

# SSM Health St. Mary's Hospital – St. Louis



### MNO – Neo Team

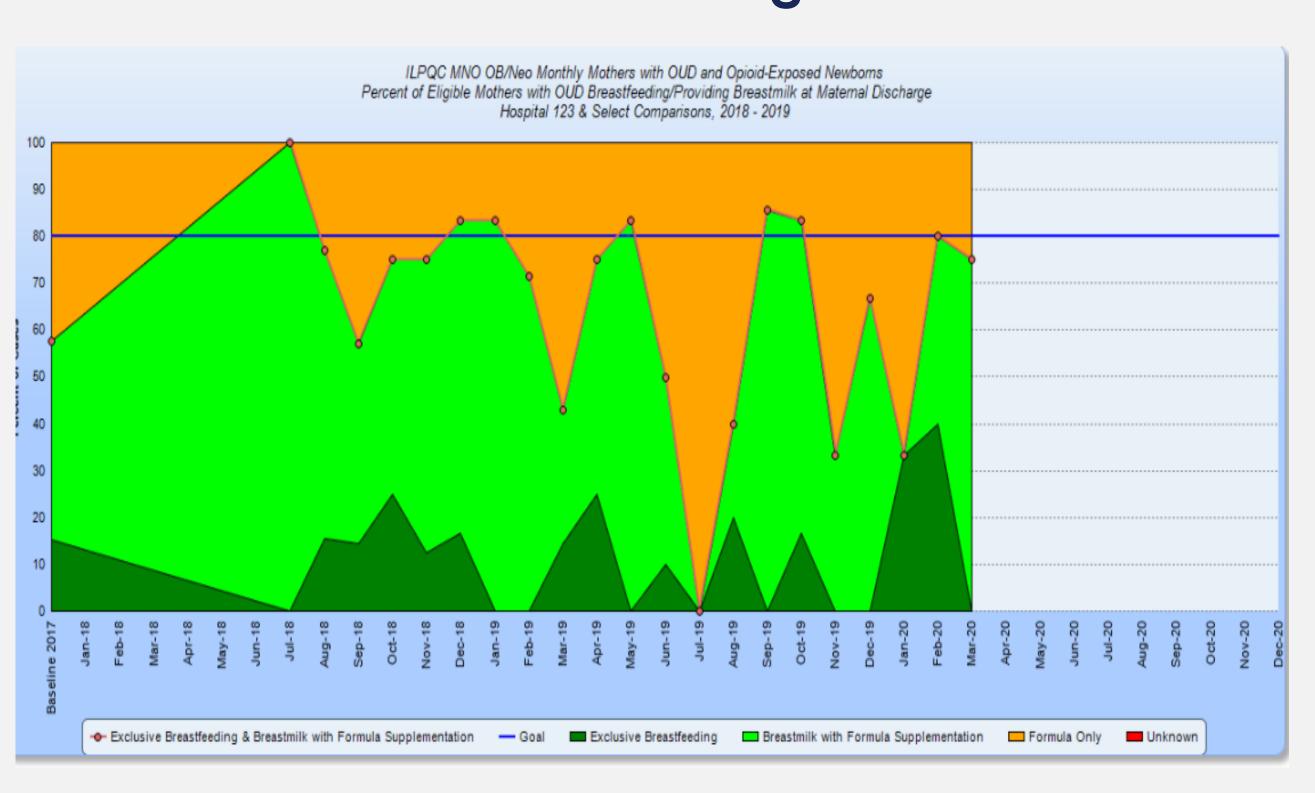
Katie Althoff-Moore – Nurse Manager Mother/Baby
Dr. Kim Spence – Neonatologist
Brenda Davidson – Director Women's Services
Mary Hope – Perinatal Outreach Specialist
Becky Boedeker – Lactation Consultant
Judy Wilson-Griffin – Perinatal Nurse Specialist





