

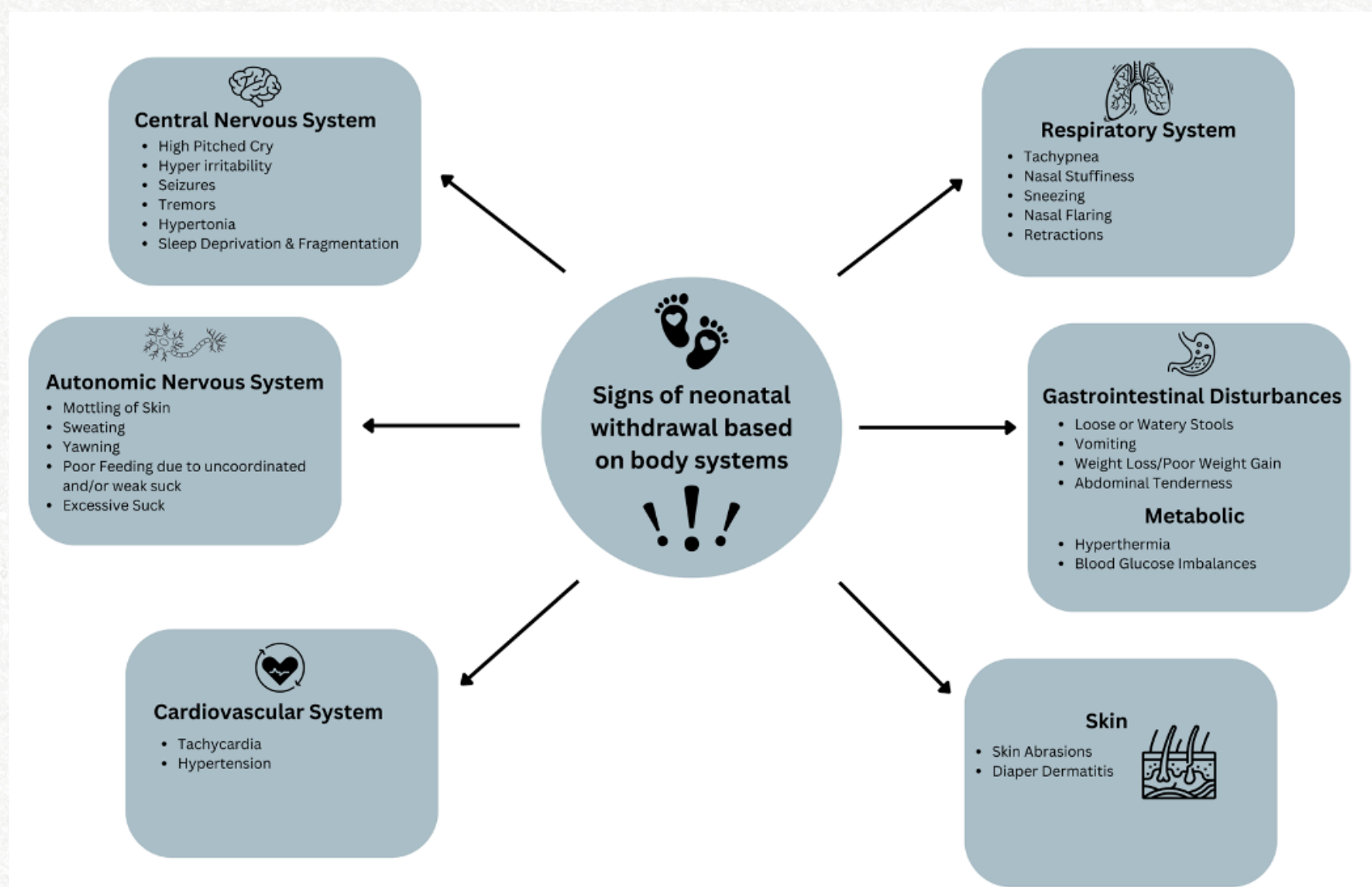
TOP 8

CARE CONSIDERATIONS FOR NEWBORNS DIAGNOSED WITH NWS.



