Written Case 2 Teaching Script

NOWS/NAS ASSESSMENT

Are symptoms (sx) of withdrawal (w/d) present? Yes – Increased tone, tremors, sneezing, yawning, decreased sleep, agitation when awake, w/ difficulties consoling and feeding w/ excessive startling & rooting. Recommend tracking sx in medical record, either as annotated text attached to "Are signs of withdrawal present?" row in electronic medical record (EMR) ESC Care Tool flow sheet vs in an RN progress note.

Is timing consistent with opioid exposure? Yes – 3-day-old baby was exposed to methadone. Sx will likely peak days 3-4 of life.

Are co-exposures present that may contribute to w/d sx? Unsure – As baby w/ high Finnegan score at 24 hrs. and lower on day 2, sx from Prozac and nicotine most likely improving/improved. Would indicate Unsure as answer could potentially be Yes or No.

Teaching Point: Since baby is demonstrating w/d sx that are consistent with the timing of mom's particular opioid and the w/d sx from Prozac and nicotine are lower on day 2, any Eating, Sleeping, Consoling difficulties are likely NOWS related. Consider baby's Finnegan rating scores: in a traditional model, 3 scores of ≥ 8 would have prompted initiation of pharmacological treatment. In this baby's case, non-pharm care interventions (NPIs) can be maximized further and this may help to decrease need for medication.

Are NPIs maximized to fullest extent possible in infant's clinical setting? No

Eating, Sleeping, Consoling (ESC) Assessment

Eating: Yes – Baby awoke from nap and became quickly agitated with hard time settling/latching due to NOWS (excessive rooting, increased startle) and hunger. Although baby is able to feed well for 15 min, baby took 15 min to calm enough to latch using consoling support.

Sleeping: No – Slept well for 3 hrs.

Consoling: Yes – Took > 10 min to console. Note: If Consoling = Yes, Consoling Support Needed will always be 3, but not necessarily the other way around.

Consoling Support Needed: 3 – Took >10 min of gentle jiggling up and down, mom expressing colostrum and finger feeding to baby.

Care Plan

Formal Parent/Caregiver Huddle: Yes – Recommend Formal Parent/Caregiver Huddle due to Yes for Eating and Consoling and 3 for Consoling Support Needed – Formally review baby's sx and teach parents that sx are likely due to both NOWS and hunger because the baby is going too long between feeds. Reinforce all NPIs that parents are implementing well and educate further on NPIs that can be increased now and in future.

Full Care Team Huddle: No – NPIs can be maximized further and no other significant concerns are present at this time. Review with parents that we might need to consider a Full Care Team Huddle and medicine if baby's sx increase or current Eating and Consoling difficulties do not respond to increased NPIs, as recommended below.

Management Decision: a + d – Consult Lactation Consultant and Smoking Cessation Team. Teach parents about the importance of no passive smoke exposure. Refer to Written Case 1 about whether to note consults here versus deferring them if they are part of hospital's standard NOWS care.

Parent/Caregiver Presence

>3 hrs. – Either mom or dad here caring for baby in their own room all the time.

Non-Pharm Care Interventions (NPIs)

Reinforce: Reinforce all NPIs that parents are implementing well including rooming-in, parent/caregiver presence, holding, swaddling, breastfeeding, non-nutritive sucking, quiet, low-light environment, rhythmic movement (gentle jiggling), Dad's additional help in room, limiting visitors, safe sleep and parent/caregiver self-care and rest (dad holding baby while mom sleeping, mom/dad taking turns napping).

Increase and/or Educate for Future

Skin-to-skin contact, optimal feeding, and non-nutritive sucking: Recommend that mom hand express or pump milk after feedings to obtain milk to help calm baby with next feeding. Wake baby 2.5-3 hrs. after last feeding by placing baby skin to skin and performing breast massage/hand expression to bring colostrum to nipple. If fussy, have baby suck on finger to organize suck before latching. Consult lactation team.

Additional help/support in room, including holding: While reinforcing dad's help in caring for baby, recommend **increasing additional support** to allow both mom/dad extra rest. Discuss that parenting a newborn is both wonderful and exhausting. This is especially true for a baby exposed to opioids prenatally as they often need extra care/support to help them through sx of w/d, including ESC difficulties. Try to normalize the experience as much as possible, while still recognizing that parents are under extra care demands/stress. Discuss that baby's sx will likely peak over next 1-2 days, and that it will be important for **them to get extra rest,** so they can help their baby through this. Discuss that it is ok to hold baby all of the time, but that this should be with an **awake/alert caregiver to decrease the risk for infant falls and to ensure safe sleep**. Discuss that we usually see parents getting most tired on days 3-4, and this is when falling asleep the baby and infant falls are more likely to happen. Offer access to the **cuddler program** (if available in your setting) and/or help to identify **extra family/friends** that can help. If family/friend visitors and cuddler program are limited due to COVID restriction, try to identify medical and/or nursing students or hospital staff on breaks that can serve as interim cuddlers.

Clustering care: Ask parents to call RN or lactation consultant for help before feedings and encourage infant provider to cluster their evaluations with the RN's evaluations.