

BACKGROUND

What is Neonatal Abstinence Syndrome (NAS)?

- •Neonatal withdrawal after intrauterine exposure to illicit or prescription drugs
- •Caused by the abrupt cessation of the drug exposure at birth
- •Recognizable signs of NAS appear in 60% to 80% of neonates exposed to opioids in utero
- •Screening for NAS involves thorough maternal history and testing of maternal or neonatal urine, meconium, or umbilical cord
- •Preterm infants may not exhibit the same withdrawal symptoms or to the same degree as term infants

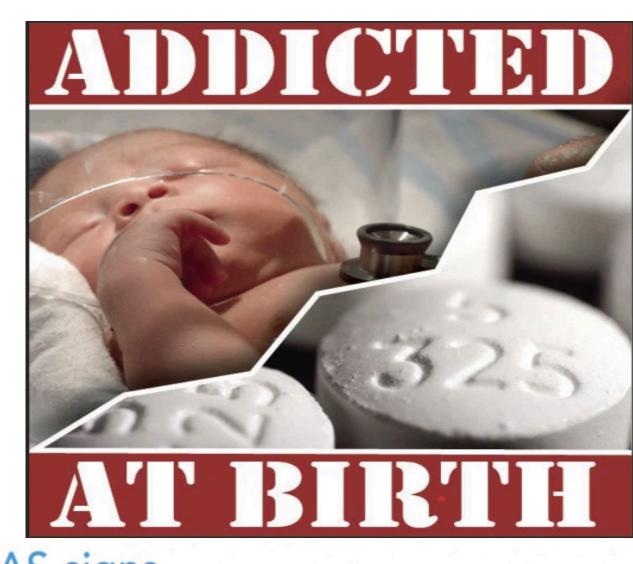
PURPOSE

•To explore the current state of practice for preterm infants born at less than 34 weeks of gestational age exposed to intrauterine opioids

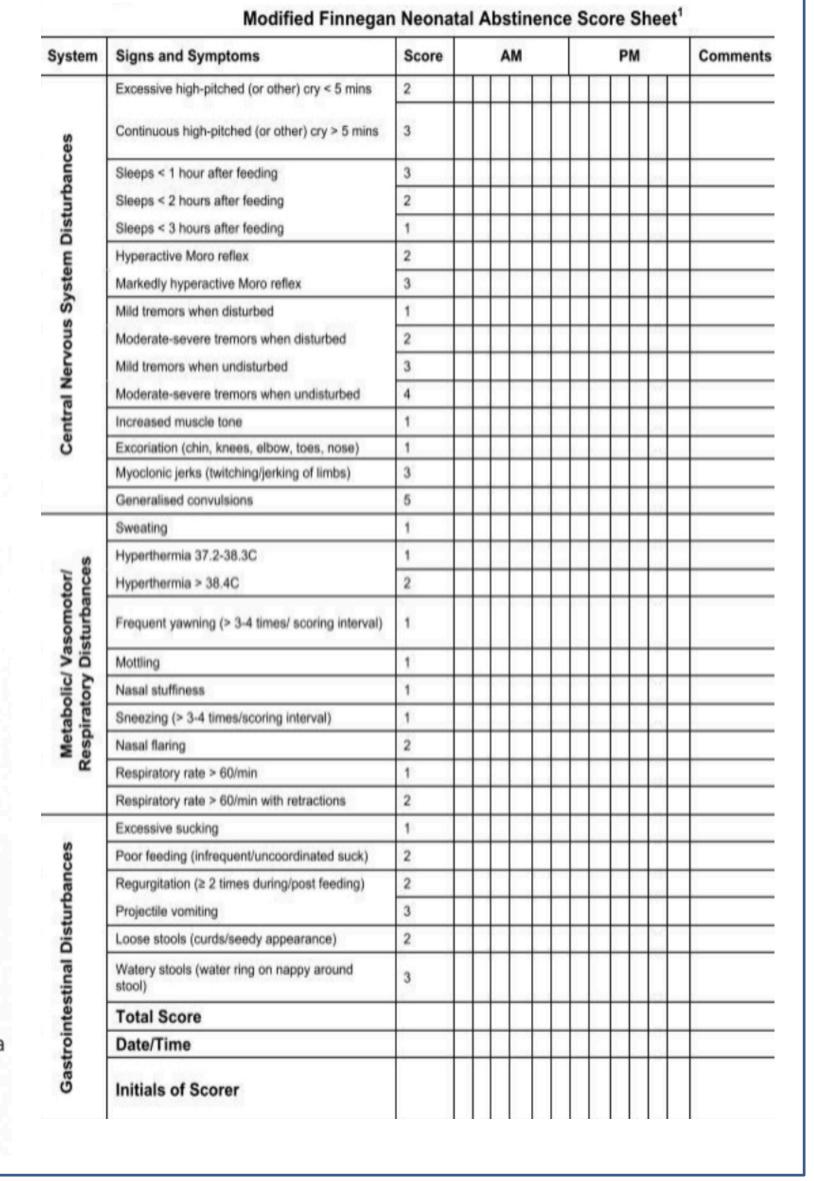
METHODS

- •Descriptive cross-sectional study of NAS practice in preterm infants born at less than 34 weeks of gestational age in NICUs in the United States and Canada was done
- •Modified Finnegan scoring tool was used for both preterm and term infants
- •Morphine was reported as the most common first-line drug used for treatment

NEONATAL ABSTINENCE SYNDROME: PRETERM VERSUS TERM NEWBORNS R. Soriano-Batu RN NICU & R. Villarama RN NICU



NAS signs Signs of neonatal abstinence syndrome (NAS) primarily occur in the neurologic, respiratory, and GI systems. High-pitched cry Hyperirritability Seizures Sleep deprivation and fragmentation Tachypnea Hypertension Tachycardia Diarrhea Excessive weight loss Vomiting Hyperthermia Hypertonia Tremors





RESULTS

- •Due to immaturity, lower fat deposits, delayed CNS development, and differences in total drug exposure, preterm infants may have a lower risk of drug withdrawal, a less severe course of NAS, a shorter length of stay and a shorter length of pharmacological treatment, and a lower maximum dose of medication therapy
- •Preterm infants' scores on the modified Finnegan scoring tool were lower than those of their term counterparts
- •Preterm infants were more often scored for hyperactive Moro reflex, tachypnea, and poor feeding.

CONCLUSIONS

- •Great variability in NAS practice for preterm infants across the multiple NICUs supports the need for a validated preterm infant assessment tool and development of appropriate treatment strategies
- •Use of the same protocols regardless of gestational age may result in drug overexposure in preterm neonates due to their altered drug metabolism
- •Modified Finnegan tool should continue to be used for assessment of NAS in preterm infants as there is no alternative validated tool

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