

NEW PERSPECTIVES ON TREATMENT OF NEONATAL ABSTINENCE SYNDROME (NAS)



*HOSPITAL TREATMENT VERSUS
TREATMENT IN FOSTER CARE*

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HYPOTHESIS



- Babies who receive pharmacological treatment for NAS whilst in the home environment of Foster Care appear to complete the course of treatment much sooner than those babies being treated in hospital.

SPECIALIST FOSTER CARE MODEL



- Model of care that allows babies who are to be discharged to foster care post birth but being treated for NAS, can continue treatment in the community with specialist foster carer .
- Service established in 2001
- Currently 4 foster carers in Leeds with specialist training

WHAT IS NAS?



- NAS is a generalised disorder characterised by signs and symptoms of central nervous hyperirritability, gastrointestinal dysfunction, respiratory distress and vague autonomic symptoms that include yawning, sneezing, mottling and fever.

WHICH SUBSTANCES CAUSE NAS?



- Opiates
 - Methadone
 - Codeine
 - Bupernorphine
- Ethanol
- Benzodiazepines
- Barbiturates
- ?Cocaine
- ?Amphetamines
- ?Cannabis

CLINICAL PRESENTATION



- High pitched cry
- GI disturbance
 - failure to feed
 - D&V
 - Uncoordinated suck
- Restlessness/unconsolable
- Temperature instability
- Yawning/sneezing
- Jitteriness
- Tremors
- Onset of symptoms varies with the substance being used by the mother, the quantity, frequency and duration of intra-uterine exposure and the timing of withdrawal (last dose prior to delivery)

DIAGNOSIS & MANAGEMENT OF NAS

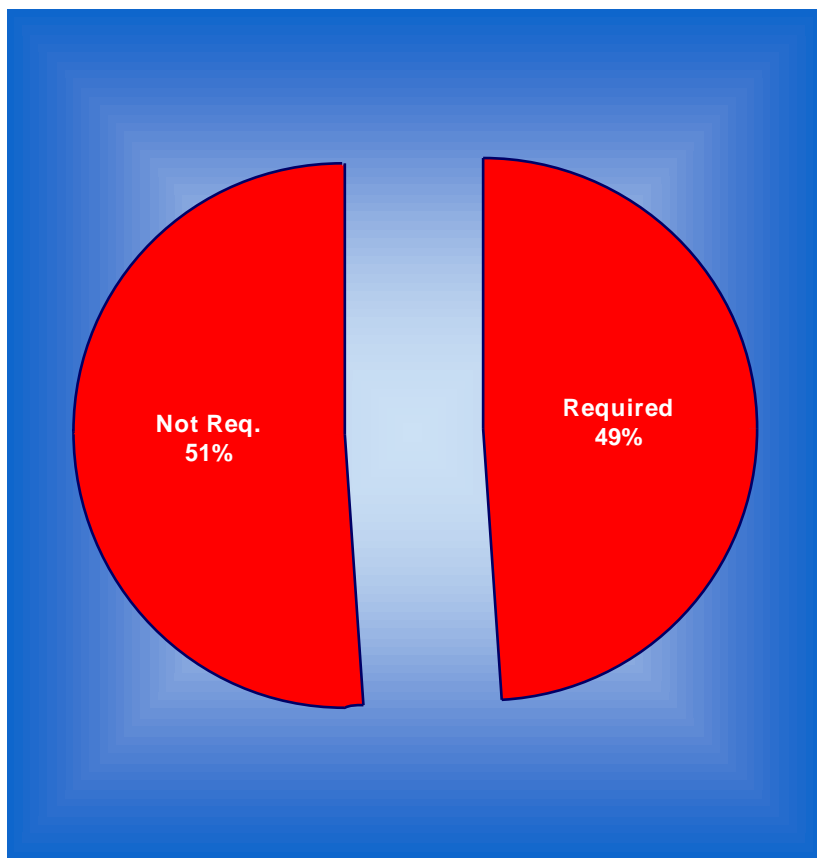


- Comprehensive drug history
- Medical history/complications e.g. sepsis
- 7 day observation period on Transitional Ward
- Urine toxicology
- Withdrawal chart - Finnegan
 - subjective
 - score 4hrly

