



State of Illinois
Illinois Department of Public Health

Neonatal Abstinence Syndrome

What you need to know



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Gratefully adapted with permission from Dartmouth-Hitchcock Medical Center and the Ohio Perinatal Quality Collaborative.

Neonatal Abstinence Syndrome (NAS)

Congratulations on the birth of your new baby! This is a happy time for you, but all parents face challenges in their baby's first year. Some babies need extra attention, including those born with neonatal abstinence syndrome (NAS). NAS occurs when a baby experiences withdrawal symptoms similar to withdrawal symptoms that adults can have. This happens when the baby is born and is suddenly cut off from the medicines or drugs in the mother's body. Within 1 to 5 days, the baby may start to show signs that something is wrong.

It's hard to know which babies will have NAS. Some babies will have it even though their mothers only took small doses of medicines for a brief time during pregnancy. Others may show signs because their mothers took large amounts of drugs for a long time while pregnant. No matter the reason, this guide was written to help you learn about NAS and how to help your baby be healthy.

You play an important role in helping your baby get better. Pay attention to your baby's needs. Helping your baby stay calm and comfortable is some of the best medicine he or she will ever receive. If possible, room with or stay as close to your baby as possible so you can help participate in your baby's care.

When will my baby show signs of NAS?

The time it takes to show symptoms can depend on the following:

- How long the medication or drug is active in the mother
- The dose of the medicine
- Whether other drugs or substances were used at the same time, such as nicotine, opiates or narcotics that were not prescribed to the mother

What are the signs of NAS?

- High-pitched cry / crankiness
- Shaking / jitters
- Trouble sleeping
- Stuffy nose / sneezing
- Yawning
- Difficulty feeding due to problems sucking
- Stiff arms, legs and back
- Vomiting / diarrhea
- Poor weight gain after the 4th day of life
- Fast breathing
- Skin breakdown, particularly in the diaper area or on the face

Your nurse will be collecting your baby's first bowel movement (called meconium) for testing in the lab. A sample of the baby's urine or umbilical cord may also be collected.

Where will my baby and I be while he or she is being monitored?

It is important to stay in the same room with your baby in the hospital if possible. This will help make sure you can be close by when your baby cries or is fussy so you can hold and comfort your baby. If your baby only needs to be monitored for 2 days, you and your baby may be cared for in your room. If your baby needs to be monitored for longer, we will try our best to have you and your baby room together.

If your baby has signs of withdrawal, and needs treatment with medication, he or she will stay in the hospital. We will try our best to have you and your baby stay together and we will encourage you to stay as close to your baby as possible. This will help you care for your baby during his or her withdrawal.

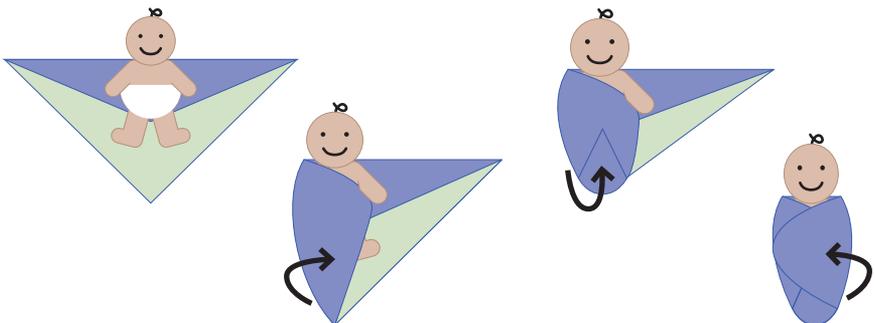
How can I help my baby?

Whether or not your baby needs medicine, you can help your baby by:

- Staying close to your baby
- Continually holding and swaddling your baby
- Making skin-to-skin contact with your baby
- Feeding your baby whenever he or she looks hungry
- Keeping things quiet and calm around your baby (few visitors, no noise, no bright lights)
- Breastfeeding

Your nurse can help you learn how to swaddle your baby if you want to practice or do not know how. If you have any questions at all, please ask.

