

Eat, Sleep, Console

Hosted by the Maternal Substance Exposure (MatEx) Database

August 18th, 2021

Overview

- Welcome and brief explanation of the Maternal Substance Exposure (MatEx) database (2 minutes)
- Sharing MatEx research for increasing mother's own milk at discharge (5 minutes)
- Presentation on ESC (10 minutes)
- Q&A (35 minutes)
- Wrap Up (2 minutes)

MatEx Snapshot

Create New MATEX Record

* Item required for the Collaborative for the Mom & Baby Substance Exposure Initiative (MBSEI).

Demographics Maternal History Maternal Screen Infant Screen **Infant Non-RX Treatment** Infant RX Treatment Disposition

Was a structured non-pharmacologic approach, such as 'Eat, Sleep, Console', used for treatment of this substance exposed newborn? * No Yes Unknown

Which Type(s) of Non-Pharmacologic Support Did Infant Receive at Your Hospital at any Time?

- None
- Cuddlers
- Higher Calorie Formula
- Kangaroo Care or Clothed Cuddling
- Low Lactose Formula
- Low Stimulation
- Pacifiers
- Rooming In
- Swaddling
- Other (DESCRIBE)
- Not Applicable (not NAS)
- Unknown

Description of Other

How was the Infant Fed at Your hospital at any Time?

- Formula
- Mother's Breast Milk
- Donor Breast Milk
- Other (DESCRIBE)
- Unknown

Reason(s) why Infant was Not Breastfed by Mother

- Mother not available
- Mother medically unstable
- Mother HIV positive
- Mother positive for illicit drugs
- Other (DESCRIBE)
- Unknown

Search:

# Items Pnd (MBSEI)	Updated
0	08-11-20 11:25
1	08-11-20 11:25
1	08-06-20 22:35
1	08-06-20 22:42
0	08-06-20 22:42
0	08-07-20 19:03

Previous Next

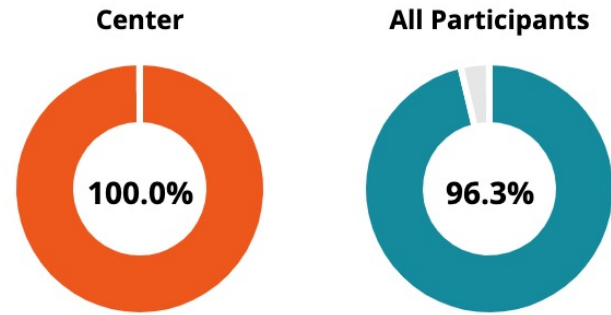
Hide Demo Center in charts

Hide All MATEX Participants in charts

Hide data labels in bar charts

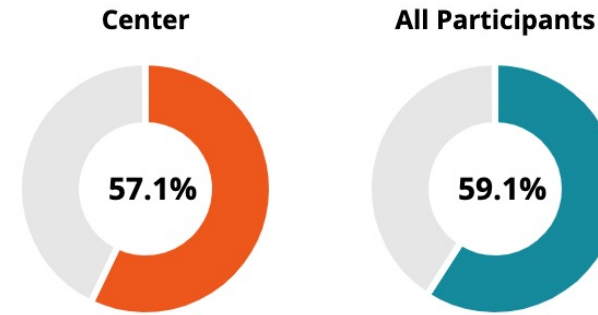
Show tables instead of charts

% of Infants for with Non-Pharmacologic Treatment



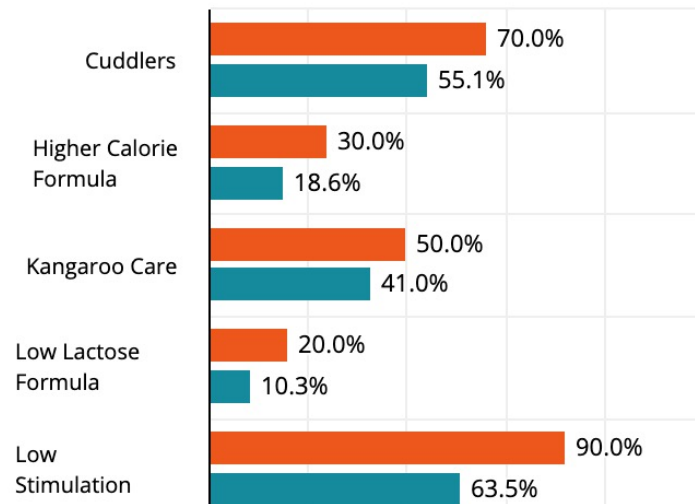
No missing or unknown responses for Demo Center.

