

Ohio collaborative improves care of opioid-exposed infants

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A statewide quality improvement initiative in Ohio has had a major impact on the care of opioid-exposed infants.

The Ohio Perinatal Quality Collaborative (OPQC) initiative has improved the proportion of opioid exposed infants requiring pharmacological treatment for [opioid withdrawal](#), the number of days of treatment, and the length of hospital stay for those requiring treatment. Infants who require pharmacologic treatment for withdrawal have a condition known as [neonatal abstinence syndrome](#) (NAS).

"We improved key outcomes using a standard treatment protocol and high caloric formula in infants who were not breastfed," says Carole Lannon, MD, a member of the OPQC leadership team and physician at Cincinnati Children's Hospital Medical Center. "We need to focus further efforts upstream in pregnancy, downstream between mothers and their infants, and on studying long-term outcomes for these infants."

The report will be presented on Monday April 29 at the annual meeting of the Pediatric Academic Societies.

The OPQC is a consortium of perinatal caregivers, hospitals, [policy makers](#) and governmental entities that aims to reduce preterm births and improve birth outcomes in Ohio using improvement science. Fifty-two [neonatal intensive care units](#) throughout the state participated in this improvement initiative.

Teams included physicians, nurses, social workers, pharmacists, dieticians and an addiction specialist. They collected data on full-term infants born exposed to opioids, participated in learning sessions and monthly webinars, and used a standardized infant evaluation and a treatment protocol involving pharmacologic and non-pharmacologic bundles. The decision to treat using drugs was based on a standard scoring system called a Finnegan score, which is used to quantify and diagnose neonatal withdrawal.

The project monitored 9,648 opioid exposed infants between 2014 and 2018. The average overall length of stay was 8.6 days. The proportion of infants requiring pharmacological treatment declined from 48 to 42 percent, and length of pharmacological treatment declined from 14.6 to 12.2 days. Length of stay declined from 18.2 to 16.2 days for these [infants](#).

More information: This project was funded by the Ohio Department of Medicaid with support from the Ohio Colleges of Medicine Government Resource Center. For more information about the OPQC, go to www.opqc.net/ .

Provided by Cincinnati Children's Hospital Medical Center

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