How to swaddle your baby



Does my baby need medicine to get better?

If your baby has many strong signs of withdrawal, your doctor may give him or her medicine to help. The medicines that babies with NAS are given most often are morphine and methadone. Sometimes other medicines may be added to help your baby during this time. Your doctor or nurse can explain your baby's medication in more detail.

What happens if my baby is given medicine for NAS?

- Medicines like morphine or methadone will help your baby be more comfortable.
- Your baby may receive medicines on an as needed basis, or they may be scheduled every few hours.
- As your baby starts to get better, the dose of medicine will slowly be lowered, and then stopped.

How long will my baby need treatment?

NAS can last from one week up to many weeks. It is hard to know how long it will last. The length of withdrawal depends on the medicines or drugs — and the amounts — your baby was exposed to during pregnancy.

How long will my baby have symptoms?

NAS can last from one week to a few months. It is difficult to know how long it will last. The length of the withdrawal symptoms depends on what medicines or drugs the baby was exposed to. It also depends on how much of these the baby got while you were pregnant. It is important to let your baby's health care provider know what drugs and medicines your baby was exposed to during the pregnancy.

Can I breastfeed my baby?

If advised by your physician, breastfeeding may help your baby. It is generally safe for mothers to breastfeed if they are in a stable treatment program, even if you are taking medicine given to you by a doctor or nurse — and even if the medicine is for drug withdrawal. Breastfeeding is not safe for mothers who are not in a treatment program, or who are using alcohol or illegal drugs. Talk to your doctor about breastfeeding and the medicines you may be taking. Talk to your doctor about treatment options for opiate addiction.

It is very important that you not take any other medications while breastfeeding unless your baby's doctor says the medicines are safe. If you are or will be using any drugs or illegal medicines (medicines prescribed to someone else), it is best that you do not breastfeed. This is because the dangers are too great for your baby.



What do I do if my baby experiences NAS?

Your baby will need a lot of attention in the beginning. He or she may be fussy and hard to calm, but don't give up on comforting your baby. You have everything your baby needs.

It can be stressful for parents to have a baby who cries a lot. Many parents describe the time their baby spends in withdrawal as an emotional roller coaster. We understand that this is a very stressful and emotional time for you. Take comfort in knowing that we all have the same goal: to help you and your baby through the withdrawal so you can go home as soon as possible. Ask friends and family for help so that you get the breaks and the support you need.

When can I take my baby home?

Your baby's medical team will help decide when it is safe for your baby to go home and will help you learn about caring for your baby.

Your baby is ready to go home when he or she:

- Has had monitoring completed depending on the medicine you were on during the pregnancy.
- Is no longer needing medicine, if it was started.
- Is feeding without difficulty.
- Is able to maintain a stable heart rate, breathing rate, and temperature.
- Has referrals in place for community support such as a home visiting nurse.
- Has a primary care provider (PCP) and a follow-up appointment.
- Has completed all the newborn health care (hearing screen, hepatitis B shot, newborn blood screening).

If your baby needed to stay in the NICU, it will be especially important for you to spend as much time as possible taking care of your baby on your own before you go home. This will help you feel comfortable and confident in caring for your baby at home.

Will my baby have problems after we go home?

The symptoms of NAS may continue for more than a week and possibly up to several months. Over this time, the symptoms will start to fade. Your baby will be discharged when there is little risk for serious problems at home.

Once at home, your baby may continue to experience the following:

- Problems feeding.
- Slow weight gain.
- Poor sleeping patterns.
- Sneezing or stuffy nose.

Your baby's doctor and nurse will help teach you ways to take care of your baby. They will also teach you how to help your baby if he or she is having any of the problems listed above. Practice different ways of caring for your baby while in the hospital. You will learn what works best for your baby. Ask your baby's doctor or nurse if you have any questions. We feel that any question you have is an important one. We want you to feel comfortable taking care of your baby in the hospital and when going home.