% of Infants for whom a Structured Non-Pharmacologic Treatment Approach was Used

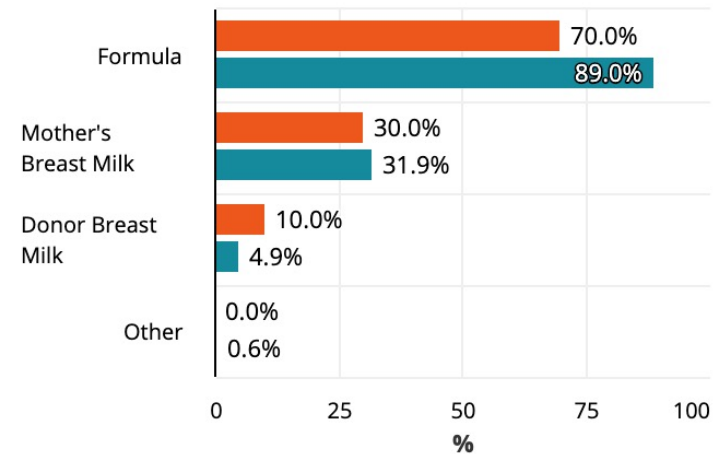


3 (30.0%) records for Demo Center with a missing or unknown response excluded.

Types of Non-Pharmaceutical Support Provided



Infant Feed Types while Hospitalized



Multiple responses possible.
No missing or unknown responses for Demo Center

MatEx Data

- 600 infant records from 32 hospitals
- 92% are cared for in the NICU, 17% also cared for in Well Baby
- Some non-pharmacologic treatment: 96%
 - ESC or similar approach: 37% among infants with NAS/NOWS & \geq 34 weeks GA
 - Slight downward trend in general non-pharmacologic treatment & ESC use
- Some pharmacologic treatment: 66%
 - Slight upward trend in pharmacologic treatment

*Improving Care for Infants with
Neonatal Abstinence Syndrome/Neonatal Opioid Withdrawal Syndrome (NAS/NOWS)*

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.

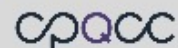


ENCOURAGE KANGAROO CARE

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.

DISCOVER MORE WAYS TO IMPROVE CARE FOR INFANTS WITH NAS/NOWS

visit cpqcc.org/MatEx



What is Eat, Sleep, Console?

Lisa Chyi, MD & MatEx Co-Chair



Finnegan cuddles one of patients at Thomas Jefferson University Hospital's Family Center for drug-dependent mothers and their infants.

Twenty years ago, Loretta Finnegan first became aware of the agony faced by addict mothers and their babies. And she set out to do something about it.



One doctor's crusade

By Karen Heller

Special Staff Writer

It's not merely crack, Dr. Loretta P. Finnegan is trying to explain. That might make things easier, and nothing about what Finnegan does is easy.

"You have to understand, we don't have women coming in here just using one drug; they're generally using three. Sometimes it's more," says Finnegan, shaking her head of copper-colored hair. "The heroin users are also using Valium. A third of the methadone patients are also on cocaine. Fifty percent of the cocaine users are also smoking pot; an even larger percentage are using alcohol. And 96 percent of these women smoke nicotine."

Finnegan is not just speaking of drug users. She is speaking of pregnant drug users, the women and their children whom she has helped for the last two decades lead happier, better lives. For her efforts, she received the MCP-Gimbel Award last Thursday; it is given annually to a woman, usually from the Philadelphia area, for outstanding humanitarian achievements.

"I recently gave a seminar on the effects of drugs on infants," says Finnegan, director of Thomas Jefferson University Hospital's Family Center for drug-dependent mothers and their infants, which she founded in 1976, "and it took seven hours because it took an hour to explain the horrible consequences of each drug. Each one separately is bad enough but when you combine them, it's like hemorrhaging."

The center now treats about 450 clients — all mothers — a year. The number treated depends on available funding.

When an addict has a baby, about everything that can go horribly wrong for the infant does: punishing physical disabilities, severe mental disabilities, tremors, seizures, heart disorders, sleep disorders, digestive problems, malnutrition, strokes, fevers, drug addiction.

