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

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

Prenatal screen not done or unavailable

*Clinical Risk Factors Include:
- Limited prenatal care
- Abruption 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

Newborn with **no** identifiable risk

Newborn **at risk** for NAS

Newborn with **unknown NAS risk**

One or more clinical risk factors present

No testing recommended at birth

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

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Yes – Exposure involves opioids

No – Exposure does not involve opioids

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

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

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

Marijuana

Continue Neonatal Abstinence Scoring and observe for at least 72 hours

Continue Neonatal Abstinence Scoring and observe for at least 5 days

Discontinue NAS scoring

See recommendations for maternal and infant treatment and interventions

www.in.gov. (n.d.). *NAS task force response to SB 408.* Retrieved from http://www.in.gov/laboroflove/files/Neonatal_Abstinence_Syndrome_Report_Final_Report.pdf