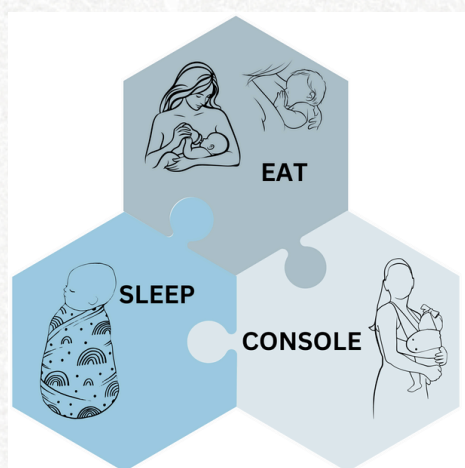
CLINICAL MANIFESTATIONS

- Presentation is non-specific and unpredictable; sometimes, there may be no signs.
- Environmental stimuli can exacerbate the severity of symptoms



NEWBORN WEIGHT

- Critical to assess due to the increase risk of weight loss from loose stool, vomiting, and poor feeding.
- Accurate Birth weight and daily pre-feeding weights starting at 24 hours is recommended
 - collaboratively determine the best time to weigh the newborn
 - remain consistent in timing each day

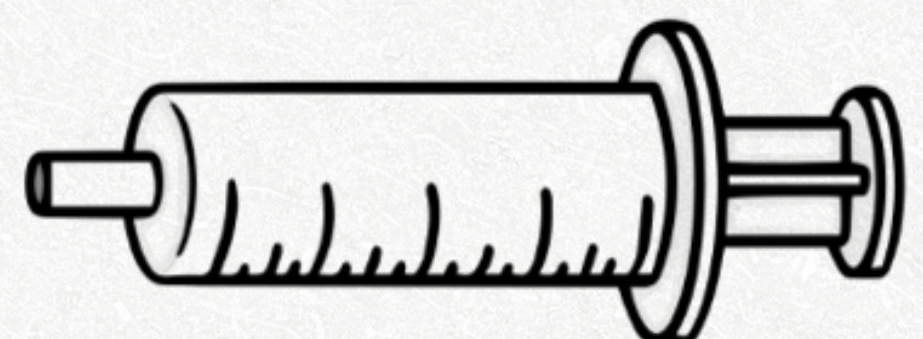


EAT, SLEEP, CONSOLE

- Eat, Sleep, Console is a model of care that centers around birthparent involvement.
- Assessments are completed q3-4 hours, looking functionally if the newborn is eating, sleeping, and easily consoled.
- The ESC tool helps to support assessment and encourages a full care team huddle after the newborn experiences two categories with 'yes',
- For regional sites, we recommend a full care team huddle after one 'yes' to determine the need for potential transfer

PHARMACOLOGICAL INTERVENTIONS

- When the implementation of non-pharmacological interventions is not successful, pharmacological therapy may be needed.
 - Non-pharmacological strategies should be adequately optimized before introducing pharmacological therapy.
- The introduction of morphine for pharmacological treatment should follow a treatment algorithm (Appendix A provides an example of such)
- Key to implementation includes
 - Establishment of a protocol
 - Education
 - Confidence and Competence in Administration
 - Monitoring (vitals q4hr or more frequent if needed)