## MNO – Neo Data

#### Breastfeeding

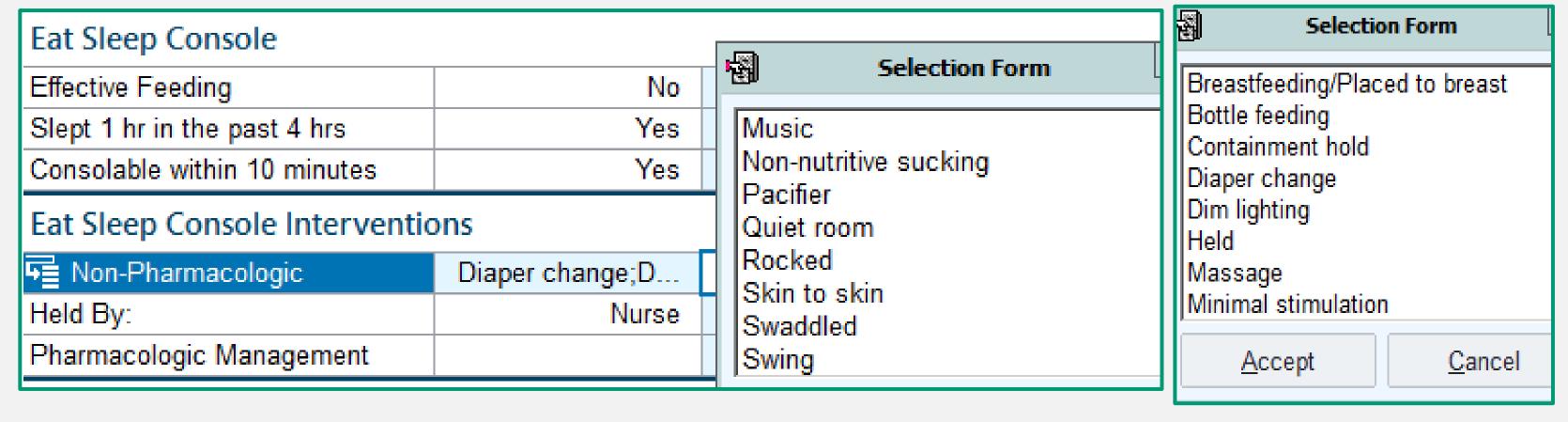


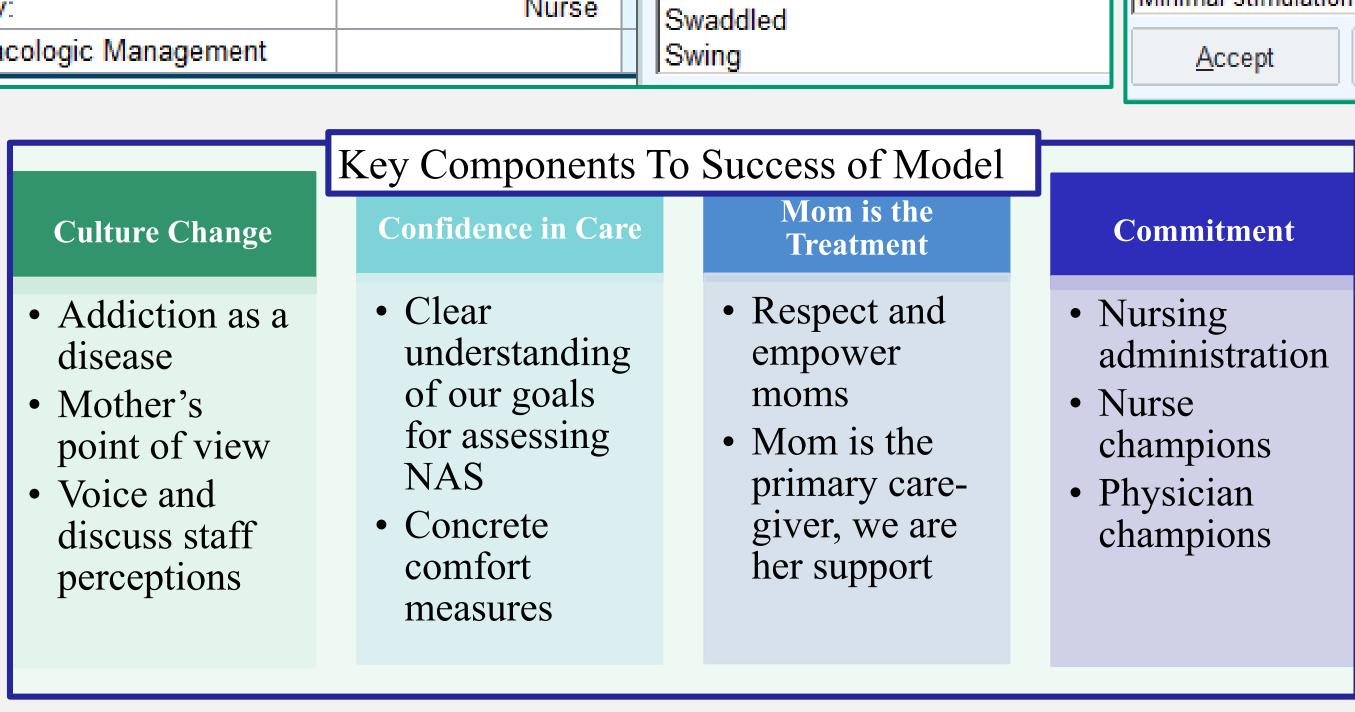
#### Pharm/Non-Pharm Treatments

Month	Total doses administered	6W doses administered	Babies treated 6W	NICU doses administered	Babies treated NICU
Dec	76	3	2	73 (58 doses >0.1 mg)	3
Jan 2020	45	5	2	40 (29 doses > 0.1 mg)	2
Feb	31	16	8	15	2
March	10	6	2	4	1
April	25	3	1	22	4

## **MNO-Neo Progress**

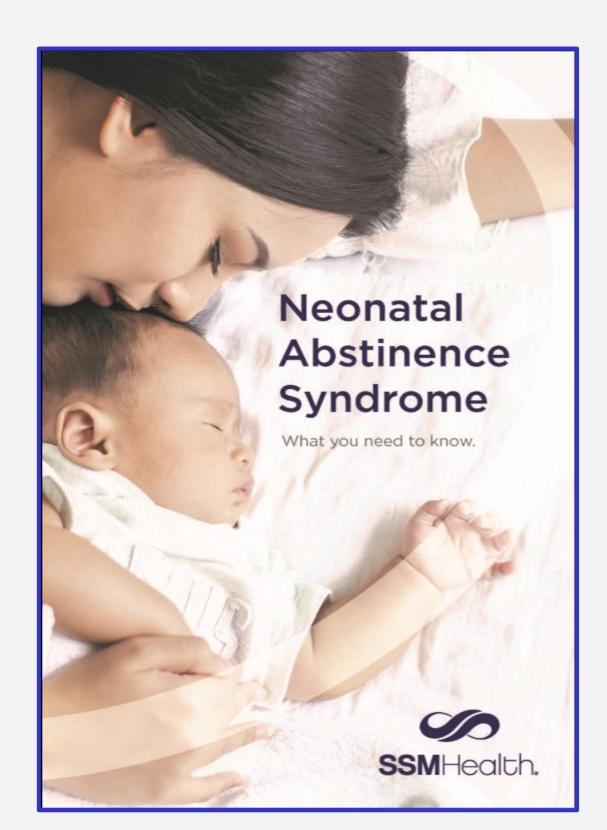
NAS Assessment Tool & Non-Pharmacologic Interventions added to the Electronic Medical Record





#### **MNO-Neo Folders**

- Intro to the Family
- NAS booklet
- You are the treatment
- Partners in Care
- Calming Methods
- Breastfeeding



I .			
Room in with your baby:	Hold your baby skin to skin		
<ul> <li>Remain with your baby, room in together</li> <li>Avoid frequent transfers to the nursery.</li> <li>Take deep, calming breaths.         Your baby can sense your stress.     </li> </ul>	<ul> <li>• Hold infant close to you, tummy to tummy or curled C-position with head slightly flexed and knees toward chest.</li> <li>• Avoid noxious smells and tastes.</li> <li>• Provide infant a scented blanket from you (lovey you have held against your skin) when you are apart.</li> </ul>		
Feed and comfort your baby	Limit Visitors:		
<ul> <li>On demand":</li> <li>Breastfeed if allowed by your medical team.</li> <li>Respond early to infant's signal before they become very upset.</li> <li>Swaddle snuggly with light weight blanket, with hips tucked and hands toward face</li> </ul>	<ul> <li>Cluster care together. When infant is sleeping, let them sleep.</li> <li>Keep number of visitors in the room as few as possible</li> </ul>		
Keep lights low and minimize	Gently comfort your baby if		
noise:	he/she is upset:		
<ul> <li>Avoid television shows with high color contrast.</li> <li>Avoid flashing lights on cameras and telephones.</li> <li>Avoid telephones with audible ringtones.</li> </ul>	<ul> <li>Expose infant to rhythmic, slow, and steady sounds (like mom's heartbeat).</li> <li>Use slow, fluent movements when picking up or placing infant down.</li> <li>Avoid bouncing up and down.</li> </ul>		

## Monthly Multidisciplinary Taskforce Meeting

#### All NAS cases Reviewed for:

- NICU admission
- Need for pharmacologic treatment
- Number of doses given

# Coordinated Discharge

Discharge Begins on Admission

#### Nurses:

- Review admission packet
- Educate re: NAS symptoms and treatment
- Support non-pharmacologic care
- Feeding plan fortifying EBM or formula

#### Pediatricians:

- Ensure follow-up appointment
- Handoff to community pediatrician
- Appointment for neuro follow up clinic

#### **Social Workers:**

- Family assessment
- Referral to community resources
- Notification to state agencies

#### Occupational Therapist:

- Neuro assessment
- Reinforce education on non-pharmacologic measures



## BASIC

## Planning Participation

Team Lead: Dr. Shakir Mohamad, Neonatologist

Nursing Leaders: Julie Nickles DNP, RN, NICU Nurse Manager and Melissa Miller MSN, RN, RNC-NIC, FNP-C

Pharmacy: Laurie Niewoehner, PharmD, Clinical Pharmacy Specialist NICU

Plan to engage further participation from nursing staff and Pediatricians