How can I care for my baby and me at home?

Remember, babies cry a lot and babies with NAS tend to cry more often and easily. Helping yourself and managing your stress will help you care for your baby.

- Settle into a quiet, low-lit room to feed your baby.
- Gently rock or sway your baby to calm him or her. (Do not walk or sway your baby while feeding).
- If you feel upset, walk away and take deep breaths for a few minutes.
- Never shake your baby or put anything over your baby's face to quiet your baby.
- Call a family member, friend, or your baby's doctor or nurse if you feel upset, angry, scared, or just need help. Everyone needs help sometimes.

Asking questions helps you help your baby



If you have any questions or concerns about your baby when you are at home, or if something just does not seem right, talk to your baby's doctor or nurse. It is important to feel comfortable taking care of your baby, and asking questions — any questions help you help your baby.



Ways to support and care for your baby

Parents and caregivers of a baby with NAS can help the baby get better.

Here are some things you can do:

Make your baby comfortable by setting up a routine, letting few people visit, talking softly, keeping the room quiet and dim (turn off the TV or radio, turn your phone down or off, and turn down the lights).

Let your baby sleep as long as needed and without being woken up suddenly.

Make feeding time quiet and calm, and burp your baby often.

Learn to spot your baby's "I am upset" signs, whether he or she is yawning, sneezing, shaking, crying, or frowning. Also know the signs that say your baby is happy, hungry, or relaxed.

When your baby is upset, stop what you are doing, hold your baby skin-to-skin or gently swaddle him or her in a blanket on your chest. Let your baby calm down before trying anything new, or gently sway or rock your baby.

Gently and slowly introduce new things to your baby one at a time.

As your baby becomes calmer for longer periods of time, start checking to see if he or she might like to have the blanket wrapped more loosely or taken off sometimes.

Extra ways to calm and help your baby

Behavior

Calming Suggestions

Prolonged or high-pitched crying (crying that lasts a long time or is louder than normal)

- Hold your baby close to your body, skin-to-skin or swaddled in a blanket.
- Decrease loud noises, bright lights, and any excessive handling.
- Gently rock or sway your baby while humming or singing.

Sleeplessness (problem sleeping)

- Reduce noise, bright lights, patting, or touching your baby too much.
- Play soft, gentle music.
- Gently rock or sway your baby while humming or singing.
- Change your baby's diaper if wet or dirty.
- Check for and treat diaper rash with a lotion or ointment, such as Vaseline®, A&D®, or Desitin®.

Excessive sucking of fists (sucking on fists a lot)

- Feed your baby when hungry and until content.
- Offer a pacifier or finger if your baby wants to suck but isn't hungry.
- Cover hands with mittens or sleeves if skin becomes raw.
- Keep areas of damaged skin clean.
- Avoid lotions or creams on the hands as the baby may suck on them and swallow these products.

Difficult or poor feeding (problems feeding)

- Feed your baby when hungry and until content.
- If your baby is having problems with spitting up, feed smaller amounts and more often.
- Feed in a calm and quiet area.
- Limit visitors so that your baby does not get handled too much.
- Feed your baby slowly.
- Allow your baby to rest a little during and after the feedings.
- Help your baby feed by supporting his or her cheeks and lower jaw (if needed).

Extra ways to calm and help your baby

Behavior	Calming Suggestions
Sneezing, stuffy nose	<ul style="list-style-type: none">■ Keep baby's nose and mouth clean with a soft washcloth.
Breathing troubles	<ul style="list-style-type: none">■ Avoid over dressing or wrapping your baby too tightly.■ Always have your baby sleep on his or her back, never on the tummy.■ Call your baby's provider if your baby is having trouble breathing (breathing is fast, labored, noisy, and/or there is a bluish tinge to the skin).
Spitting up	<ul style="list-style-type: none">■ Burp your baby each time he or she stops sucking.■ Hold your baby upright for a period of time after feeding.■ Keep your baby's bedding and clothes free of spit up.
Trembling	<ul style="list-style-type: none">■ Keep your baby in a warm quiet room.■ Avoid excessive handling of your baby during care routines or when people come to visit.
Fever	<ul style="list-style-type: none">■ Do not over dress or over bundle your baby.■ Report a temperature greater than 100° F to your baby's doctor.



