# Provider Guidance for Assessment and Management of Pregnant Women and Infants

## Healthy Outcomes for Mom and Baby Neonatal Abstinence Syndrome (NAS)

### What You Need to Know

• The number of neonates with Neonatal Abstinence Syndrome (NAS) continues to increase in Arizona.

- Regular and chronic use of psychoactive substances during pregnancy may lead to withdrawal in babies shortly after birth. These psychoactive substances include opioids, benzodiazepines, methamphetamine, cocaine, SSRI's, barbiturates, hallucinogens (PSP), cannabis, NMDA (ecstasy) and alcohol.
- Opioids include synthetic forms such as oxycodone or fentanyl which may not be detectable on standard urine or meconium drug screens.
- The severity of newborn withdrawal symptoms and NAS diagnosis varies by the drug(s) used, duration, frequency of use and maternal or fetal metabolism of the drug.
- Many people do not consider prescription medications a "substance". It is important to counsel patients about all types of substances used during pregnancy and women of reproductive age even when the women do not report or deny substance use.
- Substance use disorders can affect women of all socioeconomic, ethnic and race status.

### What Can You Do?

- **Universally screen all pregnant women.** Use a validated verbal screening tool. All social, racial and ethnic groups can be at risk.
- Follow up on positive verbal screening. May include biologic testing of urine, saliva or hair. Positive biologic tests need confirmatory testing by mass or gas spectrometry.
- Refer pregnant women to appropriate resources during pregnancy, including medication assisted therapy for opioid use disorder.
- Make sure meconium, urine or umbilical cord screening is complete. Include the substances listed above, including buprenorphine and synthetics like fentanyl.
- **Observe all infants with suspected NAS for 5-7 days.** Recommend extended monitoring in the hospital or by NAS treating provider or facility at appropriate level of care as onset of symptoms may be delayed.

### **Consider the Following While Providing Care to Neonates**

 Consider possible NAS when signs and symptoms of substance exposure and/or withdrawal are present even if there is not a confirmed history of substance use or opioid use in the mother. Irritability, high-pitched cry, feeding disorders, excessive sucking, vomiting, diarrhea, rhinorrhea, diaphoresis all may be signs.



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- Be aware that false negatives can occur with screenings and if a mother says that she uses medications, drugs or is on MAT then her infant should be observed for withdrawal.
- Implement a Screening Protocol for Neonatal Abstinence Syndrome (NAS) and ensure all staff and providers are trained on the protocol.
- Implement a Scoring and Treatment Protocol for NAS according to nationally established best practices and ensure all staff and providers are trained on the protocol.
- Ensure correct coding. Use the new ICD-10 diagnosis code of P96.1 or P96.2.

### Consider the Following While Providing Care to Pregnant Women and Women of Reproductive Age

- Ask about possible substance use including prescription opioids.
- Discuss consequences of substance use and prescription opioid use with all pregnant women and women of reproductive age and explain the risk of NAS for infants exposed to opioids during pregnancy.
- Include information about the patient's illicit substance use and prescription opioid use during pregnancy in documentation sent to the Health Plan.
- Refer all pregnant Health Plan members with substance use concerns to a High Risk Perinatal Care Management program, which will assist with coordination of care, facilitation of collaboration between the primary provider and other providers, and provision of education, support and resources to the member.
- Coordinate with any other providers who are prescribing opioid medications during pregnancy such as behavioral health providers or pain management providers. Utilize medical release of information forms as appropriate for comanagement.
- Refer for Medication Assisted Treatment (MAT) when appropriate.
- Call the Arizona OAR Line (Opioid Assistance & Referral Line) for provider consultation when needed. 888-688-4222.

#### **ALL PROVIDERS NEED TO:**

- REGISTER FOR CONTROLLED SUBSTANCE PRESCRIPTION MONITORING PROGRAM (CSPMP) at https://pharmacypmp.az.gov.
- CHECK THE CSPMP. Providers should review the CSPMP for all pregnant women and women of reproductive age at https://pharmacypmp.az.gov.
- **REFER TO PHARMACY LOCK IN PROGRAM.** If you believe your patient may be overusing or misusing controlled substances you should make a referral for possible enrollment into the Health Plan Pharmacy Restriction Program to notify the patient's care manager or by calling the patient's Health Plan.

