**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)
  - 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 breastfeeding 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