Key Contacts

My doctor's name and contact information:

Other contacts:

Taking care of your baby also means taking care of yourself, from following your doctor's orders to keeping up with your treatment plan. Please remember, we are here to help you and your family!

Notes

Babies use their bodies and voices to communicate all the time. Write down the things that seem to make your baby happy and unhappy. Also, note the best ways to calm your baby.

How do I know when my baby is unhappy?

How do I know when my baby is happy?

What seems to relax my baby?

How else can I help my baby?





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Neonatal Abstinence Syndrome (NAS): What You Need to Know



Be with your baby:
You are the treatment!

-
1. **Hold your baby:** When your baby is fussy or upset, hold your baby. Your family can help too.
 2. **Practice these calming techniques:**
 - Swaddle or tightly wrap your baby in a blanket to help soothe him or her. Ask your nurses to show you how to swaddle your baby.
 - Pacifier for non-nutritive sucking
 - Shooshing
 - Slow, rhythmic up and down movements
 3. **Feed on demand:** If you can, feed your baby breast milk. Feed your baby on demand by watching your baby for feeding cues instead of the clock.
 4. **Skin-to-skin:** Holding your baby skin-to-skin can help calm your baby. Be careful though - if you are feeling sleepy, place your baby in a bassinet.
 5. **Room-In:** Stay in the same room with your baby in the hospital if possible. This will help make sure you will be close by when your baby cries or is fussy, so you can hold and comfort your baby.
 6. **Quiet room:** Keep the noise level as low as possible by limiting visitors, asking your family, friends, and hospital staff to speak softly, keeping the TV volume low, and talking on the phone quietly.
 7. **Dim the lights** in your room.
 8. **Cluster care:** Ask your doctors and nurses to group their care visits together when possible to help limit disruptions for your baby.
 9. **Medications:** Some babies with NAS require medication to help with their symptoms of withdrawal, to allow them to sleep, eat, and be comfortable.

IDPH and ILPQC gratefully acknowledge Boston Medical Center for its contributions to this brochure.

Newborn Care Diary

Baby's name: _____ Medical Record Number: _____ Date: _____

Time of feed (start to finish)	Breast feeding (total # minutes)	Bottle feeding (total # mL)	Time baby fell asleep	Time baby woke up	Did baby feed well? (if no, describe)	Did baby sleep for an hour or more? (If no, describe)	Did baby console in 10 min? (if no, describe)	Check box for diaper wet	Check box for diaper dirty (please describe)	Care provided and extra comments	Update given to care team
8:10-8:25	L-10 R-15		8:35	11:50	Yes, but I had a hard time getting him to latch since he was crying. Took 10 min to get him on	Yes	Yes, but he was very fussy and I had to offer the breast	√	√√ Loose	Skin to skin provided right when he woke up.	√ 1/1/19 @ 1205

Newborn Care Diary

Baby's name: _____ Medical Record Number: _____ Date: _____

Time of feed (start to finish)	Breast feeding (total # minutes)	Bottle feeding (total # mL)	Time baby fell asleep	Time baby woke up	Did baby feed well? (if no, describe)	Did baby sleep for an hour or more? (If no, describe)	Did baby console in 10 min? (if no, describe)	Check box for diaper wet	Check box for diaper dirty (please describe)	Care provided and extra comments	Update given to care team



