

Neonatal Abstinence Syndrome (NAS)

The provincial NAS policy was developed in 2020 to promote best practice in the assessment and management of the **newborn** at risk for **neonatal abstinence syndrome (NAS)** and to provide guidance for non-pharmacological and pharmacological management of NAS. This guideline applies to all newborns at risk of NAS, whose birth parents have disclosed prenatal opioid use.

This Guideline was designed with a commitment to the following principles:

Patient and Family-Centered Care: Patients and families are integral members of the health care team. **Health care providers** shall adopt a patient, and family centered approach to the care and services provided and include the family, as appropriate, in a respectful, non-judgmental manner;

Parent/Guardian and Newborn Well-Being: Health care providers should aim to promote the well-being and health of newborns and **parents/guardians**, based on the best available evidence, and subject to the preferences and values of parents/guardians. Newborns at risk of developing NAS should be assessed in hospital so that appropriate interventions may be provided in order to maximize their well-being and minimize harm;

Equity: Empowering two patients to meet the same desired outcome may require two very different investments of health care resources. Parents/guardians of newborns at risk of NAS may require additional supports in order to be treated equitably. Patients who use psychoactive substances have the right to receive equitable, nonjudgmental, and evidence-based health care services regardless of whether the substances they use are legal or illegal;

Promote Continuity of Care: The duty to provide care continues past the hospital admission and includes planning and preparation with community and other resources to ensure safe, effective transition to community and the continuity of interventions, support, and education, as required. Preparation of parents/guardians caring for these newborns both in hospital and after discharge is an essential part of antenatal, in hospital, and post-natal education; and



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Compassion: Parents whose newborns develop NAS may feel especially distressed and vulnerable, and health care providers in these situations may struggle with their own feelings of anger or protective concern for the newborns. It is crucial for the well-being of both newborns and parents that health care providers cultivate self-awareness and role model the calmness and supportive approach they recommend. Maintaining calm and cultivating understanding and empathy can help to promote therapeutic relationships and long-term recovery. A parent's experience of stigma or discrimination may exacerbate existing challenges.

For more information, please email maternalnewbornchildyouth.scn@ahs.ca.

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