FOUR POTENTIALLY BETTER PRACTICES

The following practices are based on information collected from CPQCC's Maternal Substance Exposure (MatEx)

Database. The MatEx Database tracks maternal substance exposure and NAS/NOWS across California hospitals. The database allows participating hospitals to identify variations in care practices and to improve the management of infants with NAS/NOWS.



SHIFT MINDSET

Infants with NAS/NOWS are not addicts. They have been exposed to substances in utero and may be suffering from withdrawal. Avoid stigmatizing mothers with substance exposure. Substance use disorder should be viewed as a disease, not a choice. Nonjudgmental care may lead to better breastfeeding outcomes, increased educational opportunities, and better post-discharge care for the infant.



SUPPORT SAFE BREASTMILK

For mothers of infants with NAS/NOWS, breastfeeding is recommended as long as the mother is HIV-negative and enrolled in a medication-assisted treatment program. Infants of mothers who received additional services (including therapy, social work, counseling, etc.) are more likely to be discharged on their mother's own milk. Supporting the mother-baby dyad is critical to improving infant outcomes.



ALLOW FOR ROOMING IN

Infants diagnosed with NAS/NOWS prefer quiet, low-light environments as they are often sensitive to their surroundings early on. Infant outcomes are also improved if they are allowed to stay in the same room as their caregivers where they have more opportunities for bonding and experience less stress, as opposed to being transferred to the NICU or Nursery.



ENCOURAGE KANGAROO CARE

Kangaroo care promotes the infant's ability to self-regulate and has been shown to reduce infant withdrawal symptoms. Reducing the anxiety and stress of the infant and mother are key to promoting breastfeeding. Increased skin-to-skin time is highly correlated with the infant receiving their mother's own milk at discharge.

