

ESC Written Case 1 Teaching Script

NOWS/NAS ASSESSMENT

Are symptoms (sx) of withdrawal (w/d) present? Yes – Baby has been a little jittery + fussy with diaper change and exam but tone/Moro are within normal limits.

If Yes, is timing consistent with (c/w) known opioid? Yes – Baby is 2-days-old and timing is consistent w/Suboxone exposure.

Are co-exposures present that may contribute to w/d sx? No – No other exposures are noted.

Are Non-Pharm Care Interventions (NPIs) maximized to fullest extent possible in infant's clinical setting? No

EATING, SLEEPING, CONSOLING (ESC) ASSESSMENT

EATING: No – Baby **breastfed for 20 min and 30 min** since last assessment approximately 3-4 hours ago. Took only a **few minutes to latch** each time. Mom does have some nipple pain with breastfeeding and baby a little sleepy with 2nd feeding, but overall the baby appeared to have fed well.

SLEEPING: No – Although baby is waking frequently (1-1.5 hours after last feed), the baby slept for at least an hour and woke cueing to feed. Baby is likely **cluster feeding**, which is normal and expected for the baby's age.

CONSOLING: No – Although baby is demonstrating symptoms of w/d (jitteriness when disturbed) and is distressed during diaper changes (“shaky”, “screams”, “flailing”), she is **able to console within a few minutes** when mom/other caregiver provides support.

Consoling Support Needed: 2 – Baby is able **to console within a few minutes with skin-to-skin contact or being picked up**. Appears to be **staying consoled** in mom's arms.

CARE PLAN

Formal Parent/Caregiver Huddle: No – A Formal Parent/Caregiver Huddle is not indicated at this time, as per ESC Care Tool criteria, as baby has **No** for each ESC item, **2** for Consoling Support Needed, and *no other significant concerns* are present. In this setting, reinforcing NPIs are currently being implemented, recommending an increase in certain NPIs (e.g., holding by a cuddler for maternal self-care and rest, optimal feeding), and educating on potential NPIs that can be implemented in future is all that is needed.

Full Care Team Huddle: No – Not needed currently as baby is Eating, Sleeping, Consoling well and *no other significant concerns* are present at this time.

Management Decision: a + d – Continue current NPIs that mom is implementing well and optimize other NPIs, as noted above and below. Although the ESC Care Tool only mentions pharmacologic care management decisions, under “d: Other”, it is appropriate, if desired, to indicate other recommendations/changes in care management here (e.g., formal consults). In this case, two consults are recommended: lactation and Cuddler Program. A lactation consult can help optimize latch and positioning to decrease maternal pain, and a Cuddler Program consult can help provide additional help to hold the baby (ideally in the room).

If these consults are part of standard NOWS care, it is appropriate to not indicate these consults and indicate increased intervention needed under the NPI checklist for “Optimal feeding” and “Additional help/support in room.” A social work consult may also be helpful if the mom needs help identify extra support.

PARENT/CAREGIVER PRESENCE

> 3 hours – Mom here the entire time.

NON-PHARM CARE INTERVENTIONS

Teaching Points: Review of Non-pharm Interventions (NPIs) can be done in a flexible manner by reinforcing what mom is implementing well and ways that mom can increase NPIs now and in the future. When reviewing specific NPIs that can be increased now, ESC experts recommend educating the mom/caregiver about why these interventions can be helpful along with effective ways to increase interventions.

Indicate “**Educate for Future**” for interventions that are not needed now, but that can be implemented in the future, if baby starts having (increased) NOWS-related difficulties and/or to help further support mom/caregiver during the hospital stay.

Reinforce: Rooming-in, mom's presence, skin-to-skin contact, holding baby, quiet, low-light environment, limiting visitors, and clustering care

Reinforce/Increase: Reinforce mom's current feeding success with baby, but **recommend a lactation consult** to help **further optimize feeding by helping decrease mother's nipple pain** and **optimizing baby's milk intake**. Encourage breast massage/hand expression when breastfeeding to help increase milk transfer and help baby maintain wakefulness during feeding.

Increase Now: Additional help in room, education on safe sleep and fall prevention, and mom self-care and rest.

Educate for Future: Educate mom about **safe & effective swaddling** and **rhythmic movement**, including the use of a baby swing or baby seat with gentle movements (e.g., mamaRoo) that can be used if current NPIs are not sufficient (e.g., baby no longer calms with picking up/holding alone). Educate that use of any movement device needs to occur in presence of an awake/alert adult caregiver. Although non-nutritive sucking is indicated 'NA' in this case, due to mom having a painful latch, it is appropriate to educate on future pacifier use if baby develops an excessive suck despite feeding well and needs additional support to console or sleep on own (especially if mom is tired and not able to safely hold baby).