ILPQC MNO Prenatal Consultation Guidelines

PREPARING FOR A HEALTHY PREGNANCY AND BIRTH

- Discuss the need for continued maternal compliance with treatment for opioid use disorder
- Discuss limiting tobacco and marijuana exposure
- Discuss impact of maternal outpatient medications (including mental health medications like SSRIs)
- Communicate with OB provider after consultation

REVIEWING NEONATAL ABSTINENCE SYNDROME (NAS)

- Discuss the signs and symptoms of Neonatal Abstinence Syndrome (NAS)
- Discuss duration of NAS symptoms

DESCRIBING EXPECTATIONS AFTER BABY IS BORN

- Discuss location of care in your hospital for infants with NAS
- Discuss the need for 4-7 days of inpatient monitoring for infants who do not require pharmacotherapy
- Review possible NAS assessment methodologies at your hospital (Finnegan, ESC, etc.)
- Discuss approach to toxicology testing of the infants
- Describe the benefits of the mother to stay in the hospital until baby is discharged (if hospital is able to provide a place for mother)
 - o Address barriers to staying with baby
- Discuss arrangements to be present during the hospitalization including speaking to residential treatment programs, methadone guest dosing near the hospital, childcare preparations, and transportation considerations
- Review need for a support person to assist the mother during the hospitalization
- Discuss anticipated length of hospitalization and criteria for discharge
- Discuss need for at least 48 hours of inpatient monitoring after stopping NAS medications for infants who require pharmacotherapy
- Review maternal Hepatitis C status, and if positive discuss with mother potential impact on baby (5% transmission rate)

TREATING NAS

- ❑ Review non-pharmacologic care as the key to treatment of NAS
 - Moms are the best treatment!
- ❑ Discuss the approach to non-pharmacologic care
 - Feeding on demand
 - Swaddling
 - Holding, cuddling, or gently rocking
 - Non-nutritive sucking
 - Rooming-in
 - Breastfeeding or pumping milk as appropriate
 - Keep lights, noise, visitors to a minimum
 - Skin-to-skin
 - Gently handling
 - Avoid waking baby
- ❑ Discuss the possibility of needing medication to treat symptoms

BREASTFEEDING

- ❑ Review benefits of breastfeeding and breast milk in the context of NAS
- ❑ Review possible need for supplementation or higher calorie formula
- ❑ Review breastfeeding contraindications
- ❑ Review breastfeeding if the mother has Hepatitis C infection
 - AAP 2015 Redbook recommendations regarding breastfeeding: “Maternal HCV infection is not a contraindication to breastfeeding. Mothers who are HCV positive and choose to breastfeed should consider abstaining if their nipples are cracked or bleeding.”

DISCHARGE EXPECTATIONS

- ❑ Discuss the process for DCFS reporting in Illinois
- ❑ Discuss need for inpatient monitoring for 4-7 days if no pharmacologic treatment needed
- ❑ Discuss discharge approximately 48 after stopping pharmacologic treatment and possible length of time in the hospital
- ❑ Discuss need for optimal weight gain
- ❑ Discuss need for close follow-up with the baby’s pediatrician
- ❑ Discuss need and timing for Hepatitis C monitoring in the infant if the mother has HCV infection
 - HCV antibody testing at 18 months
 - HCV RNA-PCR could be obtained at 2-4 months if earlier concerns



ILPQC Infant Bedside Sheet

Baby's Name: _____ Baby's Med Record #: _____ Date: _____

Shift Time (i.e. 7am-7pm)											
ESC Assessment											
Poor feeding due to NAS? Yes/No											
Sleep < 1 hr due to NAS? Yes/No											
Unable to console within 10 minutes due to NAS? Yes/No											
Care Plan											
Recommend Full Care Team Huddle? Yes/No											
Management Decision: 1. Optimize Non-Pharmacologic Care 2. Initiate Medication 3. Continue Medication 4. Other (please describe)											
Parental/Caregiver Presence 0: No parent present 1: < 1 hour 2: 1-2 hours 3: 2-3 hours 4: ≥ 3 hours											
Non-Pharmacologic Care (check all that were reviewed)											
Rooming-in: Increase/Reinforce											
Parent/caregiver presence:											
Skin-to-skin contact:											
Holding by caregiver/cuddler:											
Safe swaddling:											
Optimal feeding at early hunger cues:											
Quiet, low-light environment:											
Non-nutritive sucking/pacifier:											
Limiting visitors:											
Clustering Care:											
Safe sleep/fall prevention:											
*Was the above Infant Bedside Sheet fully completed for this shift? Yes/No											

