Perinatal Quality Collaborative of North Carolina

Provide the facilitation, support and education necessary to deliver optimal care for infants with neonatal abstinence syndrome (NAS) in the hospital and for the first six months of the newborn period. Aim: • Create a multidisciplinary hospital and community-based team focused on providing a standardized approach to the identification, evaluation, treatment, discharge and follow up of the NAS infant. / • Hospitals will standardize the non-pharmacologic and pharmacologic care of the NAS infant using practices based either on Eat Sleep and Console (ESC) or the modified Finnegan scoring system. / • Hospitals will increase partnership with families or guardians in the care of NAS infants. Every infant with NAS will have the opportunity to participate in a Safe Plan of Care. At discharge NAS infants will be referred directly by the hospital based medical team to a community based medical team that will be responsible for ongoing newborn acute and routine care, and support for families or guardians.

Secondary Aim	Primary Drivers	Secondary Drivers
1 Proper Identification	1.1 Each nursery has a protocol that defines indications and procedures for screening for infants at risk for withdrawal	1.1.1 Identification of eligible infants for toxicology testing 1.1.2 Type of toxicology testing 1.1.3 Process for communicating results to mother or caregiver 1.1.5 Criteria for Referral to Social Work and CC4C 1.1.6 Criteria for CPS referral
	1.2 Each nursery develops criteria for toxicology testing and referral of infant to CC4C for a Plan of Safe Care	1.2.1 Toxicology testing should be completed on all the following infants: • Known maternal history for drug use • Positive maternal drug screen • And the following criteria: o No/late prenatal care (<4 visits or after 16 weeks) o Symptomatic infants o Unexplained abruption 1.2.2 A Plan of Safe Care referral to CC4C should be made for infants • Affected by Substance Abuse: 1. Positive urine, meconium or cord segment drug screen with confirmatory testing in the context of other clinical concerns as identified by current evaluation and management standards. *Or* 2. The infant's mother has had a medical evaluation, including history and physical, or behavioral health assessment indicative of an active substance use disorder, during the pregnancy or at time of birth. • Affected by Withdrawal Symptoms: o The infant manifests clinically relevant drug or alcohol withdrawal. • Affected by Fetal Alcohol Spectrum Disorder(s) (FASD)

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1 Proper Identification (cont)	1.3 Each nursery communicates activities to families	1.3.1 Each nursery develops appropriate education to ensure staff competency and family understanding of NAS identification
	1.4 Each nursery identifies potential barriers to discharge on admission	1.4.1 Each nursery identifies: • PCP as early as possible after admission • Center specific barriers to possible discharge • Whether CPS referral will be needed
2. Proper Evaluation	2.1 Each nursery adheres to a standardized plan for the evaluation of infants at risk for or showing signs of withdrawal	2.1.1 Each nursery adopts either the Modified Finnegan assessment-scoring tool or Eat Sleep Console Method 2.1.2 Each nursery develops evidenced based protocols for scoring to include but not limited to: • When to score • How to score • When to begin pharmacologic treatment