Neonatal abstinence syndrome

Baby at risk of NAS

Supportive care for all babies
- Rooming-in
- Skin-to-skin
- Encourage breastfeeding
- Minimise hunger
- Small frequent feeds
- Reduce noise and light
- Protect sleep and cluster cares
- Swaddle and nest
- Respond early to baby cues
- Swaying and rocking

Substance is opioid, unknown or polysubstances?

Yes

Do not administer naloxone during resuscitation or newborn period

No

Formal assessment
- commence within 2 hours of birth

• FNAS: every 4–6 hours within 30 minutes after feeds
  OR
  • ESC: after feeds every 3–4 hours

Perform clinical assessment
- Review maternal/newborn history
- Review risk factors for sepsis
- Discuss possible undisclosed substance use with woman
- Perform clinical examination
- Consider differential diagnoses
- Treat identified illness

Criteria for pharmacological treatment met?

Yes

Prepare for discharge
- Discharge criteria
  • Baby clinically well, feeding, weight loss not more than 10% of BW
  • Appropriate family/carer identified
  • Home environment safe
  • Recommended LOS reviewed

Review and confirm
- Multidisciplinary discharge plan
- Parent education completed
- Immunisations
- Community referrals
- Follow up appointments
- Child safety plan and notifications

If home medication
- Education complete
- Storage/safety addressed
- Support and follow-up confirmed

No

Close observation
- Routine newborn observations
  - Increase frequency as indicated
  - Maintain awareness for signs of NAS

Signs of NAS?

Yes

Admit to neonatal unit
- Commence pharmacotherapy
- Titrate to control signs of NAS
- Continue formal assessment
- Continue supportive care

No

Criteria for pharmacological treatment met?