Or the babies just die — either at birth, or during the first few months of their brutal little lives.

Sometimes a great notion is born of one small incident, an event that others might easily dismiss as passing. Finnegan experienced one of those moments 20 years ago, and it simply altered her life.

She was then a young pediatrician at the old Philadelphia General Hospital, working in the intensive-care nursery, inter-

Finnegan Neonatal Abstinence Scoring Tool

Signs & Symptoms	Time	Score	AM				PM				Comments
Central Nervous System Disturbances											
Crying: Excessive High Pitched		2									
Crying: Cont. High Pitched		3									
Sleeps < 1 Hr After Feeding		3									
Sleeps < 2 Hr After Feeding		2									
Sleeps < 3 Hr After Feeding		1									
Hyperactive Moro Reflex		2									
Markedly Hyperactive Moro Reflex		3									
Mild Tremors: Disturbed		1									
Mod-Severe Tremors: Disturbed		2									
Mild Tremors: Undisturbed		3									
Mod-Severe Tremors Undisturbed		4									
Increased Muscle Tone		2									
Excoriation (Specific Area)		1									
Myoclonic Jerk		3									
Generalized Convulsions		5									
Metabolic, Vasomotor And Respiratory Disturbance											
Sweating		1									
Fever < 101 (37.2-38.3c)		1									
Fever > 101 (38.4c)		2									
Frequent Yawning (> 3)		1									
Mottling		1									
Nasal Stuffiness		1									
Sneezing (>3)		1									
Nasal Flaring		2									
Respiratory Rate (> 60/Min)		1									
Respiratory Rate (>60/Min With Retractions)		2									

Finnegan Score Reliability



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An Initiative to Improve the Quality of Care of Infants With Neonatal Abstinence Syndrome

Matthew R. Grossman, Adam K. Berkwitt, Rachel R. Osborn, Yaqing Xu, Denise A.
Esserman, Eugene D. Shapiro and Matthew J. Bizzarro

Pediatrics 2017;139;; originally published online May 18, 2017;

