

# Neonatal Abstinence Syndrome

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To  
The Pennsylvania House of Representatives  
Children and Youth Committee

By  
Kim Costello, DO, FAAP  
PA Premie Network

American Academy of Pediatrics

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Pennsylvania Chapter

Good morning Chairman Watson, Chairman Conklin, and members of the House Children and Youth Committee. My name is Kim Costello, DO, FAAP. I am a board-certified neonatologist at St. Luke's Hospital in Bethlehem, a member of the Executive Committee of the PA Premie Network and a fellow of the American Academy of Pediatrics.

Thank you for the opportunity to comment on the impact of the epidemic of drugs in Pennsylvania on our babies. The Premie Network and the Pennsylvania Chapter of the American Academy of Pediatrics is very concerned about this issue.

Infants with Neonatal Abstinence Syndrome (NAS) is a growing problem amongst our precious infants. The drug epidemic is not only affecting adults but women who are using/abusing narcotics and having unplanned pregnancies at an alarming rate and children are being born exposed to and often dependent to the narcotics. It is estimated that more than 20,000 children are born to opioid-dependent women in the US every year. These numbers are likely underestimated as we do not have a good tracking system from state to state, and certainly not in PA. The CDC states that 1 infant every 25 minutes in the US suffers from NAS. We do not have reliable data yet in PA. We do know that at least 7500 infants were diagnosed with NAS in PA between 2010 and 2014 according to Medicaid data. This data does not include infants who are not receiving Medicaid. We also know that one of the top three reasons for an infant or child to be removed from their home is due to substance abuse by the parent, according to the PA Dept of Human Services. These babies are at high risk of dying or being neglected, not from NAS, but because their parents have an altered mental state on these medications and are co-sleeping with their babies causing suffocation, shaking them when frustrated, and due to an overall lack of coping mechanisms and resources to learn good parenting skills. In 2015, the Association of State and Territorial Health Officials released a document titled ["How State Health Departments Can Use the Spectrum of Prevention to Address Neonatal Abstinence Syndrome"](#) which is a valuable resource in helping states tackle this monumental problem.

Neonatal Abstinence Syndrome (NAS) is a postnatal drug withdrawal syndrome that occurs primarily among opioid-exposed infants shortly after birth, according to the AAP. Some examples of these medications or illicit drugs are heroin, morphine, oxycontin, oxycodone, methadone, Subutex, Suboxone; stimulants such as methamphetamines and sedatives such as valium, Ambien and some antidepressants can also contribute to these symptoms.

As part of the PA Premie Network, we surveyed all birthing hospitals in PA with 55 of the 101 hospitals responding. Forty-five of the 55 hospitals who responded did not universally drug screen pregnant women. Sixteen of the 55 hospitals did not have staff trained to assess for NAS, the majority of the responding hospitals only kept the infants in the hospital for 48 hrs regardless of any drug exposure. Most frightening, though was that 7 of the 55 responding hospitals did not refer at risk mothers or newborns to support services either before or after discharge. This survey revealed that we need a standard process amongst our birthing hospitals to better help our infants and families.

When an infant is born to a mother using opiates, the baby is typically born at term, although preterm birth is a high risk due to maternal lack of prenatal care and risky behaviors. The infant

may not show any signs of withdrawal for the first 24 hours until the drug levels start to decline. Mothers are encouraged to breastfeed, as long as illicit drugs are not being used by the mother. The reason for this is because a small amount of the narcotic passes through the breastmilk and helps in the weaning process for the baby. Mothers are encouraged to provide skin-to-skin care to help comfort the infant, keep the room dimly lit and cool to aid in comfort measures.

After the first 24 hours of life, typically, withdrawal symptoms become more apparent which include restlessness, rapid breathing, loose stools, vomiting, excessive crying, difficulty latching to the breast, fevers, lack of sleep, increased muscle tone, sneezing, sweating and scratching their face due to inconsolable affect. We in Neonatology, use the Finnegan neonatal abstinence scoring system which is a clinical tool used to uniformly score the infant's withdrawal symptoms. Once scores are consistently elevated, then treatment is considered.

The health care profession does not have a standard approach to the treatment of NAS. The PA Premie Network of the AAP, Vermont Oxford Network, CDC and others are trying to gather expert opinion and standardize NAS treatment for a variety of reasons. Parents need a consistent message from the health care community. Standardization has also been shown to lead to better outcomes, decreased length of stay, and the ability to anticipate care by the family. Some hospitals, such as St. Luke's in Bethlehem and Allentown, offer prenatal consults for pregnant women using opioids so that the expectations/treatment are understood prior to delivery which decreases anxiety, anger and confrontations with the team. Babies should remain hospitalized for the first 5 days of life in order to be fairly certain that the infant will not need treatment. NAS can lead to seizures ultimately so these symptoms need to be watched closely. When a parent knows about the 5 day requirement at most PA birthing hospitals, however not all yet, then they can arrange care for their other children/family members to decrease the burden and encourage families to bond.

Once an infant meets criteria to start treatment, they are often transferred to the NICU which is often noisy and bright which is not comforting to these babies at all. Hospitals are not yet equipped to handle the volume of these babies in other areas of the hospital. Morphine is the initial drug of choice for treatment of NAS according to AAP and many experts. Once morphine is started and the NAS symptoms are controlled, then the medication is weaned slowly taking 3-6 weeks on average before being able to be discharged home. Hospitals do not have resources needed to adequately counsel the families and prepare them for parenting a baby with NAS. Social workers and children's services are involved but children are often released to their parents due to the overcrowded system and immediate lack of "harm". We see too many stories in the news of infants dying in the care of their parents who are using/abusing drugs, whether prescription or illicit.

It is our job as human beings to protect these children and give the families the resources they need to become better parents. This epidemic has hit all families in all zip codes of all ethnicities and all income levels. We need resources to stop the problem in the first place, to screen all women of child bearing age in order to eliminate profiling and get these women the help they need. Infants impacted often have developmental issues that need to be addressed. This becomes a lifelong condition for them with behavior and learning problems that can affect them well into adulthood. We need to come together as a state to stop this epidemic and help protect the innocent in this terrible public health war we are being faced with today. This requires a multi-disciplinary approach as current supports for these children and families are woefully inadequate to meet the need.