**Record total number of fully completed shifts (columns) for this infant in REDCap- Question 22 in Neonatal Form. Use multiple forms if needed*

Breastfeeding Traffic Light

Green Light

This substance may continue to be used by the breastfeeding mother. This mother may continue to breastfeed or provide expressed breast milk with her current diagnosis or condition.

Substance or Condition	Special Considerations
Acetaminophen + oxycodone (Percocet)	When the substance is prescribed. If NAS is observed in the infant, continue to encourage breastfeeding.
Buprenorphine (Subutex)	When the substance is prescribed as part of a treatment program. If NAS is observed in the infant, continue to encourage breastfeeding.
Buprenorphine + Naloxone (Suboxone)	When the substance is prescribed as part of a treatment program. If NAS is observed in the infant, continue to encourage breastfeeding.
Caffeine	Moderate intake. If the infant appears jittery or irritable, reducing caffeine consumption may be advised.
Lorazepam	When the substance is prescribed. If NAS is observed in the infant, continue to encourage breastfeeding.
Methadone	When the substance is prescribed as part of a treatment program. If NAS is observed in the infant, continue to encourage breastfeeding.
Selective Serotonin Reuptake Inhibitors (SSRIs) <ul style="list-style-type: none"> • citalopram (Celexa) • escitalopram (Lexapro), • fluoxetine (Prozac) • fluvoxamine (Luvox) • paroxetine (Paxil) • sertraline (Zoloft) 	Some SSRIs are preferred over others; however, all SSRIs are considered compatible with breastfeeding . Discussion regarding specific SSRIs can occur between the mother and her prescriber. If NAS/toxicity is observed in the infant, continue to encourage breastfeeding.

Yellow Light

This substance may continue to be used by the breastfeeding mother **with caution, but it is recommended to reduce or eliminate use**. This mother may continue to breast feed or feed expressed breast milk with the listed diagnosis or condition **under the specified conditions**.

Substance or Condition	Special Considerations
Cannabis	Data is insufficient to determine if maternal cannabis use is safe for the breastfeeding infant. At this time while the mother may continue to breastfeed, it is strongly encouraged that she stops cannabis use.
Hepatitis B	Breastfeeding should not be delayed for the infant to receive the Hep B immunization. In the case of an open wound on the nipple, the mother should temporarily suspend breastfeeding until the wound has healed while pumping to support her milk supply. Contact lactation services for a consultation.
Hepatitis C	In the case of an open wound on the nipple, the mother should temporarily suspend breastfeeding until the wound has healed while pumping to support her milk supply. Contact lactation services for a consultation.
Herpes, inactive or active with no lesions on the breast	When herpes is active with lesions present on the breast, breastfeeding should be suspended until the lesions have resolved. The mother should pump to support her milk supply. Contact lactation services for a consultation.
Nicotine	All mothers should be encouraged to reduce or eliminate nicotine use. Breastfeeding may continue while reducing or eliminating use of nicotine. Recommendations include smoking after, not before, feeding and smoking outside the infant's home.

Red Light

This substance is **contraindicated** during breastfeeding. This mother **may not** continue to breastfeed with the listed diagnosis or condition.

Substance or Condition	Special Considerations
Cocaine	Street drugs are contraindicated during breastfeeding. See lactation services for the Academy of Breastfeeding Medicine's recommendations for mothers with cocaine substance use disorder.
Heroin	Street drugs are contraindicated during breastfeeding. Mothers who admit to heroin use during pregnancy should be encouraged to breastfeed during their hospital stay and enter a drug treatment program, but discontinue breastfeeding if they plan to continue heroin use.
HIV	At this time the CDC advises against breastfeeding for HIV+ mothers, even when being treated with anti-retroviral therapy.