#### **Reporting Requirements**

Arizona Revised Statues 13-3620 requires a health care professional, who reasonably believes that a newborn infant may be affected by the presence of alcohol or a drug, to immediately report this information, or cause a report to be made, to Arizona Department of Child Safety. For reporting purposes, "newborn infant" means a newborn infant who is under thirty days of age.

Call to report: 1-888-767-4245 or 888 SOS-CHILD

On-line reporting: https://dcs.az.gov/report-child-abuse-or-neglect

#### **Arizona Provider Continuing Education Resources**

- UA Opioid Prescribing CME Courses: <u>https://www.vlh.com/azprescribing/</u>
- NAS Provider Series: Adverse Childhood Experiences
  <a href="https://vimeo.com/358157415/5d28179881">https://vimeo.com/358157415/5d28179881</a>
- NAS Provider Series: Pregnancy, Opioid Use Disorder and Medication Assisted Treatment https://vimeo.com/358174398/06062237e3
- NAS Provider Series: AzEIP: Supporting Families Impacted by NAS https://vimeo.com/358177712/0b3105c2fb
- NAS Provider Series: Caring for the NAS/SEN Baby <u>https://vimeo.com/358162904/a4de1e88a0</u>





#### Resources for providers, mothers and families

Arizona Department of Health Services Clinicians Prescribing Site www.azdhs.gov/audiences/clinicians/index.php

Arizona Opioid Assistance and Referral (OAR) Line

Arizona Opioid Prescribing Guidelines November 2018 https://azdhs.gov/documents/audiences/clinicians/clinical-guidelinesrecommendations/prescribing-guidelines/az-opioid-prescribing-guidelines.pdf

Controlled Substance Prescription Monitoring Program (CSPMP) https://pharmacypmp.az.gov/

Arizona Substance Abuse Treatment Resources www.SubstanceAbuse.AZ.gov

Mother To Baby Arizona • <u>www.motherobabyaz.org</u>

Arizona Rx Misuse Information and Safe Disposal of Medications www.RethinkRxabuse.org • www.DumpTheDrugsAZ.org

Clinical Report: Neonatal drug withdrawal, American Academy of Pediatrics http://pediatrics.aappublications.org/content/129/2/e540.full.html

Neonatal Abstinence Syndrome: How states Can Help Advance the Knowledge Base for Primary Prevention and Best Practices of Care http://www.astho.org/Prevention/NAS-Neonatal-Abstinence-Report

CDC Guidelines for Prescribing Opioids for Chronic Pain www.cdc.gov/drugoverdose/prescribing/guideline

#### Safe Health Care for Every Woman

https://safehealthcareforeverywoman.org/patient-safety-bundles/obstetriccare-for-women-with-opioid-us-disorder/

Treating for Two • <u>www.cdc.gov/treatingfortwo</u>

#### March of Dimes NAS information

http://www.marchofdimes.org/baby/neonatal-abstinence -syndrome-(nas) .aspx

#### NAS Clinics and Support Services for Families

www.hushabyenursery.org 480 628-7500 www.jacobshopeaz.org 480 398-7373

Home Visiting Resources and Programs for Pregnant and Postpartum Women www.strongfamiliesaz.com

Arizona Department of Health Services Neonatal Abstinence Syndrome Resource Materials NAS Provider Video Series and Course http://azhealth.gov/nas

Parent Partners Plus Referral Coordination for Home Visiting https://parentpartnersplus.com

#### Birth to Five Helpline

https://www.swhd.org/programs/health-and-development/birth-to-fivehelpline/

### Obstetric Care for Women with Opioid Use Disorder/Council on Patient Safety in Women's Health Care

https://safehealthcareforeverywoman.org/patient-safety-bundles/obstetriccare-for-women-with-opioid-use-disorder/