



Neonatal Abstinence Syndrome

The Issue

Substance abuse is a public health epidemic nationwide and women represent 30% of the total addicted population (Wendell, 2013). Among women of childbearing years, the rate of substance dependence or abuse was highest among adults aged 18 to 25 years (17.3%) when compared with youths aged 12 to 17 years (5.2%) and adults aged 26 years or older (7%), according to the Substance Abuse and Mental Health Services Administration, a federal agency within the U.S. Department of Health and Human Services (HHS, 2014). Although determining exact numbers of pregnant women with substance abuse is difficult because consistent prenatal care and self-reporting may not occur due to fear of legal and social consequences, it is estimated that about one infant born per hour in the United States shows signs of drug withdrawal (Patrick et al., 2012).

The Research

Opioids used in pregnancy can be associated with additional risks to both mother and fetus. Opioid treatment during pregnancy has been found to be associated with birth defects (Yazdy, et al, 2013; Broussard, et al, 2011), preterm delivery, poor fetal growth, stillbirth (Whiteman et al, 2014), and neonatal opioid withdrawal syndrome (Hadi, et al, 2006). Neonatal Abstinence Syndrome (NAS)

Current Legislation

One major piece of legislation that has been amended over the years is the Reauthorization of the Child Abuse and Prevention Treatment Act (CAPTA, 2010). The Act requires statewide policies and procedures to address the needs of infants affected by illegal substance abuse or a Fetal Alcohol Spectrum.

On November 25, 2015, President Obama signed Protecting Our Infants Act of 2015 into law. Because prevention and treatment efforts vary widely from state to state, the new law will help identify evidence-based approaches to care for these babies and their mothers. The law requires the Department of Health and Human Services to conduct a study and develop recommendations for preventing and treating prenatal opioid use disorders and NAS. In addition, the Centers for Disease Control and Prevention will continue to assist states in improving the availability and quality of data collection related to NAS, and encourage public health measures aimed at decreasing its prevalence.

Recommendations

1. Follow the recommendations of the Protecting Our Infants Legislation.
2. Advocate for implementation of measures and evidence-based recommendations on a state and local level. A state-level approach to NAS can address several levels of intervention (ASTHO, 2014), including:

- Surveillance for NAS-affected infants and the sources of maternal opiate use.
- Reimbursement for utilizing screening protocols to detect substance abuse early in pregnancy and withdrawal signs in newborns.
- Development of better measures to ensure follow-up with opioid-dependent women and receipt of comprehensive services.
- Collaborative efforts to strengthen clinical standards for identification, management, and follow-up with NAS-affected infants and their families.

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