References

Division of Nutrition, Physical Activity, and Obesity, National Center for Chronic Disease

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<https://www.cdc.gov/breastfeeding/index.htm>

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(2018). Lactmed: A toxnet database. Retrieved from

<https://toxnet.nlm.nih.gov/newtoxnet/lactmed.htm>

MNO Discharge Checklist

This MNO-Neonatal Discharge Checklist needs to be completed for every Opioid-Exposed Newborn (OEN) before infant discharge.

CLINICAL READINESS

- 4-7 days of inpatient monitoring for infants **who do not require pharmacotherapy**
- 48 hours of inpatient monitoring after pharmacotherapy for infants who **require pharmacotherapy**
- The infant should feed well and gain weight over two consecutive days
- Consultation with social work or hospital equivalent completed
- Medication dispensing schedule and demonstration of ability to dose the infant, as applicable
- Scheduled a developmental follow-up appointment and/or physical and occupational therapy appointments as applicable
- Hepatitis B/Hepatitis C/HIV exposed infants – Pediatric infectious disease appointment scheduled or if preference is to follow infant in primary care, please refer to 2018 American Academy of Pediatrics Red Book for current recommendations.

FAMILY PREPAREDNESS

- Education provided regarding:
 - Understanding components of **MNO Collaborative Discharge Plan**
 - Importance and benefits of breastfeeding, unless contraindicated
 - Increased risk of visual problems including strabismus
 - Developmental follow-up, physical and occupational therapy
 - Safe sleep practice
 - Non-accidental trauma
 - CPR
- Patient received “Neonatal Abstinence Syndrome: What you need to know- A Guide for Families”

Transfer of Care

- Completion of **MNO Collaborative Discharge Plan** in partnership with care team, family, and community pediatrician.
- Communication and coordination with primary care provider completed:
 - Discussion of medical and social information, including infant custody
 - Description of hospital course

- Plan for outpatient medication wean, if applicable
- Heightened need for vision screening for refractive errors/strabismus
- ☐ Coordination and clearance with Illinois Department of Children and Family Services (DCFS) completed, as applicable

Coordinated Discharge Worksheet

This Coordinated Discharge Worksheet should be completed collaboratively with mother or caregiver for **EVERY** newborn affected by opioids beginning prenatally, if possible, and completed by infant discharge. This Coordinated Discharge Worksheet is to be shared with the infant's and the mother's providers and supports.

CURRENT SUPPORTS (Use this section to identify current supports e.g. partner/spouse, family/friends, Medication Assisted Treatment (MAT), behavioral health counseling/recovery services, spiritual faith/community, recovery community, etc.)

--

STRENGTHS AND GOALS (Use this section to identify existing strengths and possible needs in each of these areas)

Breastfeeding:
Family/Household:
Parenting:
Housing:
Smoking Cessation:
Opioid Use Disorder Treatment and Recovery:
Other:

EMERGENCY CHILDCARE CONTACT/OTHER PRIMARY SUPPORTS

Name:	Phone Number:

NOTES/ADDITIONAL SUPPORT NEEDED

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Services, Supports, and New Referrals

Community Pediatrician Identification & Referral

<input type="checkbox"/> Newborn has an appointment scheduled with a community pediatrician for post-discharge follow-up (within 48 – 72 hours)	My Newborn's Pediatrician Name:
	Pediatrician's Office Address:
	Pediatrician's Office Phone Number:
	Appointment Date:
	Appointment Time:

Does the family need help identifying a community pediatrician? Please refer to the Coordinated Discharge Plan Mapping Tool to identify local providers to facilitate a warm handoff.