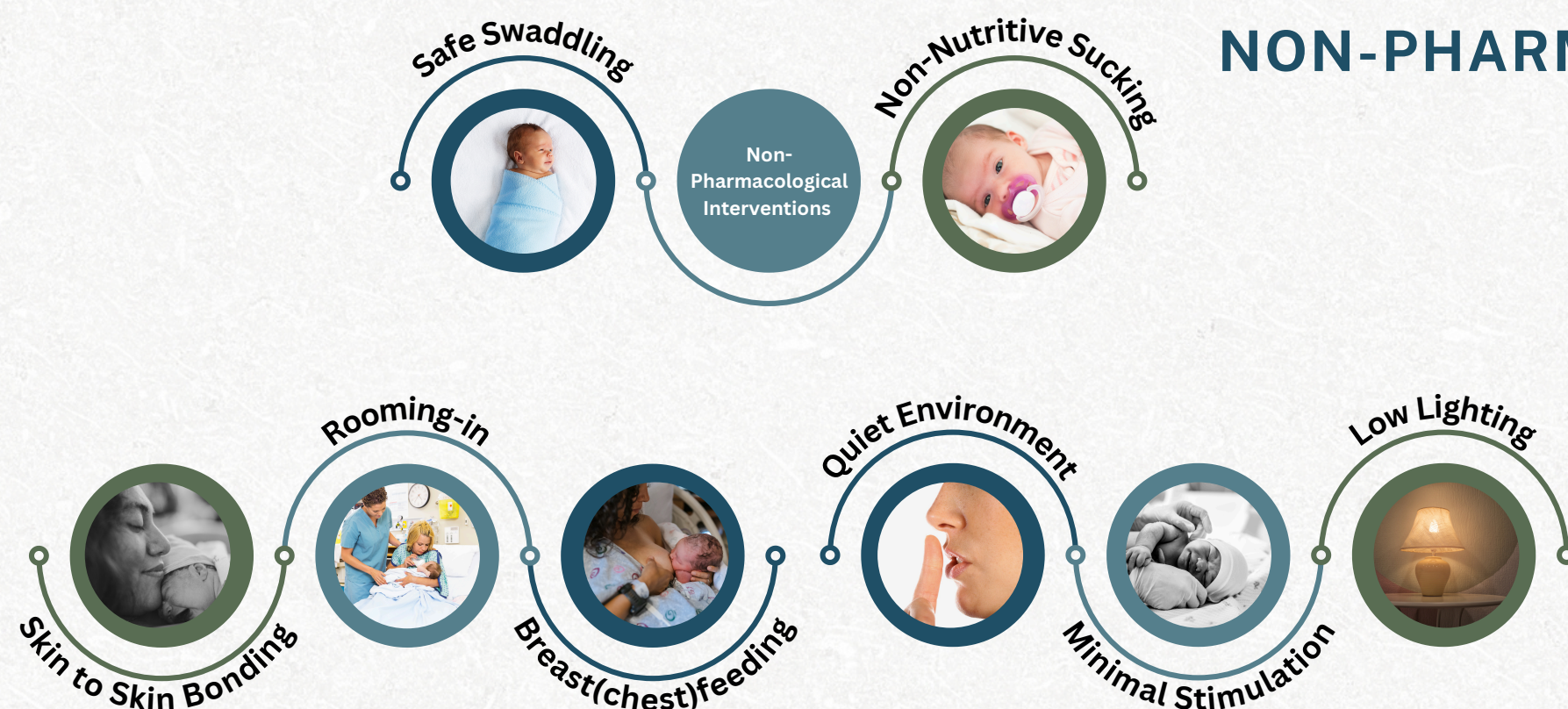
TOP 8

CARE CONSIDERATIONS FOR NEWBORNS DIAGNOSED WITH Nows.



SCREENING & ASSESSMENT

- All newborns exposed to opioids in utero should undergo initial monitoring and screening.
- In Nova Scotia, the standard of care is to monitor newborns exposed to chronic opioid use in utero for **5-7 days** to monitor for signs and symptoms of withdrawal.
- It may be difficult to differentiate signs of Nows from other neonatal conditions. Healthcare providers should consider other medical conditions that exhibit signs similar to those of Nows.



NON-PHARMACOLOGICAL INTERVENTIONS

- Main goal of non-pharmacological interventions is to create an environment that helps the newborn to self-regulate.
- Non-pharmacological interventions can help to alleviate withdrawal symptoms, reduce the need for medical intervention and shorten hospital stays

NEWBORN FEEDING

- Nows signs can greatly interfere with feeding ability
- Breast(chest)milk has been shown to decrease the severity of withdrawal symptoms and has been shown to decrease the length of hospital stay and pharmacological treatment (if needed)
- Poor feeding can be due to excessive sucking, hyper-irritability and vomiting (increasing risk for weight loss)
- Rooming-in can support the birthparent-newborn dyad and support breast(chest)feeding
- Small frequent feeds in optimal positioning and following cue-based feeding
- If parents make an informed choice to bottle/formula feed, it is important to discuss paced feeding to avoid overstimulation



DISCHARGE

- The discharge criteria for newborns diagnosed with Nows will be individualized based on each newborn's needs. General considerations health care providers may consider when a newborn is being discharged is to ensure:

