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How to take nonpharmacologic approach to care of infants with neonatal abstinence syndrome

by Carla Kemp, Senior Editor



Editor's note: For more coverage of the 2020 AAP Virtual National Conference & Exhibition, visit <https://www.aappublications.org/news/2020/08/21/nationalconference2020>.

Studies have shown that nonpharmacologic care of babies with neonatal abstinence syndrome (NAS) can



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decrease pharmacologic treatment, hospital length of stay and costs. Yet, barriers to implementing such care persist.



"To prioritize nonpharmacologic care, it is actually fairly staff intensive and requires family engagement, and sometimes that is just hard to do," said Corrie E. McDaniel, D.O., FAAP, a pediatric hospitalist at Seattle Children's Hospital and member of the AAP Section on Hospital Medicine.

Dr. McDaniel describes a three-step approach to maximizing resources during a session titled "Beyond Medications: Nonpharmacologic Care of Neonatal Abstinence Syndrome," which can be accessed [via the virtual platform](#) through Jan. 31, 2021.

Dr. McDaniel spends part of her time at a community hospital that cares for about 100-150 infants with NAS a year. She said her interest in improving care "was born out of a clinical impetus where we were dealing with these kids all the time and we wanted to maximize our ability to partner with the families and to provide the best care for these babies."

In 2015, the hospital adjusted its management protocol to include rooming-in. Then in 2017-'18, the hospital joined another community hospital in a [quality improvement project](#) in which they implemented a variety of nonpharmacologic care measures. These included clustering infant care and assessments around feeding times; reducing lights and sounds; using techniques such as rocking and swaddling to soothe infants; and decreasing the use of cardiorespiratory monitoring. The hospitals also transitioned from using the Finnegan scoring system to assess withdrawal symptoms to an Eat, Sleep, Console (ESC) protocol.

The project led to a decrease in hospital length of stay from nine to 6.2 days, and morphine use decreased from 57% to 23% without compromising safety.

During the session, Dr. McDaniel explains how institutions can make changes regardless of their resources and pharmacologic management system. These changes can include rooming-in, breastfeeding support and flexible visitation policies. Then, she focuses on the role of team-based care and the importance of seeing parents as equal partners. Lastly, she discusses how the ESC protocol is one of many pieces that fit into a nonpharmacologic approach to care.

Dr. McDaniel encourages not only hospitalists and neonatologists to view her session, but also outpatient providers.

"We manage these kids on the inpatient side for three, five, seven days. Then they go home, but the child and the family still need ongoing support," she said. "And I think continuing to be able to support the family in similar ways in that transition from the inpatient to the outpatient world has a lot of benefit in consistency and putting in that infrastructure to support this family to be successful."



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