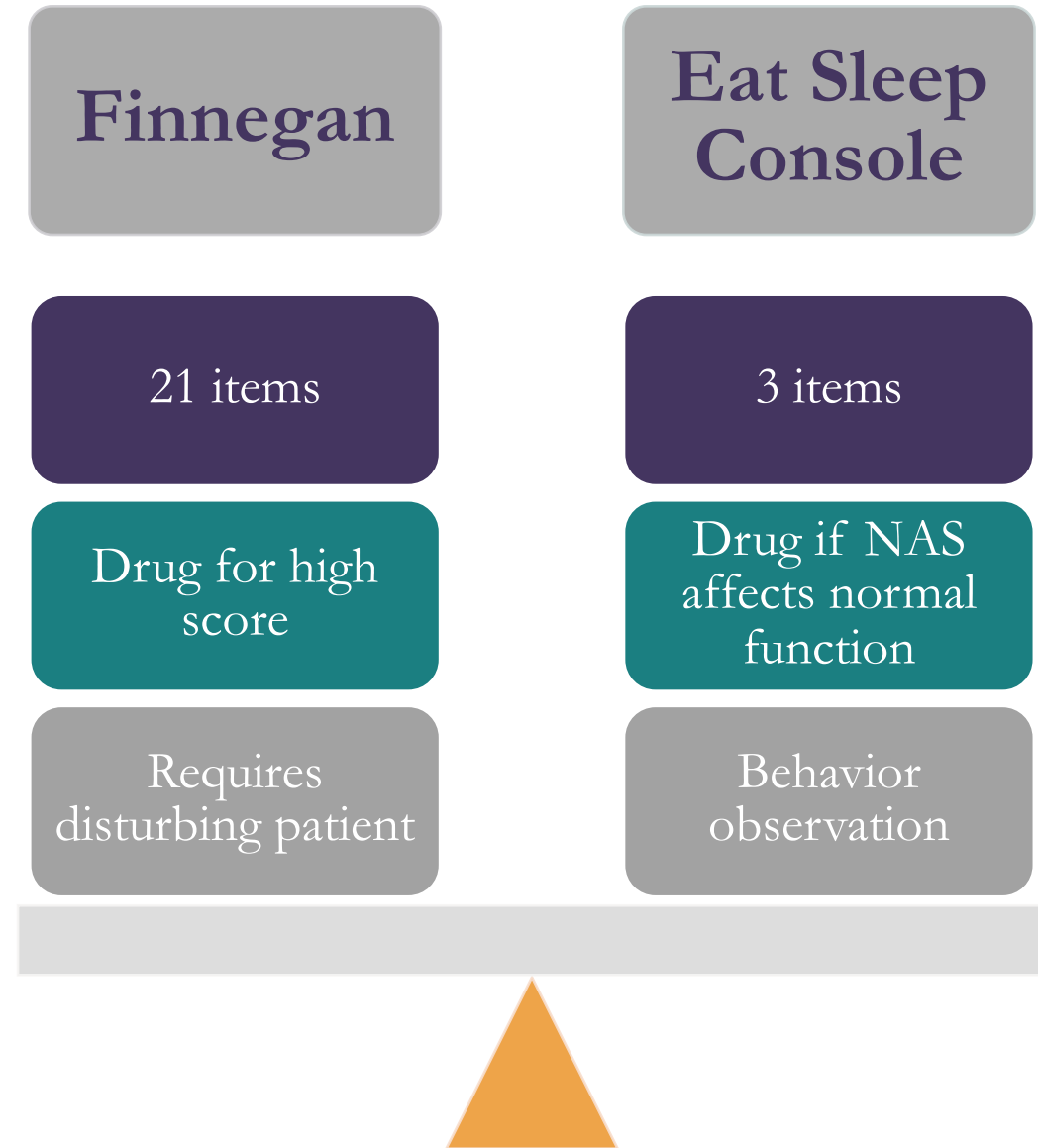
DOI: 10.1542/peds.2016-3360

The online version of this article, along with updated information and services, is
located on the World Wide Web at:
[/content/139/6/e20163360.full](#)

Time for a Paradigm Shift?



