

NAS

NEONATAL ABSTINENCE SYNDROME

Healthcare Provider FAQ



NAS

Neonatal Abstinence Syndrome

IS A DRUG WITHDRAWAL SYNDROME THAT RESULTS FROM THE ABRUPT DISCONTINUATION OF CHRONIC FETAL EXPOSURE TO SUBSTANCES THAT WERE USED OR ABUSED BY THE MOTHER DURING PREGNANCY. BECAUSE THE MOTHER & BABY SHARE BLOOD CIRCULATION THROUGH THE PLACENTA DURING PREGNANCY, ALMOST EVERY DRUG THAT THE MOTHER USES PASSES TO THE BABY. WHEN THE BABY IS BORN, IT IS STILL PHYSICALLY DEPENDENT ON THE DRUG AND MAY BEGIN TO SHOW SYMPTOMS OF WITHDRAWAL. SYMPTOMS CAN INCLUDE TREMORS, EXCESSIVE CRYING, EXCESSIVE SUCKING, POOR FEEDING, SWEATING, VOMITING, DIARRHEA, BLOTCHY SKIN, HYPERACTIVE REFLEXES, AND OCCASIONALLY, SEIZURES.

NAS most often is caused when a woman takes opioids (e.g. morphine, methadone, oxycodone) during pregnancy, but can also occur with antidepressants and benzodiazepines. It can also occur when a woman is using illegal drugs, such as heroin, methamphetamines, and barbiturates.

WHAT

IS THE REPORTING CRITERIA FOR NAS?

A report should be made when:

- A newborn is identified as having symptoms consistent with NAS and/or
- A newborn is identified as having a positive drug screen result

A positive maternal history alone (drug screen result or reported drug use/abuse) does not meet criteria for reporting.

WHO

IS RESPONSIBLE FOR REPORTING?

The baby's physician of record at the facility where NAS is diagnosed is responsible for reporting. This can be delegated to other staff within the facility. NAS is usually diagnosed in the hospital following birth but can be diagnosed on readmission.

HOW

DO I REPORT A CASE OF NAS?

NAS is reported in the same manner as other mandated reportable conditions, through the State Electronic Notifiable Disease Surveillance System (SendSS). You can access SendSS at <https://sendss.state.ga.us/>.

WHEN

DO I MAKE A REPORT?

Reports should be made to DPH within 7 days of identification.

WHAT TYPE OF LAB TESTING CAN BE DONE TO CONFIRM THE DIAGNOSIS?

A urine screen is the most common and cost effective method; a positive result can be helpful in understanding the causative agent. A meconium screen or cord testing are more sensitive methods and may detect minor, remote exposures, however may require use of reference laboratories. A negative screen in any test is considered an inconclusive result; it does not rule out drug exposure.

IF THE MOTHER HAS A HISTORY OF SUBSTANCE ABUSE BUT THE BABY IS BORN WITH NO WITHDRAWAL SYMPTOMS AND A NEGATIVE LABORATORY TEST FOR SUBSTANCES, DO I STILL REPORT TO SENDSS?

No. Reporting is based on the baby only.

DOES A DIAGNOSIS OF NAS MEAN A DELAY IN DISCHARGE FROM THE HOSPITAL?

Every baby with NAS is different depending on many factors, but in general, babies with a diagnosis of NAS have a longer length of stay due to the need for symptom management. Symptoms can last from one week to six months. Most commonly, babies with NAS are hospitalized for two to four weeks.

DO I ALSO NEED TO MAKE A REPORT TO THE DIVISION OF FAMILY AND CHILDREN SERVICES (DFCS)?

A NAS report to DPH does NOT satisfy “mandatory reporter” obligations of child abuse under Code Section 19-7-5.



DO I NEED TO GO BACK AND REPORT CASES SINCE JANUARY 1, 2016?

Ideally, the surveillance goal is to capture all cases of NAS. However, DPH understands there is a learning curve in the reporting process. At a minimum, please report all cases of NAS moving forward. Since reporting began January 1, 2016, the reporting form has been updated based on provider feedback to improve ease of reporting.

WHAT IS THE LAW REQUIRING MANDATED REPORTING OF NAS AND WHEN WAS IT PASSED?

Georgia law, Code Section 31-12-2 was passed in 1964. The addition of NAS to the reporting panel was effective January 1, 2016.

WILL THE INFORMATION REPORTED BE PASSED ALONG TO LAW ENFORCEMENT?

No. The reporting procedure is for public health surveillance purposes only. Like all personal health information collected by DPH, it is confidential and subject to HIPAA, which means it will be available to law enforcement only through court order or subpoena.

Information and contacts regarding NAS
and other reportable diseases/conditions
can be found at:

**dph.georgia.gov/NAS or
dph.georgia.gov/disease-reporting**

