

QI program can up outcomes for neonatal abstinence syndrome

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increase in parental presence (from 55.6 to 75.8 percent). There were no adverse events.

"A comprehensive QI program focused on non-pharmacologic care, function-based assessments, and methadone resulted in significant sustained improvements in NAS outcomes," the authors write. "These findings have important implications for establishing potentially better practices for opioid-exposed newborns."

More information: [Abstract/Full Text](#) (subscription or payment may be required)

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(HealthDay)—Significant improvements in neonatal abstinence syndrome (NAS) outcomes can result from a comprehensive quality improvement (QI) program, according to a study published in the August issue of the *Journal of Perinatology*.

Elisha M. Wachman, M.D., from Boston Medical Center, and colleagues compared pre- and post-intervention NAS outcomes after a QI initiative in opioid-exposed infants >36 weeks. The initiative included a non-pharmacologic care bundle; function-based assessments comprising symptom prioritization and the Eat, Sleep, Console tool; and a switch to methadone for pharmacologic [treatment](#).

The researchers observed significant decreases in pharmacologic treatment (from 87.1 to 40 percent), adjunctive agent use (from 33.6 to 2.4 percent), hospitalization length of stay (from 17.4 to 11.3 days), and opioid treatment days (from 16.2 to 12.7). Per infant, total hospital charges decreased from \$31,825 to \$20,668. There was a significant

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