Comparing the tools

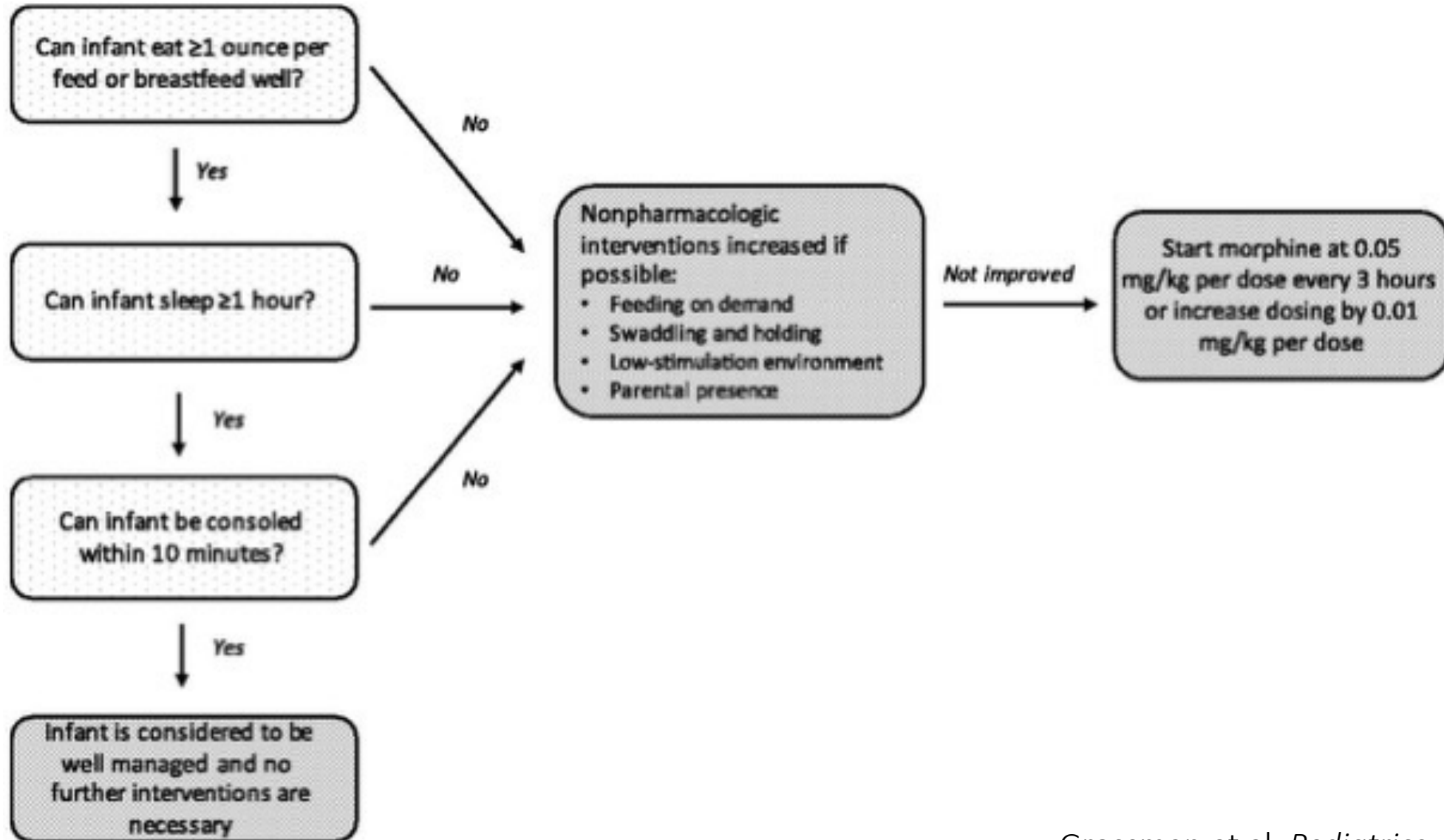


Eat, Sleep, Console (ESC) Approach

- First Line Non-Pharmacologic Care
 - Parental involvement
 - Low stimulation environment
- Finnegan score (FNASS) in well baby. If FNASS >8, transferred to Pediatric unit
- ESC guided management

