



MPSC Perinatal/Neonatal Quality Collaborative

Neonatal Abstinence Syndrome Collaborative: Improving Care to Improve Outcomes

Recommendations for Identification, Assessment, Management, and Patient and Family Involvement

IDENTIFICATION

Every birthing hospital will:

- Consider working with local OBs to screen mothers prenatally
- Screen all mothers on admission to labor and delivery for history of drug use utilizing the CRAFFT, CAGE-AID or 4Ps Plus tool
- Consider universal testing of all admissions to labor and delivery
- Refer to treatment as appropriate

ASSESSMENT

Every birthing hospital will:

- Utilize the Modified Finnegan Neonatal Abstinence Scoring Tool to assess babies with NAS.
- Assure that all clinicians that use the above tool will be competent and trained on the tool on hire and consider annual competency validation thereafter.
- Conduct regular (at least every 12 to 18 months) studies on inter-rater reliability on the use of the Modified Finnegan NAS Scoring Tool, and develop action plans to improve high reliability and consistency as appropriate.

MANAGEMENT

Every birthing hospital will:

- Standardize and train staff on non-pharmacologic management of NAS techniques.
- Adopt and consistently utilize a protocol for initiation, escalation and weaning of medications for treatment of NAS based on MPSC recommended best practice guidelines.

PATIENT AND FAMILY

Every birthing hospital will:

- Standardize prenatal NAS education and encourage family engagement in that education—including classes, consults, family videos.
- Familiarize mothers/family on the Modified Finnegan NAS scoring tool.
- Train mothers/family of infants with NAS infants on the use of non-pharmacologic supports.

Questions about the
MPSC Neonatal Abstinence Syndrome Collaborative: Improving Care to Improve Outcomes
contact Bonnie DiPietro at bdipietro@marylandpatientsafety.org