

# ECHO

## NAS Case Presentation



**Project SCOPE**

Supporting Children of the Opioid Epidemic

# Difficulty Weaning

- Lora is a 26-year-old mother who receives MAT and delivered a term boy, who is now 12 days old. Mother entered treatment shortly after learning she was pregnant. She has urine drug screens positive for buprenorphine during the pregnancy, with her earliest screen also being positive for methamphetamine and a recent screen positive for marijuana.
- Baby initially roomed-in with mother, but had worsening withdrawal and was transferred to the NICU. Mother visited twice early during the NICU stay. Some hospital staff reported she avoided eye contact with them and left shortly after arrival. The baby has not tolerated two attempts to wean his medication for NAS.



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# What would you try to do to help this baby in the hospital?

- Speak with mother and find out about any barriers to hospital visitation
  - Transportation? Child care? Family support? MAT?
  - Rooming-in?
  - Breastfeeding?
- Nonpharmacologic comforts
  - Cuddlers?
  - Mama-roo?
  - PT/OT? Music therapy?
  - Formula change?
- Pharmacologic options
  - Change dose of medication?
  - Second medicine?



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# Summary of Action Items

What would you do to try to help this baby in the hospital?

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- **Focus on the Mother**
  - Identify whether the mother is getting trained to work with the baby to assist in weaning and withdrawal symptoms. Talk to the mother to get her involved in the baby's treatment and find ways to comfort the baby
    - Is the mother breastfeeding? If so, this may be a way to comfort the baby as identified by the pediatricians
    - If she isn't, comfort feedings could be utilized
  - Review ways to get the mother involved – does she possibly feel like she isn't being included or is she being stigmatized? The lack of eye contact is
- **Focus on the Baby**
  - Attempt comfort measures: swaddling, breastfeeding or comfort feedings, swaddling
  - Try alternative therapies such as music therapy
- **Leaving the Hospital**
  - Referral to Birth to Three
  - Review any programs which could provide training and support for grandmother, family members involved with children, and mother.
  - Any possibility of nursing to follow up with the family after discharge to ensure the baby is doing well? (BTT said possibly)



# How would you approach/talk to mother?

- Share your concern about how baby is doing
- How can we work together to help him?
- Invite her to be part of solution
- Emphasize mother's unique ability to calm baby, promote attachment



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# Summary of Action Items

How would you approach/talk to mother?

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- Work as a team. Staff as a whole has conversations about what could be done.
- Emphasize role of social worker or someone on the medical staff who can start to connect everyone before she leaves and then hand-off to someone in the community.
  - It would be great if the social worker could bridge the gap and follow mom home for a little while to avoid gaps before other services begin.
- Share with mom the bigger picture
  - What is going to happen?
  - Who is available to help, if needed?
  - What supports does she have at home? Start making a plan or getting the idea of what might be needed.
- Listen to mom – be careful not to give so much information at once
  - See what is working and make changes as needed (if not working)



# Summary of Action Items

## How would you approach/talk to mother?

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- link to home visitation
- talk to mom about baby
- try to convey team approach to build mom's confidence
- try to address barriers (transportation, cost to get to hospital, etc.)
  - Did she want to participate? Will grandma's house be a good relationship for her to participate more?
  - what are mom's fears?
- Social support?



# What does the hospital course tell us about preparations for home?

- May be a more severe case, with lingering symptoms
- Resource issues persist (transportation assistance?)
- Ongoing lactation support
- CPS engagement (safety plan?)



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# Summary of Action Items

## What does the hospital course tell us about preparations for home?

- Talk to grandmother about withdrawal symptoms of the baby.
- Offer strategies to use in the home to assist with those symptoms.
- Offer a referral to home visitation, along with B-3
- Recommend swaddling, feeding, sleeping, environment for all these activities
- CPS will be involved- describe what that looks like to the family, and how services will act as a support.
- Mom will need support with her treatment program- transportation to programs, counseling, support with transition of care with a newborn
- Setup with peer support programs for recovery and as a new parent. So she does not feel alone during all these processes. Incorporate grandmother to ensure carryover.
- Explore options for breastfeeding, infant massage classes to build bond with the child.
- Parenting is difficult for anyone, so be sure to support mom.
- In WV Counties, Healthy Grandfamilies support program



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# Difficulty Engaging

Difficulty getting mother to come to hospital despite your efforts, CPS is contacted, a change in custody occurs. Placement with grandmother is now planned.



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# How should we ease this transition?

- Educate grandmother about NAS symptoms
- Emotional support and assessment of new caregivers
- Home health programs support, like IMPACT
- Close follow-up with PCP



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# Summary of Action Items

How should we ease this transition?

- Engage grandmother before leaving hospital (educate on handling and soothing techniques)
- Continue to try to engage mother (Link mother to any programs that she may need or want)
- Educate the CPS worker (infants needs)
- Make referral to Right From the Start, Parents as Teachers, WV Birth-3, or IMPACT WV
- Refer to Healthy Grand families
- Connect grandmother to Mission WV's kinship navigator  
<https://www.missionwv.org/kinship-navigators>
- Ensure coordination of health care provider appointments upon discharge from hospital



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