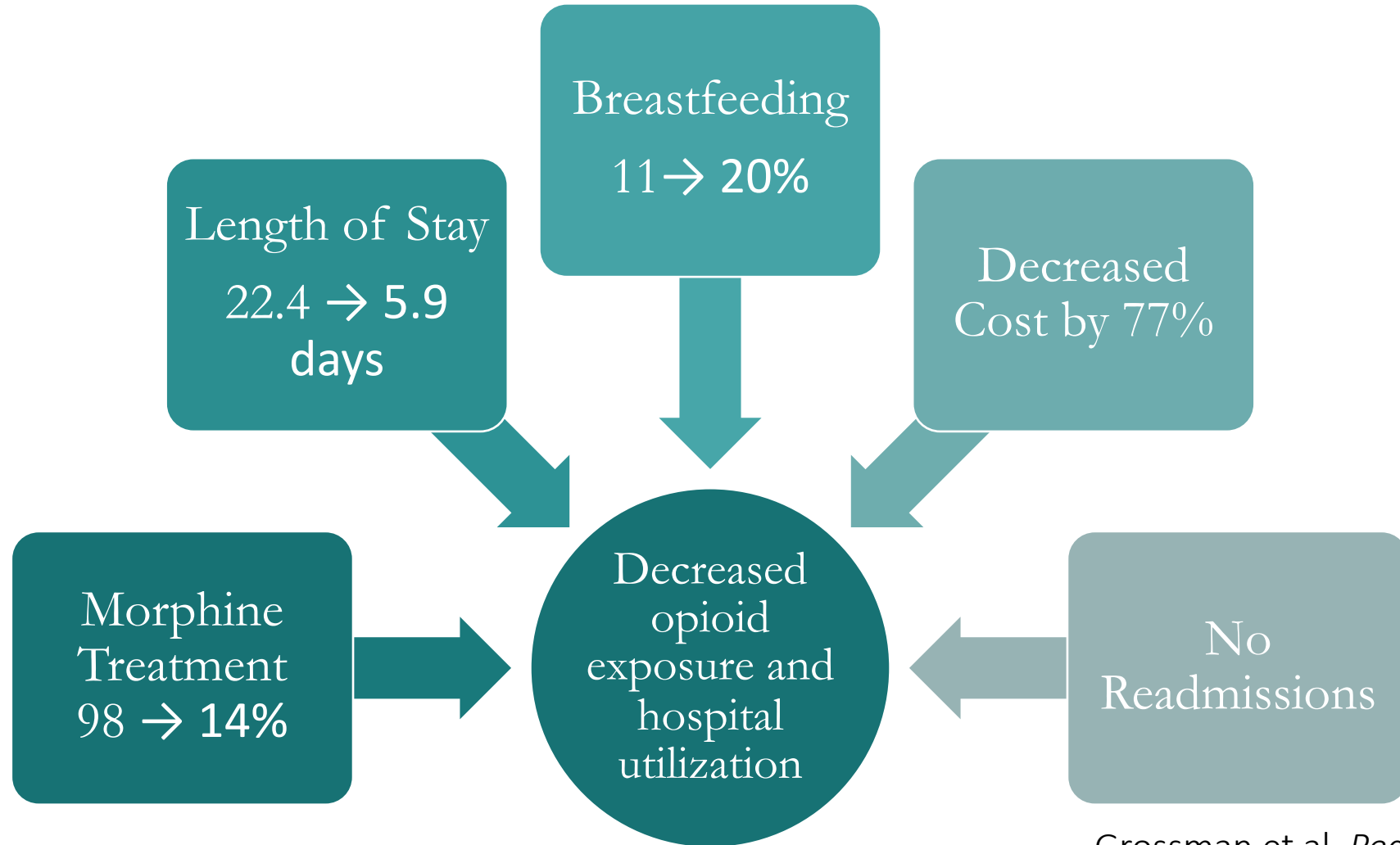


Eat Sleep Console (ESC) Approach



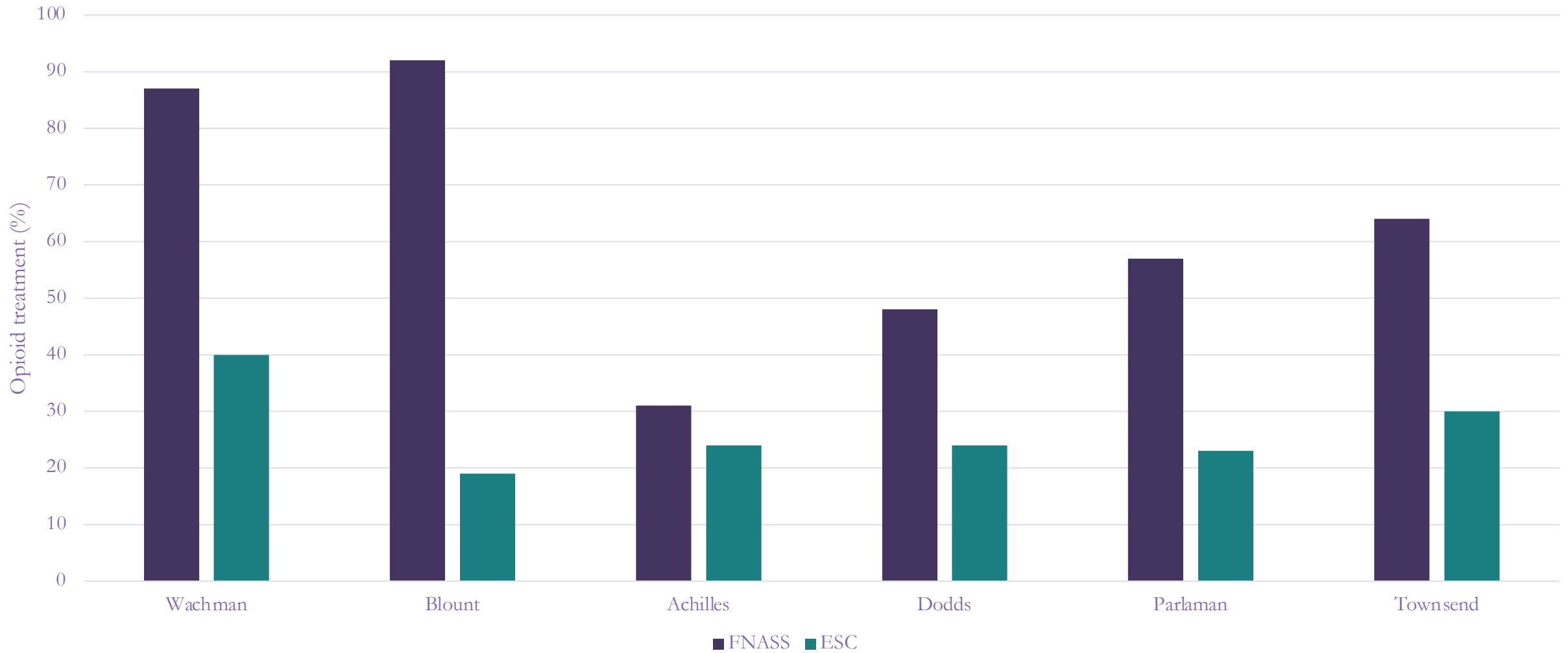
Grossman et al, *Pediatrics*, 2017

ESC Outcomes

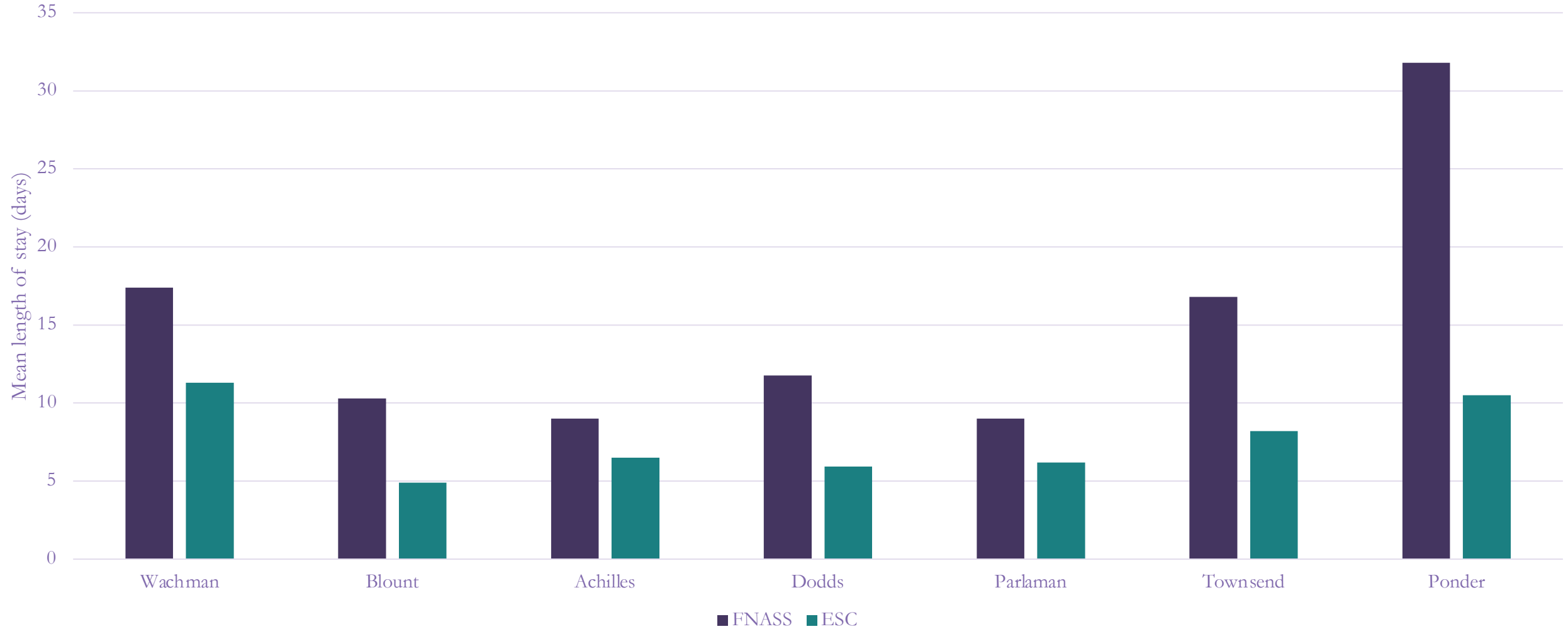


Grossman et al, *Pediatrics*, 2017

Opioid treatment rates among infants with NAS/NOWS



Length of stay among infants with NAS/NOWS



Parent experience

“[The doctors wanted to focus on] his sleeping, his eating, like I said, pooping: if he was pooping and peeing normal. I guess they just wanted him to be doing stuff that normal babies were doing.”

“They didn’t really check her as much as my son. They came in a lot and did the assessment with him a lot more than they did with her. He didn’t like any of that; it was a lot of for him.”

“I was actually expecting to be here for a week and a half. But we actually weren’t there as long as I thought we were going to be.”

