

This consult guide provides a framework for the prenatal conversation between mothers with opioid use and opioid use disorder (OUD) during pregnancy and neonatal providers. The aim is to improve communication and provide excellent care for the infants at risk for neonatal abstinence syndrome (NAS). Not all elements of this guide are indicated in every consultation encounter and providers are encouraged to use language which decreases stigma in all conversations.

## Who is at risk for NAS?

### Consider this consultation guide in cases of:

- Women with untreated OUD
- Women who are being treated for OUD with pharmacotherapy
- Women on opioid pharmacotherapy for a pain condition without OUD

## Maternal Medical History

Mother's name: \_\_\_\_\_ Other pertinent history:

Infant's name: \_\_\_\_\_

G \_\_\_\_\_ P \_\_\_\_\_

Current medications: \_\_\_\_\_

Concerns on maternal infectious disease screening (syphilis, hepatitis B, hepatitis C, HIV):

\_\_\_\_\_

## Maternal Social History

Current opioid use: How much? How often? Prescribed?

- Buprenorphine
- Methadone
- Other:

Duration of opioid use during this pregnancy: \_\_\_\_\_

Current/prior medication-assisted treatment: \_\_\_\_\_

Enrolled currently in behavioral therapy?      YES                      NO

Relevant maternal toxicology results: \_\_\_\_\_

Tobacco Use: \_\_\_\_\_ cigarette(s) per day

Alcohol Use during pregnancy: \_\_\_\_\_

Other Exposures:

- Marijuana
- Stimulants
- Other:
- SSRI
- Gabapentin
- Benzodiazepine
- Caffeine (> 200 mg/day)

Home Occupants: \_\_\_\_\_

Significant other involved?                      YES                      NO

Other children with prenatal exposures?      YES                      NO

Custody of other children, if not mother: \_\_\_\_\_

### What are the symptoms of NAS?

#### Prenatally:

- Poor growth
- Preterm birth

#### Postnatally:

- |                       |                           |
|-----------------------|---------------------------|
| ■ Tremors             | ■ Irritability            |
| ■ Difficulty sleeping | ■ High-pitched crying     |
| ■ Hypertonia          | ■ Hyperactive reflexes    |
| ■ Poor feeding        | ■ Vomiting/Diarrhea       |
| ■ Sweating            | ■ Temperature instability |

### Anticipatory Guidance

- Discuss signs/symptoms of NAS
- Discuss support system available to family
- Highlight non-pharmacologic treatment of NAS
  - Maternal breast milk use, if appropriate
  - Kangaroo Care, swaddling
  - Minimizing environmental stimulation
- Introduce institutional scoring system with criteria used to determine need for pharmacologic treatment
- Introduce pharmacologic treatment regimen including initiation and weaning
- If mother treated with pharmacotherapy, discussion of safe medication disposal after discharge home

### The Road to Home: Managing Expectations Regarding Discharge from the Hospital

- Some infants may be able to manage NAS symptoms without pharmacologic treatment
  - Duration of inpatient stay depends on exposure and varies by institutional protocol
- If pharmacologic treatment required, there is a need for observation period following medication discontinuation
- Social worker will meet with family and will determine plan for a safe discharge when that time comes
- Follow-up visits with pediatrician & developmental follow-up clinic, if available
  - Infants with history of prenatal exposures are at risk for developmental delay in the perinatal period and at risk for problems into childhood including school difficulty.