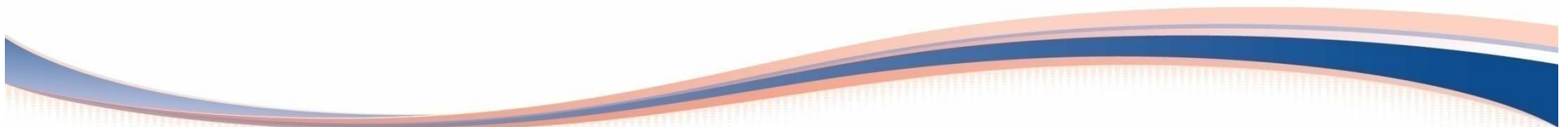


Neonatal Abstinence Syndrome Definition

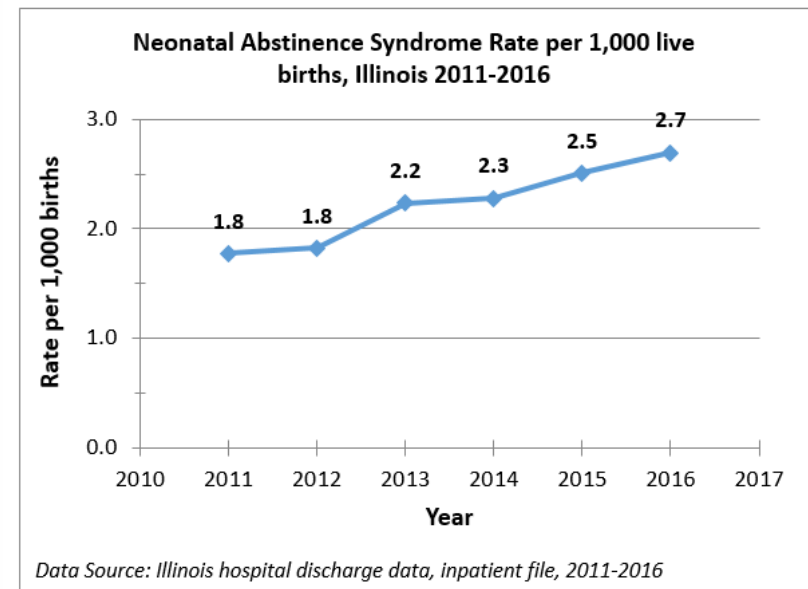
Neonatal Abstinence Syndrome (NAS) refers to the collection of signs and symptoms that occur when a newborn prenatally exposed to prescribed, diverted, or illicit opiates experiences opioid withdrawal. This syndrome is primarily characterized by irritability, tremors, feeding problems, vomiting, diarrhea, sweating, and, in some cases, seizures.

*Illinois Department of Public Health Neonatal
Abstinence Syndrome Advisory Committee (2018)*



Neonatal Abstinence Syndrome Illinois Data

- In 2016, the rate of NAS in Illinois was about 2.7 NAS cases per 1,000 live births, affecting 391 infants born in Illinois that year.
- The NAS rate is highest among: Non-Hispanic White infants, infants covered by public insurance (Medicaid) or who are uninsured, and infants residing in urban counties outside the Chicago metropolitan area.
- There was a 52% increase in the Illinois NAS rate between 2011 and 2016.



Illinois Department of Public Health, Hospital Discharge Data, 2016

Impact of Neonatal Abstinence Syndrome in Illinois



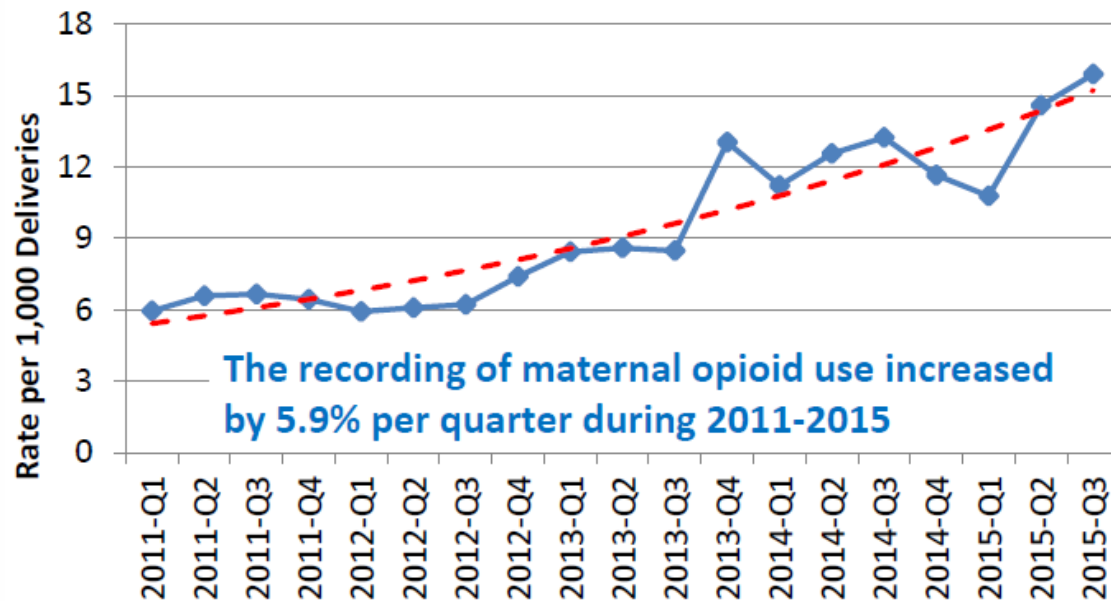
- Infants born in Illinois with NAS have longer hospital stays and higher hospital charges than infants without NAS.
 - In 2016, the median length of hospital stay after birth was 11 days longer for infants with NAS compared to infants without NAS.
 - In 2016, the median charges for the birth hospitalization of infants with NAS were approximately \$33,700, compared to approximately \$4,400 for infants without NAS.
 - In 2016, the total charges for the hospital care of infants born with NAS were nearly \$18 million higher than what would have been expected if they had been born without NAS.

*Illinois Department of Public Health,
Hospital Discharge Data, 2016*

Mothers Affected by Opioids in IL: scope of the problem



Rate of *Recorded* Maternal Antenatal Opioid Use among Deliveries, Illinois Discharge Data 2011-2015



Pregnancy is a window of opportunity to identify women with OUD and link to treatment as well as begin to develop a plan for optimizing her baby's care

Mothers Affected by Opioids: Opportunities for Improvement



Increase moms on Medication Assisted Therapy at delivery

- Only a third to a half of pregnant women with OUD were receiving MAT in 2012
- Consistent MAT reduces risk of relapse, HIV infection, overdose, and adverse pregnancy outcomes
- Access to treatment varies widely across IL

Engaging moms in the non pharmacologic care of babies with NAS

About 50% of eligible mothers with chronic opioid use breastfeed at discharge compared to 81% for all mothers

- About 60% of NAS babies go home with their birth mothers

