

## 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-pharmacotherapeutic 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:

1. Physiologically stable neonates. Stable means no clinical deterioration requiring critical care interventions.
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.
2. Maternal active illicit drug use at time of birth.
3. Parents unable/unwilling to stay in the hospital with their infant for the duration of treatment.

#### REFERENCES:

1. Velez M, Jansson LM. The Opioid dependent mother and newborn dyad: non-pharmacologic care. *Journal of addiction medicine*. 2008;2(3):113-120
2. Abrahams RR, Kelly SA, Payne S, Thiessen PN, Mackintosh J, Janssen PA. Rooming-in compared with standard care for newborns of mothers using methadone or heroin. *Canadian Family Physician*. 2007;53(10):1722-1730.
3. McKnight S, Coe H, Davies G, Holmes B, Newman A, Newton L, Dow K. Rooming-in for Infants at Risk of Neonatal Abstinence Syndrome. *Am J Perinatol*. 2016;33(5):495-501