

Wombmates to Roommates: Rooming-In to Manage Infant Withdrawal

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Background

Prevalence and costs associated with newborn exposure to opioids in utero has increased on national, state, and local levels.

- National average stay is 23 days (\$93,000) compared to a healthy newborn stay of 2 days (\$1,900) at University of Utah Health
- Utah's rate of Neonatal Opiate Withdrawal Syndrome (NOWS) increased from 2.5 to 6.4 per 1,000 births (2009 to 2017)
- 2019 - 3.6% of newborns diagnosed with NOWS at University of Utah Health

Learning Objectives

- Describe the potential benefits of rooming-in for both mom and baby.
- Outline the components of implementing a rooming-in practice change.

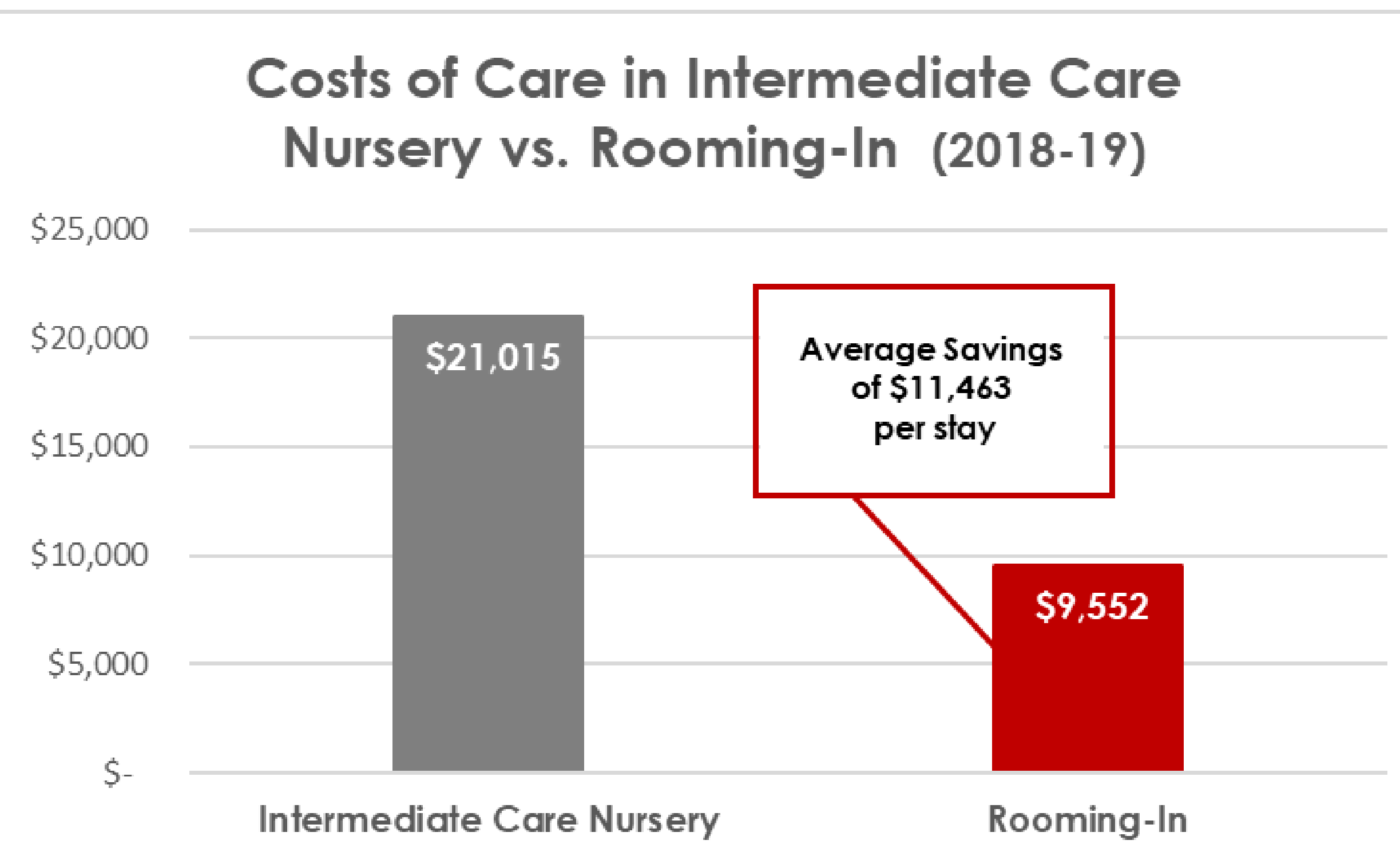
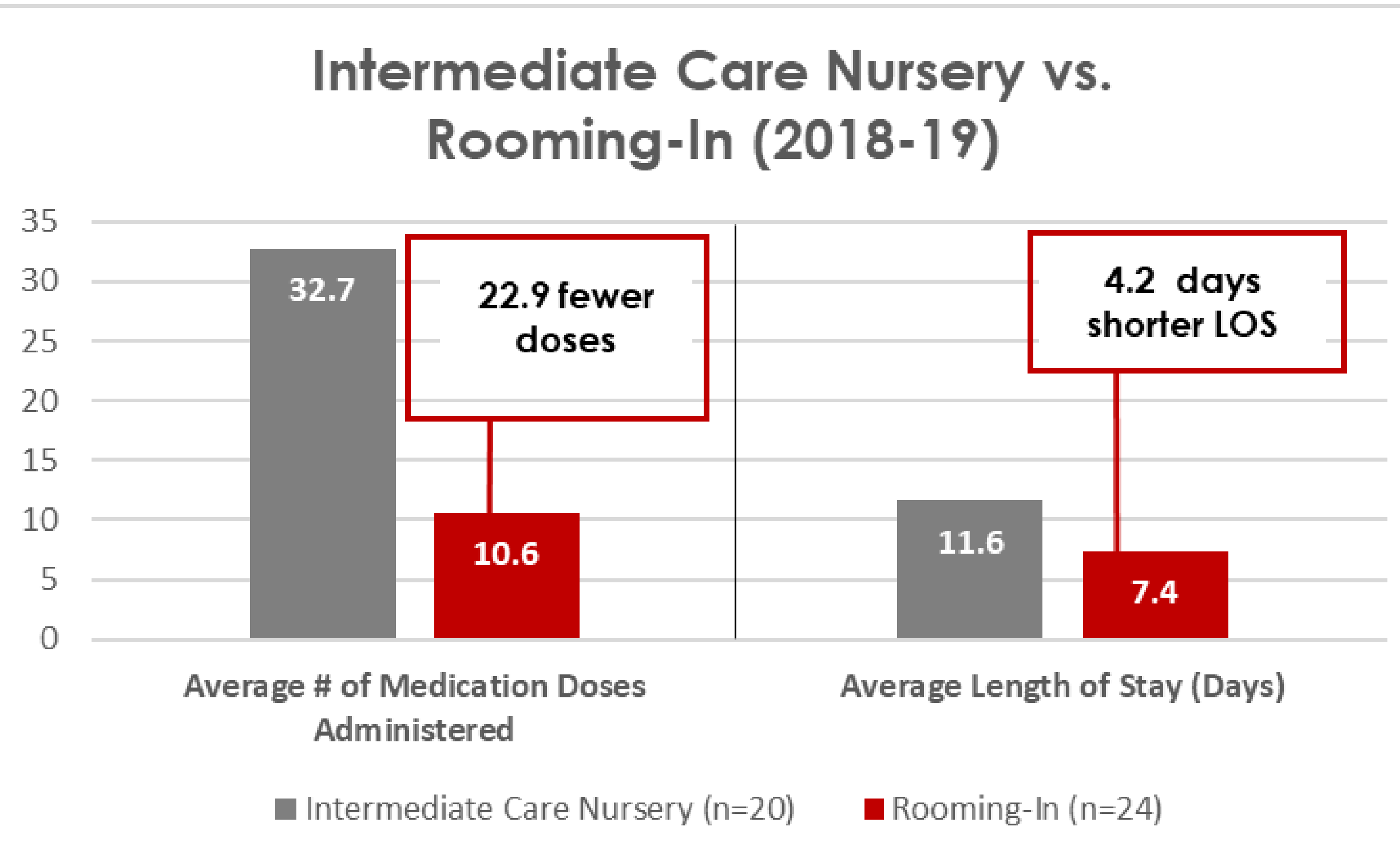
Goals

