



**Vision:** Kansas is the best place to be born and to be a mother

**Mission:** To improve Kansas’ maternal and infant health outcomes by assuring quality perinatal care using data-driven, evidence-based practice, and quality improvement processes.

**Goals:**

1. Establish and provide oversight for multiple state-wide quality improvement initiatives to improve birth outcomes
2. Promote system changes by gathering data resources and increasing use of evidence-based practices for perinatal health
3. Bring personalized support to Kansas communities by providing education and resources for perinatal health

## Neonatal Abstinence Syndrome Kansas State Initiative

*Universal education for birthing hospitals in Kansas for standardization of care in identification, evaluation, treatment and safe discharge of infants with NAS*

<b>IDENTIFICATION</b>	<ul style="list-style-type: none"> <li>Partner with prenatal care providers to facilitate universal screening and early identification per ACOG guidelines</li> <li>Standardize protocol for infant drug screening</li> <li>Partner with treatment centers</li> </ul>
<b>EVALUATION</b>	<ul style="list-style-type: none"> <li>Utilize one specific NAS scoring tool</li> <li>Standardize an NAS scoring education program assuring clinicians are trained upon hire with reliability checked yearly</li> </ul>
<b>TREATMENT</b>	<ul style="list-style-type: none"> <li>Standardize protocol directed at avoiding separation of infant and mother outlining evaluation and non-pharmacologic treatment of the substance exposed infant</li> <li>Standardize education for families to engage in non-pharmacologic intervention</li> <li>Provide Vermont Oxford Network NAS Universal Education virtual classroom access to the interdisciplinary team and all involved in creating a culture of compassion and healing for the mother and infant.</li> <li>Standardize protocol outlining criteria for breastfeeding which promotes and supports breastfeeding in eligible mothers</li> <li>Standardize protocol for pharmacologic treatment of NAS</li> </ul>
<b>DISCHARGE</b>	<ul style="list-style-type: none"> <li>Standardize a process to ensure safe discharge</li> <li>Establish appropriate follow-up for mother</li> <li>Liaison with child protective services to align expectations and assure that appropriate resources are available upon discharge</li> <li>Standardize a process for measuring and reporting NAS rates, data collection and outcome measures.</li> <li>Standardize a classification utilized to designate infants at risk for NAS and treated pharmacologically</li> </ul>

## Neonatal Abstinence Syndrome Kansas State Initiative SMART AIMS

<b>AIM 1</b>	By October 2020, 85% of all Kansas birth centers enrolled in VON NAS Universal Training Program will have achieved “Center of Excellence” designation
<b>AIM 2</b>	By October 2020, less than 50% of infants at risk for NAS will be directly admitted to the NICU
<b>AIM 3</b>	By October 2020, the number of infants at risk for NAS who require pharmacological treatment will decrease by 25%
<b>AIM 4</b>	By October 2020, the LOS of Kansas infants with NAS treated pharmacologically will decrease by 2 days

### DEFINITIONS:

**CENTER OF EXCELLENCE:** Center of Excellence is awarded to a specific center when 85% of its designated associates complete the VON NAS training modules

**AT RISK FOR NAS:** Infants are considered at risk if meeting one of the following criteria

- 1) Positive Maternal History of narcotic exposure (Methadone, Subutex, Suboxone, Heroin, Morphine, Codeine, Hydrocodone, Oxycodone, Tramadol, Benzodiazepines, Barbiturates taken  $\geq$  1/day, 3/week for 3 weeks prior to delivery)
- 2) Positive Maternal or Neonatal drug screen for opiates, benzodiazepines, or barbiturates.

Indications for maternal and infant drug screening:

Maternal Indications: Absent, late, or inadequate prenatal care; previously documented or admitted history of drug abuse; a previous unexplained late fetal demise; unexplained hypertensive episodes; severe mood swings; cerebrovascular accidents; myocardial infarction; and repeated spontaneous abortions; precipitous labor; abruptio placentae - without underlying etiology (Hudak & Tan, 2012)

Infant Indications: Dysmorphic features consistent with Fetal Alcohol Syndrome; Atypical vascular incidents: cerebrovascular accidents, myocardial infarction and necrotizing enterocolitis in otherwise healthy full-term infant; Unexplained intrauterine growth restriction; Unexplained microcephaly; Infant which displays symptoms of Neonatal Abstinence Syndrome – tremors, excessive crying, poor feeding; monoclonic jerks, seizures, poor sleeping, gastrointestinal disturbances (Hudak & Tan, 2012). In infants presenting with NAS symptoms, drug screens will be inaccurate if the infant has voided or stools are no longer meconium.

