

Identifying Newborns At-Risk for Prenatal Substance Exposure

Maternal presentation to L&D or Birthing Center for evaluation or urgent antepartum assessment

Negative maternal verbal and/or toxicology screen
AND
No identified clinical risk factors

Newborn with **no** identifiable risk

No testing recommended at birth

Positive maternal verbal screen and/or toxicology screen (at admission or during pregnancy)
OR
One or more clinical risk factors*

Newborn **at risk** for NAS

- Perform neonatal toxicology screen at birth
- Perform Neonatal Abstinence scoring
- Evaluate maternal support resources

Prenatal screen not done or unavailable

Newborn with **unknown NAS risk**

One or more clinical risk factors present

- Perform neonatal toxicology screening at birth
- Perform Neonatal Abstinence scoring
- Evaluate maternal support resources

- *Clinical Risk Factors Include:**
- Limited prenatal care
 - Abrupton without other etiology
 - Preterm labor without other etiology
 - Unexplained IUGR
 - Vascular accident of the mother or newborn
 - Maternal behavior consistent with drug seeking behavior in the hospital
 - Neonatal abnormal neurobehavioral assessment
 - History of chronic pain
 - Symptoms of maternal drug withdrawal

Yes – Exposure involves opioids

Short-acting Opioids
(heroin, fentanyl, morphine, hydromorphone, oxycodone, codeine, hydrocodone, dihydrocodeine, tramadol, propoxyphene)

Continue Neonatal Abstinence Scoring and observe for at least 72 hours

Long-acting Opioids
(levorphanol, methadone, buprenorphine, any controlled-release or extended release will prolong half-lives of opioids)

Continue Neonatal Abstinence Scoring and observe for at least 5 days

No – Exposure does not involve opioids

Stimulants (cocaine, methamphetamine), **SSRIs/SNRIs** and **Benzodiazepines** can cause neurobehavioral abnormalities in newborn but rarely require pharmacotherapy

Discontinue NAS scoring

Marijuana

See recommendations for maternal and infant treatment and interventions