- Evaluate impact of rooming-in on LOS and medication usage
- Support outcome measures included in the Opioid Use Disorder Safety Bundle
- Greater support to moms caring for newborn with NOWS

Changes Implemented

- Rooming-in protocol
- Provider & staff education
- Patient exclusion/inclusion criteria
- Parental Agreement
- Dyads placed in maternal room vs. ICN
- Neonatal Withdrawal Inventory for scoring
- Patient and nurse satisfaction surveys

Outcomes



The authors have no relevant financial relationships to disclose.

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What Worked Well

- OB/MFM, Pediatrics, Nursing, & Social Work collaboration
- Partnership with Utah Department of Health

Parental Feedback

"Care was always made a priority and I was reassured of safety."

"Rooming-in with baby going through withdrawal led to sleepless nights."

"Medical team and staff were amazing."

Nursing Feedback

"Baby seemed calmer due to skin to skin."

"I have noticed babies who room in cry less, eat better, and have lower NWI scores."

"I feel like babies aren't getting treated adequately with meds because parents downplay the babies withdrawal symptoms."

Limitations

- Maternal antenatal drug use not analyzed to determine the severity of NOWS symptoms
- Not all patients met inclusion criteria

Conclusion

- Rooming-in was associated with decreased costs, reduced pharmacological needs, and shorter length of stay.
- Successful rooming-in pilot now transitioned to standard practice

Criteria for eligibility to participate in Rooming-In

- Demonstrates consistent follow-up for >30 days in prenatal care
- No evidence of opioid or other controlled substance misuse
- Documented prenatal education, pediatric and social work consultation before delivery
- Educated on expectation of having a consistent support person present for duration of admission
- Mother agrees to stay with infant to facilitate universal supportive care for NOWS
- Parental agreement signed
- There is not a court hold on the infant from Division of Child and Family Services
- Mother is not incarcerated

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