Early Intervention (Illinois Child & Family Connections) Identification and Referral

<input type="checkbox"/> Referral faxed to Early Intervention (Illinois Child & Family Connections) for Newborn Developmental Follow-Up; Completed by Newborn Discharge	My local Early Intervention Office Name:
	Office Location:
<input type="checkbox"/> *Referral to Early Intervention (Illinois Child & Family Connections) for Newborn Developmental Follow-Up; Not Applicable at this time	Office Phone Number:

***(If infant does not meet EI referral eligibility criteria by infant discharge, please share this information with the infant's pediatrician.**

- If you have future questions about your infant's Early Intervention eligibility, benefits, or local EI services in your area please contact the Illinois Department of Human Services Help Line (1-800-843-6154). You can also look-up your local office online here: <http://www.dhs.state.il.us/page.aspx?module=12>
- The Early Intervention program aims to ensure that families who have infants and toddlers (birth to 36 months old) with diagnosed disabilities, developmental delays, or are at risk for delays receive the necessary resources to support you and help optimize your child's development. Early Intervention provides these services in the comfort and ease of your living arrangements.
- Need help identifying a local Early Intervention (Illinois Child & Family Connections) office? Please refer to the Coordinated Discharge Plan Mapping Tool for office information to send referral.

***Note: Services may be offered through a health department**

Place patient sticker here

Adverse Pregnancy Outcomes Reporting System (APORS) Education for Mother, Caregiver, and Family

- An APORS referral was submitted on behalf of your newborn within 7 days of discharge.**

- An APORS referral is not applicable at this time.**
 - APORS is a tool that your care team uses to identify and refer newborns who require special services to correct and/or prevent possible developmental problems.
 - Families of newborns submitted to APORS are eligible for follow-up services through the Illinois Department of Human Services’ High Risk Infant Follow-up (HRIF) Program.
 - You will be contacted by a community health nurse to offer case-management services, including home visiting and assistance with any identified needs.
 - You may be eligible to receive six (6) visits during your infant’s first two years of life, where a community health nurse will conduct physical and developmental assessments, provide education, and make referrals for additional services.

Additional Community Resources to Optimize Care of Mothers and Newborns affected by Opioids (As Applicable)

My Local Health Department Services (As Applicable)

Your local health department can be an important resource for services to support you and your infant including WIC, case management, home visiting, and developmental screenings.	Name of Office:
	Main Number:
	Website:

My Local Women, Infants, and Children (WIC) Office (As Applicable)

The WIC program strives to improve the health and nutritional well-being for you through supplemental nutritious foods, education and counseling, and screenings and referrals to other health, welfare and social services. WIC provides these services to pregnant women, breastfeeding women, and infants and children under the age of 5.	Name of Office:
	Office Location:
	Main Number:
	Website:

***Note: Services may be offered through a health department**

Place patient sticker here

My Local Family Case Management Office & High-Risk Infant Follow-Up (HRIF) (As Applicable)

<p>The Family Case Management Program (FCM) can help assist you and your newborn with access to medical care, newborn health education and counseling, developmental screening, and referrals to other community services needed.</p>	Name of Office:
	Main Number:
	Website:

***Note: Services may be offered through a health department**

My Local Department of Children and Family Services (DCFS) Office/Case Coordinator (As Applicable)

Case Worker Name:
Office Address:
Phone Number:

My Local Home Visiting Programs (As Applicable)

<p>The Illinois home visiting program promotes positive parenting, healthy child growth and development, and prepares young children for school success. Program components include home/personal visits, group connections, screening, and family service planning.</p>	Name of Program:
	Main Number:
	Website:

***Note: Services may be co-located in a health department**

My Local Early Head Start / Head Start Offices (As Applicable)

<p>Early Head Start and Head Start can help support you and your child's learning in the early years. These programs provide comprehensive child development services for your child to help improve their growth and development and promote school readiness.</p>	Name of Program:
	Main Number:
	Website:

***Note: Services may be offered through a health department**