Supportive of fewer interventions and normalizing newborn care

Encouraged to lead infant’s NAS/NOWS care

Felt inadequately prepared for what to expect in hospital after delivery

Experienced feelings of guilt, fear and stress

McRae et al, *Hospital Pediatrics*, 2021

Additional Concerns

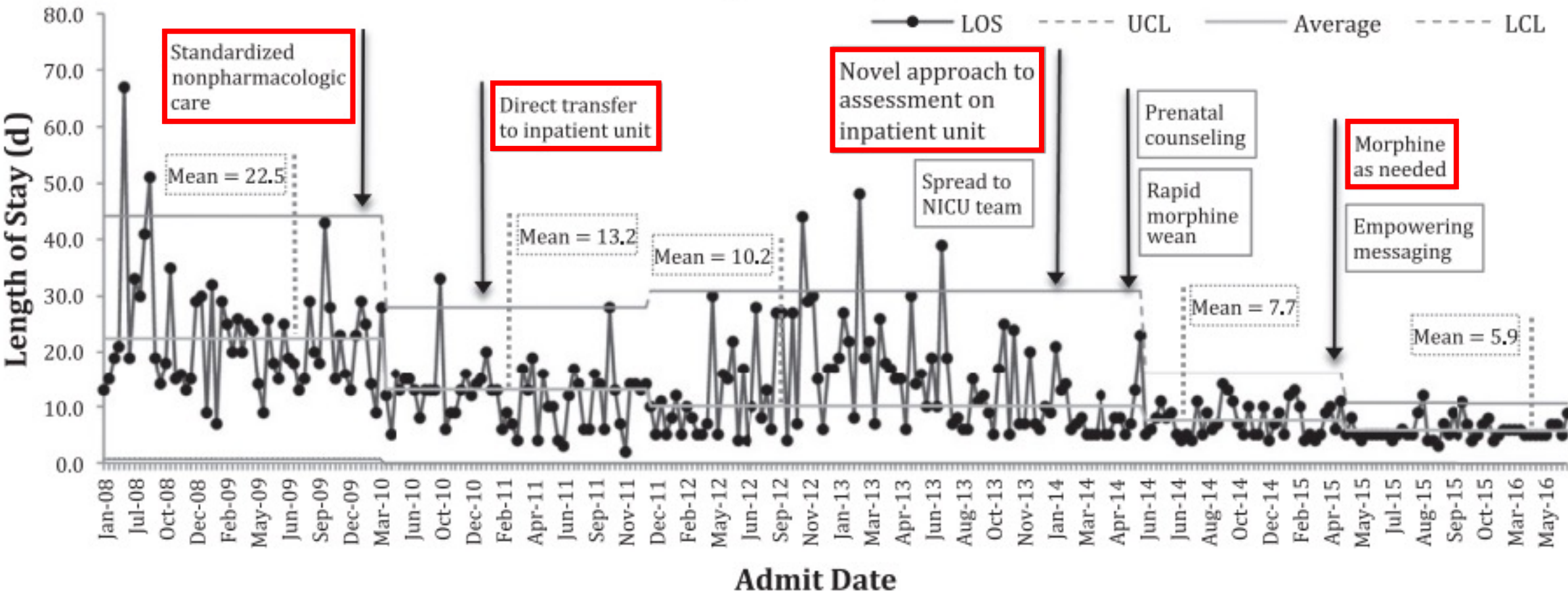
Care Location: Mom baby only,
NICU (level 2-4), Pediatrics

Medication: morphine, methadone,
clonidine, phenobarbital

Medication dosing: prn vs
scheduled

Long term: unknown

Length of Stay



Q&A Panelists

Joanne Kuller, CNS at UCSF Oakland

Lee Trope, Pediatrician at Santa Clara Valley Medical Center

Moderated by Angela Huang, RNC-Nic, BSN, MPH & MatEx Co-Chair

Please submit your questions in the Q&A box.

nastoolkit.org

Home About the Toolkit

Mother & Baby Substance Exposure Toolkit

This toolkit introduces best practices to support and improve the quality of care for substance exposed mothers and newborns.

Throughout the toolkit, the terms mother or maternal or she or her are used in reference to the birthing person. We recognize not all birthing people identify as mothers or women. We believe all birthing people are equally deserving of patient-centered care that helps them attain their full potential and live authentic, healthy lives.

[EXPLORE THE TOOLKIT](#)



If your NICU is interested in learning more about
the MatEx database,
submit a help ticket at:
www.cpqcchelp.org