaborative Breastfeeding Counseling Traffic Light

https://gallery.mailchimp.com/244750cf0d942e5d1b1ca3201/files/e93d6b02-6dfc-471b-bac3-3b01a2dfa17f/Breastfeeding_Traffic_Light_Revised.pdf



Claire Eden, IBCLC
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Announcements



- **Laura Layne will join the GaPQC Team
December 1st**
- **The next QI Technical Assistance call will be
December 19th from 1pm-2pm**



Toolkit



GaPQC/VON Toolkit on the EdX system

Welcome to Universal Training Program for NAS




Improved Family-Centered Care at Lower Cost and Improvement Story: Using Standardization to Create a High Reliability

[Go to Micro-Lesson](#)



The Prescription Opioid Epidemic and Neonatal Abstinence Syndrome - A Public Health Approach

[Go to Micro-Lesson](#)



Virtual Video Visit: Chapter 1: Linking Attitudes with Outcomes

[Go to Micro-Lesson](#)

Toolkit

- [VON NAS Toolkit](#)
- [Georgia NAS Toolkit](#)

VON Day Audit

- [VON Days Information](#)

NAS Resources

- [Abstracts](#)
- [Guidelines](#)
- [Flyers](#)
- [Legal Issues](#)

Reminders



- **You must access your certificate in order to receive credit for the NAS lessons**
- **100% of core team must complete all microlessons to be considered a NAS Center of Excellence**



All Micro-lessons assigned through November 2019



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