

The Implementation of Eat, Sleep, and Console (ESC)

By: Jonna David, MSN, APRN, NNP-BC, FNP-C, Magnolia Alday, APRN, FNP-C
Aesa Jackson OTR/L CNT NLP NTMTC CPST, Rosemary Gharibian, BSN, RN, and Eva Gonzales



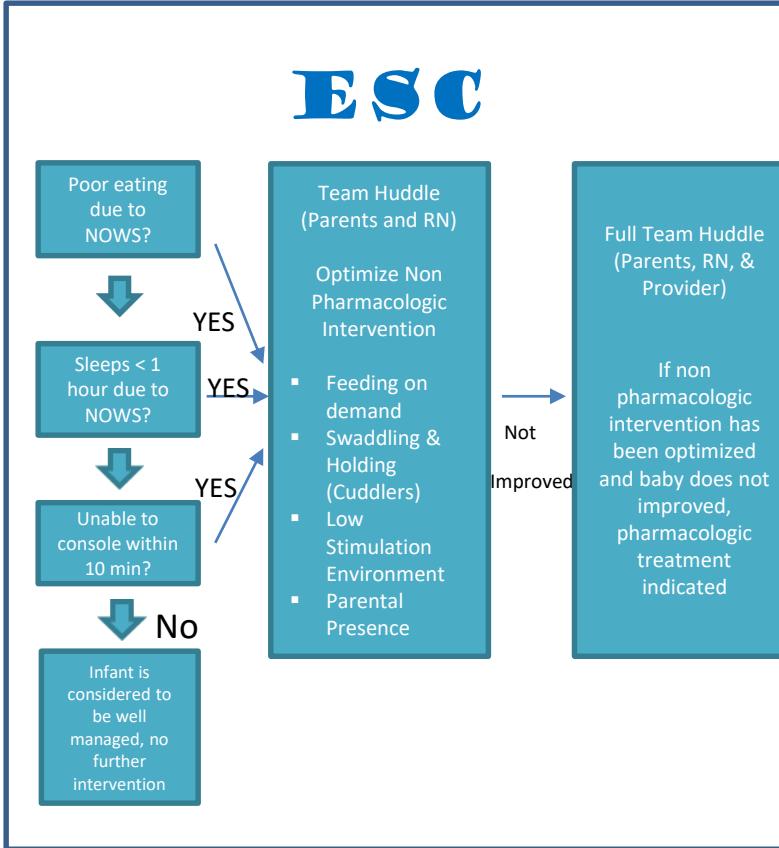
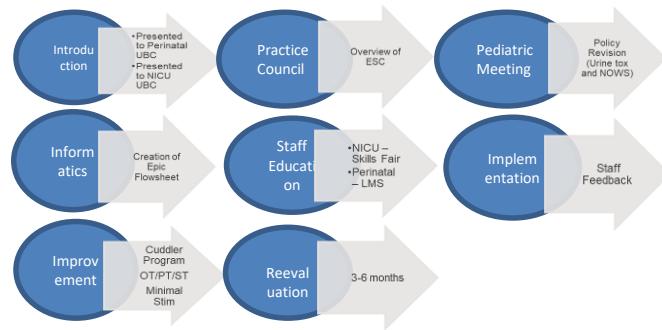
BACKGROUND

Neonatal Opioid Withdrawal Syndrome (NOWS), resulting from in-utero opioid exposure, is a growing public health concern associated with neonatal morbidity, prolonged hospital stays, and increased healthcare costs. Traditionally, infants with NOWS have been managed using pharmacologic treatment protocols guided by the Finnegan Neonatal Abstinence Scoring System. While effective, this approach is often subjective, time-intensive, and can lead to unnecessary medication exposure and separation of the infant from their family. The Eat, Sleep, Console (ESC) model was developed as a family-centered, function-based alternative to Finnegan scoring. Instead of focusing on multiple withdrawal symptoms, ESC evaluates whether the infant can eat, sleep, and be consoled.

PURPOSE

The goal of ESC is to emphasize non-pharmacologic interventions such as rooming-in, skin-to-skin contact, breastfeeding support, and caregiver involvement. Studies have shown that ESC reduces the need for pharmacologic therapy, shortens hospital stays, and promotes bonding between infants and families.

METHODS



RESULTS

NOWS is diagnosed every 18 minutes in the US in a newborn exposed to opioid in utero.

Assessment Tool	Readiness for Discharge	Length of Hospital Stay	Treated with Opioids
Function Based - ESC	8.2 days	7.8 days	19.5 %
Symptom Based- FNAS	14.9 days	14 days	52%

Advancing Clinical Trials in Neonatal Opioid Withdrawal (ACT NOW)
There is similarity in composite critical safety outcome at discharge and through 3 months of age in both groups.

CONCLUSIONS

Implementation of the Eat, Sleep, Console (ESC) model provides a safe, effective, and family-centered approach to the care of infants with NOWS. By focusing on functional well-being and emphasizing non-pharmacologic strategies, ESC reduces unnecessary medication exposure, shortens hospital stays, and strengthens caregiver-infant bonding. Transitioning from symptom-based scoring to the ESC model aligns with best practices and enhances quality of care, ultimately improving outcomes for both infants and families.

REFERENCES

American Academy of Pediatrics Grand Rounds (2023). Eat, Sleep, and Console for Neonatal Opioid Withdrawal. 50 (4): 40. <https://doi.org/10.1542/gr.50-4-40>
(Continuation of references available upon request)

