BACKGROUND

The over-prescription, diversion and illegal use of opiate medications have become a major public health burden for maternal and child health. Regional variations exist; however, over the last decade U.S. NICUs are experiencing significant increases in admissions of substance-exposed infants, many of whom are requiring pharmacologic treatment for neonatal abstinence syndrome (NAS). Substance-exposed infants who develop NAS have:

- Higher rates of neonatal complications
- Prolonged lengths of stay
- Prolonged lengths of separation from their family
- Increased risk of removal from their family of origin
- Significant consumption of financial and human resources

TRANSLATING GUIDELINES INTO CLINICAL PRACTICE

The American Academy of Pediatrics (AAP) recommends that hospitals implement standardized plans for the evaluation and treatment of infants with or at risk for neonatal abstinence syndrome (NAS) and train staff in the correct use of a NAS assessment tool.

OBJECTIVE

Serial VON Day Audits were designed to help interdisciplinary teams at the 204 VON iNICQ participating hospitals identify opportunities for improvement in the evaluation and treatment of infants and families affected by NAS. Four serial audits were planned over the 2-year collaborative. Of the participating centers 180 performed serial audit 1 providing baseline measures to guide local improvement efforts as well as create national comparisons.

AUDIT DESIGN / METHODS

Center Level Measures: Presence of policies/guidelines for the management of infants with NAS.

Patient Level Measures: Inborn vs. outborn, gestational age, medications, human milk, and discharge home or to alternative setting. All discharged infants (<1 week of age) who received pharmacologic therapy for NAS from 10/1/12 to 12/31/12 were included in the audit.

CENTER LEVEL RESULTS N = 180

INFANT LEVEL RESULTS N = 1038

The assessment and care of infants with NAS was the 180 centers that collaborated via the iNICQ improvement work, including the 204 centers that submitted their data to contribute to these findings.

CONCLUSIONS

Many hospitals do not have standardized guidelines or protocols for substance-exposed infants and those requiring treatment for NAS as recommended by the AAP.

The assessment and care of infants with NAS is inconsistent within and among hospitals.

We gratefully acknowledge our partners in this improvement work, including the 204 centers that collaborated via the iNICQ to improve care, as well as the 180 centers that submitted their data to contribute to these findings.