TREATMENT FOR NAS

- PHARMACOLOGICAL
 - Follow local guidelines
 - Leeds policy - 2 consecutive scores >8, start treatment
 - 1ST line treatment
 - morphine sulphate
 - 2nd line treatment
 - phenobarbitone
- NURSING SUPPORT
 - Light swaddling
 - Environment
 - Noise reduction
 - Decrease light
 - Feeding regime
 - Use of pacifiers
 - Skin care
 - Scratch mitts
 - Nappy care

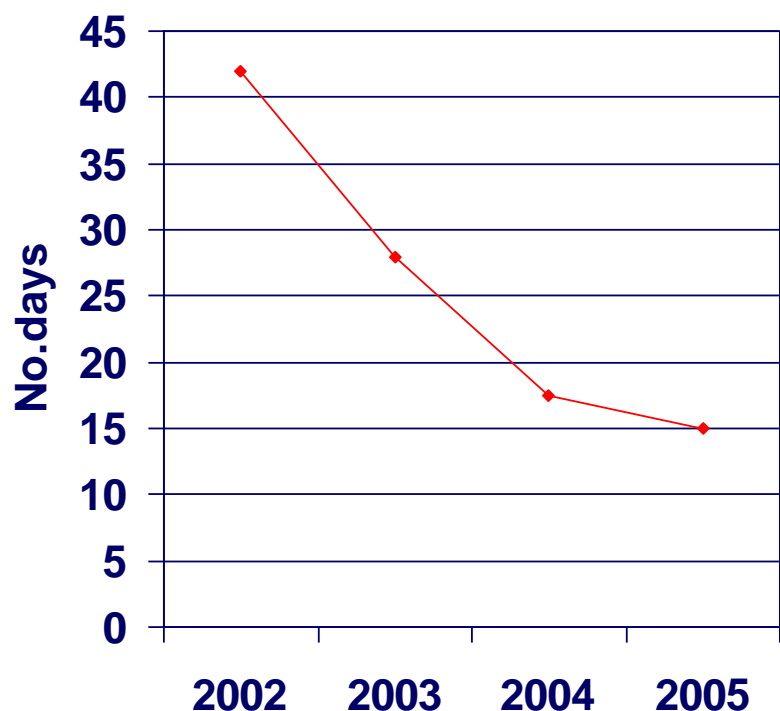
TREATMENT FOR NAS.



- 25 babies completed treatment in hospital
- 8 babies continued & completed treatment in foster care

- (Jan-Dec 2005)

