NOWS Toolkit: Nonpharmacologic Management

This information is being provided to help hospitals improve care to babies identified with Neonatal Opioid Withdrawal Syndrome (NOWS), formerly known as Neonatal Abstinence Syndrome (NAS). The information should be helpful in exploring various resources and best practices to develop practices best suited to your hospital and its patients. Nothing herein is meant to be legal advice or advice on a standard of care.

Nonpharmacological Management for NOWS care:

There are a number of ways to soothe babies and support them during withdrawal through means other than medication. This section provides some techniques for nonpharmacological management which hospitals can explore to use with their patients.

- Start nonpharmacologic management on admission or as soon as patientidentified
- Rooming-in
    - Limit time away from mom
    - Cluster care – clustering several routine or nursing care events together rather than spacing them out to allow the infant longer periods ofrest
    - Limit visitors
- Types of nonpharmacologic management:
    - Encourage skin-to-skin contact and holding by mom
    - Reduction of stimuli including sound, light, and touch
    - Swaddling
    - Swings or mamaroos, as available
    - Infant massage – identify trained providers who can perform and teach parents
    - Non-nutritive sucking, pacifiers
    - Holding and comforting by RNs and volunteer cuddlers
- Child Life and/or OT consults on admission (if available). Another possibility is identifying a NOWS champion who will consult on admission and help ensure that nonpharmacologic care is maximized.

- Feeding
    - Feeding based on hunger cues
    - Smaller, more frequent amounts, if needed
    - Breastfeeding as allowed by protocol (this can be standardized to your hospital; e.g. if maternal UDS negative for non-prescription drugs for 30-90 days prior to admission , good follow-up care, mom in treatment program)
    - Lactose low/sensitive formula, if no breastmilk available
    - Consider fortifying to 22 or 24 cal/oz
    - Possible need for NG tube
- Parent education
    - Non-judgmental guidance and teaching by providers and staff
    - Soothing methods
    - Feeding guidance (as above: feeding based on cues; feeding small, more frequent amounts; using lactose low or sensitive formula, if no breastmilk available; being aware of overfeeding propensity)
    - Safe sleep

Evidence to support this practice:

Holmes AV, Atwood EC, Whalen B, et al. Rooming-In to Treat Neonatal Abstinence Syndrome: Improved Family-Centered Care at Lower Cost. *Pediatrics.* 2016;137(6):e20152929

Grossman MR, Berkwitt AK, Osborn RR, et al. An Initiative to Improve the Quality of Care of Infants With Neonatal Abstinence Syndrome.Pediatrics. 2017;139(6):e20163360

People to involve in this effort: Non-pharmacological management is most effective when used in a multidisciplinary effort. At a minimum, it is important to involve the patient's nurses and parents in the care of the baby. Additional benefit can be reaped by involving social workers, occupational therapists, child life therapists, nutritionists, and feeding specialists in certain situations.

Gap analysis & resources:

1. Identify space for rooming-in and/or consider keeping babies with NOWS together postpartum on the mother baby floor
2. Education of nurses/staff regarding nonpharmacologic methods
3. Assess resources: swings, mamaroos, low light/sound areas
4. Initiate volunteer cuddler program to help with rocking when parents unavailable
5. Identify availability of therapists/child life specialists

Best practices from other hospitals:

- Rooming-in when able
- Considering a separate pod for patients with NOWS diagnosis to meet their unique needs"
- "Beginning work on a prenatal program that refers patients to outside resources to support them prior to hospitalization