According to the American Academy of Pediatrics (2012), nonpharmacologic care strategies should comprise the initial approach to therapy in treating Neonatal Abstinence Syndrome. NAS is a self-limiting condition where the primary goal of the care team is to decrease symptoms without extraneous pharmacological and medical intervention. Successful management of neonatal withdrawal symptoms rests on a foundation of supportive care for mother and infant, with active participation from a multi-disciplinary care team. Evidence-based strategies include providing a calm environment with decreased visual and auditory stimuli, promoting sleep for parents and infant, providing positive proprioceptive and tactile sensory input, and maximizing nutrition to promote weight gain. Ideally, infant and family remain together for the duration of the hospital stay in a quiet, protected environment with medical and psychosocial support that continues beyond hospitalization.
Caring for the Infant with Neonatal Abstinence Syndrome (NAS)

Functional Assessment
Functional assessment, as compared to traditional numeric scoring tools, has been shown to reduce medication dosing and decrease length of stay when combined with non-pharmacologic interventions as a first line treatment (Grossman, et al. 2017).

- Can the baby eat?
- Can the baby sleep?
- Can the baby be consoled?

• If so, symptoms are considered “well-managed” regardless of numeric withdrawal score, and supportive care strategies should continue.
• If not, pharmacologic interventions should be considered in addition to supportive care.

Supportive Care in a Protected Environment
Supportive care should be provided regardless of the level of pharmacologic intervention.

- A dark, quiet environment close to mom
- Effective consoling by parents, team members and volunteers
- Supportive positioning and the 5 S’s of soothing (Swaddle, Shush, Swing, Suck, Side or Stomach position) to promote state organization and self-regulation
- Non-nutritive sucking
- Skin to skin holding with parents
- Infant massage to provide proprioceptive input and relax hypertonicity
- Skin protection to prevent diaper dermatitis
- Adjunct therapies to decrease intensity of withdrawal symptoms:
  - Swaddled bathing
  - Use of swing in a slow mode
  - Acupuncture, acupressure, Reiki, aromatherapy

Nutrition and Feeding Practices
Nutritional needs are complex in terms of what and how to feed:

- If mother is stable on methadone or buprenorphine maintenance, use mother’s own milk (MOM). Using MOM can decrease NAS scores and pharmacologic therapy need
- Consider donor milk when MOM unavailable
- Small frequent feeds may reduce reflux while satiating sucking need
- Provide for increased calories if needed
- Use slow flow nipples
- Provide supportive positioning and containment to minimize disruptive feeding behaviors

Family-Centered Team Approach
Acknowledge, encourage and facilitate active involvement of all family members and the multi-disciplinary team.

- Treat the maternal/infant dyad rather than the infant alone
- Recognize positive parenting efforts
- Provide education on infant cues, newborn care and soothing techniques
- Use supportive, non-judgmental language

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