



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