APPENDIX - E

ROOMING-IN POLICY FOR MOTHER-INFANT DYAD IMPACTED BY IN-UTERO OPIOID EXPOSURE

POLICY: Rooming-in care will be provided mother-infant dyads impacted by in-utero opioid exposure who meet eligibility criteria. If stability of infant is in question, consult with medical care team prior to initiation of rooming-in.

PURPOSE Rooming-in is a procedure wherein the parents of the infant are able to stay in the hospital with their infant. This will allow for provision of non-pharmaco-therapeutic intervention by the parents with the goal of decreasing the incidence and severity of NAS for infant with in-utero opioid exposure. The benefits would include:

- Increased breastfeeding and skin-to-skin care rates
- Enhance bonding between parent and child
- Decrease the need for pharmacotherapy
- Shorten length of stay

Eligibility criteria:


2. Mothers who have been in a stable Medically Assisted Treatment (MAT) program for a minimum of one month before birth of their child.

3. Mother’s urine toxicology at time of delivery is negative for any illicit or non-prescribed medication. Of note, maternal marijuana use may limit their ability to breastfeed but not rooming-in.

4. Parents are willing and able to stay in the hospital for the entire duration of NAS monitoring and treatment, may be up to 4 weeks. It is understandable that they may need to be away for brief (1-2 hrs) timeframe for their own treatment but they should be able to find an alternate caregiver for that duration.

Exclusion criteria:

1. Infant in DCF custody.


3. Parents unable/unwilling to stay in the hospital with their infant for the duration of treatment.

REFERENCES:

