

2022

Neonatal Abstinence Syndrome in Virginia: Supporting Pregnant Women Impacted by Opioid and Other Substance Use

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Recommended Citation

Burns, Anna, "Neonatal Abstinence Syndrome in Virginia: Supporting Pregnant Women Impacted by Opioid and Other Substance Use" (2022). *College of Health Sciences Posters*. 1.
https://digitalcommons.odu.edu/gradposters2022_healthsciences/1

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Background and Rationale

- Neonatal Abstinence Syndrome (NAS) is a withdrawal syndrome in babies. Women who use alcohol or drugs, such as opioids, during pregnancy may give birth to babies who are addicted to these substances.
- NAS is characterized by irritability, respiratory symptoms, feeding difficulties, and even seizures in newborns.
- NAS incidence in Virginia from 1.19 per 1000 hospital births in 2000, to 5.63 in 2014. During the same period, the number of infants treated for the syndrome in US neonatal intensive care units increased five-fold.
- Although the incidence of NAS in Virginia decreased in recent years, the numbers remain high with rural areas being disproportionately affected. Some counties report rates over 30 per 1,000 hospital births.
- Maternal opioid use and NAS disproportionately impact low-income women and infants who receive medical care covered by Medicaid.

Risk Factors for Substance Abuse During Pregnancy	Protective Factors
All Women of Childbearing Age	
• Initiation of prescription drug misuse before age 13	• Having greater perception of substance misuse risks
• Past-year misuse of alcohol, marijuana, and illicit substances	• Having a four-year college degree
• Being unemployed or having lower household income	• Community norms that disapprove of the non-medical use of prescription drugs
• Having poor health, illness, or injury	• Being married
• Past-year diagnosis of anxiety or mood disorders	• Being employed

Early Intervention Engagement for Families Impacted by Substance Misuse

Vision

- All eligible pregnant women and families are connected to their local early intervention (EI) program before birth to ensure the earliest possible engagement in services to achieve the best possible outcomes.

Model

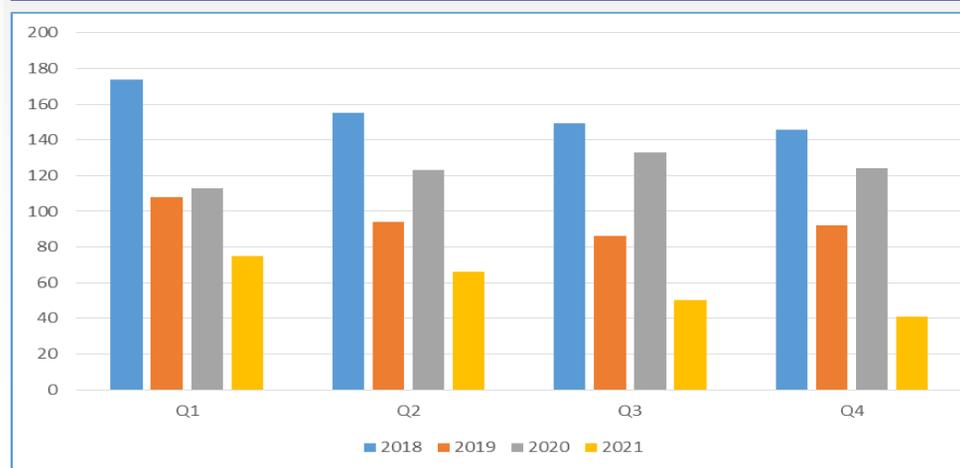
- An individualized service plan is developed in partnership with each eligible family that defines outcomes and services to be provided to the future mother, family, and other caregivers.

Strategies

- Home visiting philosophy with the focus on the future mother to promote and reinforce confidence and competence.
- Setting short-term goals in collaboration with the family will allow for early success.
- EI programs will utilize a team approach, which includes the family. Services may be provided by a mental health worker, occupational therapist, social worker, nurse, and other specialty service providers.
- Open conversations about substance abuse, addiction, and post-partum depression will help to remove the stigma and increase the chances of early referral and treatment and may allow for preventive self-care strategies.
- EI staff are knowledgeable about and partner with community providers for medical care, addiction issues, mental health services, childcare, food and clothing needs, and other supports.
- EI prioritizes understanding what is important to families and builds services around these priorities.

<https://www.vdh.virginia.gov/opioid-data/neonatal-abstinence-syndrome-nas>

NAS Cases Reported by Quarter (2018-2021)



Conclusion

- The personal and societal burden of NAS continues to grow across Virginia. State-level preventative intervention could greatly mitigate the effects of NAS and the associated health care burden.

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