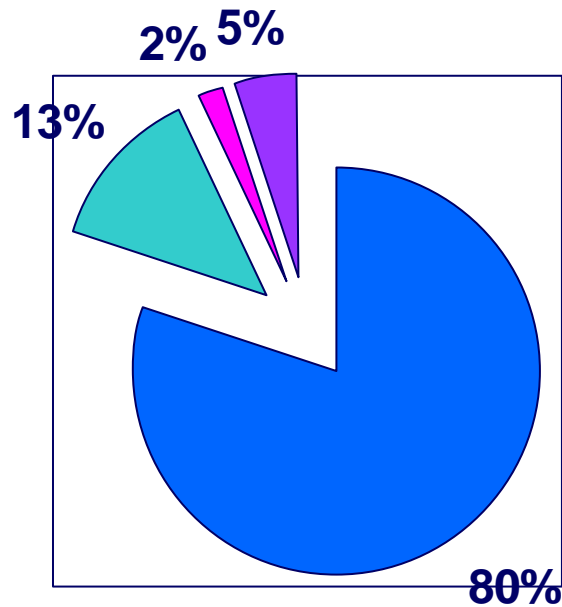
LENGTH OF STAY



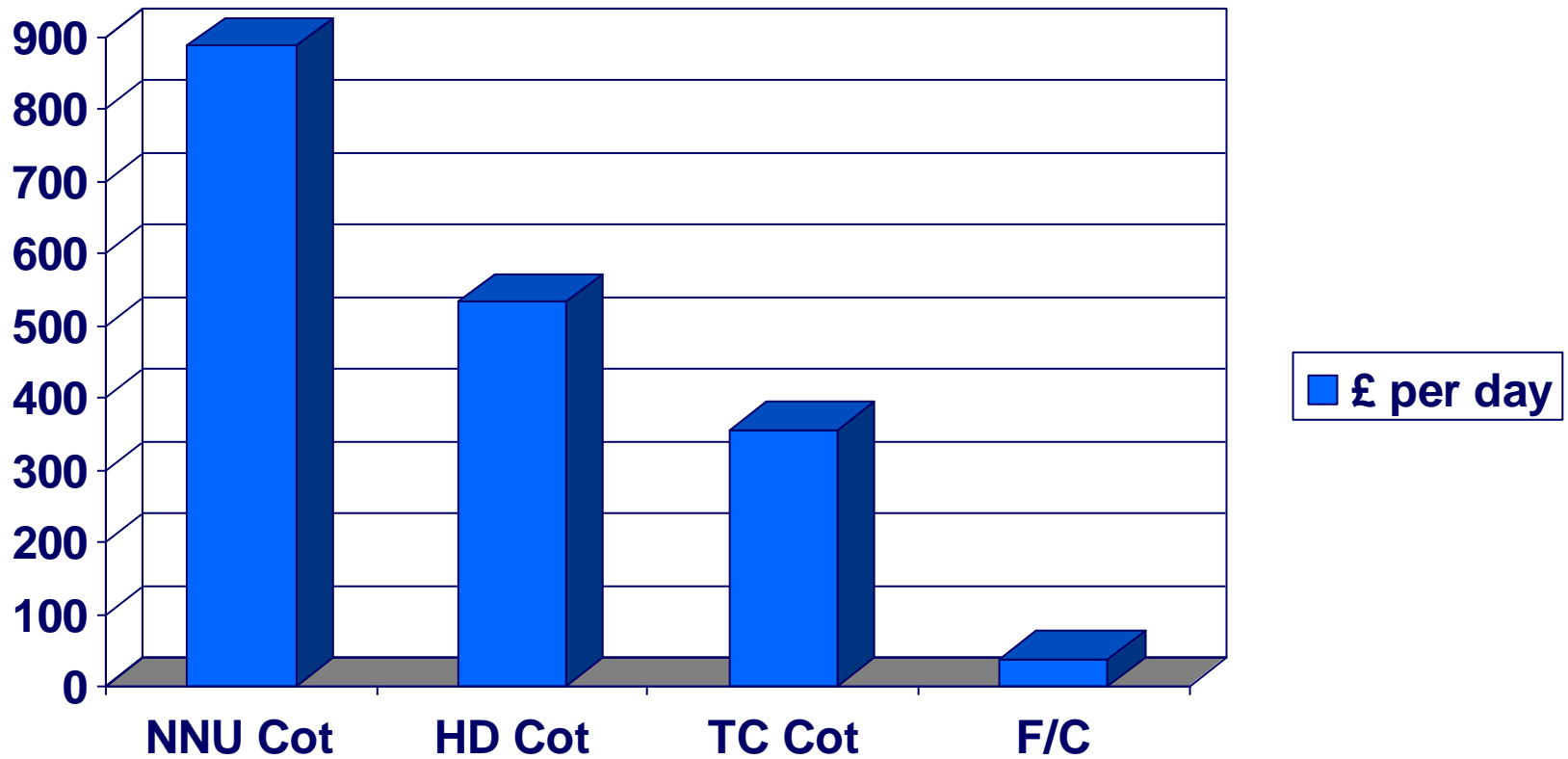
- Non-dependant baby at LTHT
= 2.5 days
- Baby receiving treatment in hospital
= 15 days
- Baby in Foster Care
= 9 days
 - 4 days to stabilise in hospital
 - 5 days to complete treatment in F/C

■ (Jan.-Dec.2005)

POSTNATAL DISCHARGE DESTINATION



COST PER DAY



HOSPITAL TREATMENT FOR NAS



■ **ADVANTAGES**

- Non separation
 - Promotes bonding & attachment
- Closer observation
 - Can be complex case
- Non segregation

■ **DISADVANTAGES**

- Different carers
 - Lack of continuity
- Unsuitable/difficult environment for both mother & baby
- Lengthy & expensive care

TREATMENT FOR NAS IN FOSTER CARE



■ **ADVANTAGES**

- Continuity of care
- Suitable environment
- Cost effective
- Biological nurturing
- Allows for early discharge from hospital

■ **DISADVANTAGES**

- Separation of mother & baby
 - Limited contact
 - Unable to assess parenting
 - Effects bonding & attachment
 - ? Effects feeding

TO CONCLUDE



- Foster care model is a cost effective & efficient use of resources
- Limitations to hospital system.
- Need to learn from Foster Care model and develop Home Care For this client group
- Further research needed, especially long-term outcomes

CONTACT DETAILS



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