



University of Michigan
C.S. Mott Children's Hospital

NAS: Continuity, Consistency & Compassion

UNIVERSITY OF MICHIGAN HEALTH SYSTEM

C.S. Mott Children's Hospital

Von Voigtlander Women's Hospital

Screening for substance abuse/use & how we can better identify women with babies at risk for NAS

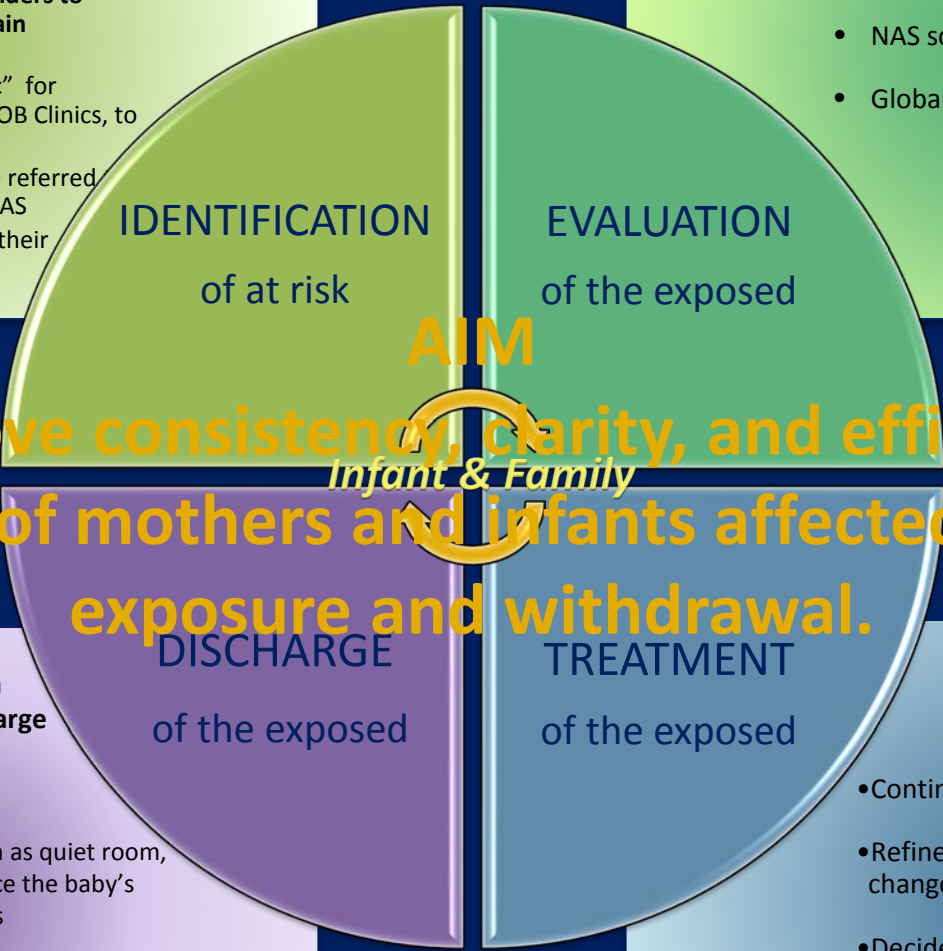
- Screening methods
- Improve process/flow
- First visit impressions

Transmission of information from OB providers to pediatric teams and how our mothers obtain information about NAS

- Considering a "virtual neonatology clinic" for Partnering for the Future and High Risk OB Clinics, to standardize prenatal consults
- Protocol for when/how our mothers are referred neonatology for a prenatal consult re: NAS
- Survey PFF postpartum mothers about their preparation for NAS and NICU stay

Improve consistency and accuracy for evaluation of exposed infants

- Toxicology screening—consistent method, process & collection
- NAS scoring tool—Lipsitz versus Finnegan
- Global education and competency for staff



To improve consistency, clarity, and efficiency in the care of mothers and infants affected by drug exposure and withdrawal.

Decrease LOS by unifying process from identification of NAS patients to discharge

Possible interventions

- Improve handoff between services
- Consider non-pharmacologic issues such as quiet room, fewer visitors, using a pacifier to enhance the baby's recovery and shorten the need for meds
- Enhance discharge teaching
- Education availability on the GWN and what education gaps exist (i.e. vertical rocking, etc.)
- Discharge home on Methadone--feasibility in terms of pediatricians being comfortable taking on that care.
- Improve working relationship with CPS to have a discharge plan for the baby in a more timely manner.

- Continue to use methadone
- Refine current protocol for clarity but will not change in substance.
- Decide which moms can breast feed
- Working on meaning of " environment"