Discharge Considerations and Guidelines for Substance Exposed Newborns

Infants who have been exposed to substances in utero are at high risk both prenatally due to the effects of substances on the developing fetus, and in the postnatal period due to potential exposures through breastmilk or inhalation[1]. Infants born to parents who use substances are at increased risk attachment disorders, neurodevelopmental and behavioral issues as well as safety concerns due to drug seeking behaviors[1]. Not all infants who are exposed to substances will experience medical issues in the neonatal periods, however prenatal exposure to alcohol may lead to Fetal Alcohol Spectrum Disorders which may require lifelong support services. As such, discharge of any infant exposed to substances should include careful planning and involvement of a multidisciplinary team. In addition, a referral to child welfare may be necessary.

The following recommendations are adapted from the 2008 AAP Guidelines from the Committee on Fetus and Newborn regarding the Hospital Discharge of the High-Risk Neonate[1].

Timing for discharge should occur when the infant is physiologically mature and medical issues have been resolved, discharge planning and arrangements for follow-up are completed and parents/primary caregivers have received all necessary education and training.

1. Physiologic Readiness of Infant
    a. Not all infants who are exposed to substances in utero will display physiologic symptoms of withdrawal or withdrawal symptoms requiring special care or medical treatment.
    b. Infants who are exposed to opioids (including medication assisted treatment such as methadone and buprenorphine) in utero may be at risk for neonatal abstinence syndrome (NAS) and may display difficulties eating, sleeping and ability to be consoled. These symptoms may not appear immediately after birth. It is recommended that infants exposed to opioids are observed in the hospital for at least 72 hours prior to discharge.
    c. Those infants requiring pharmacologic treatment for NAS during their hospitalization should be stable off all medications for at least 24-48 hours prior to discharge. We do not recommend infants being discharged on medical treatment for NAS.

2. Discharge Planning
    a. Development of comprehensive home-care plan should be completed prior to discharge by a multidisciplinary group including the parents/caregivers, social work, medical providers and case workers when appropriate.

b. Components of a home-care plan should include:
    i. Identification of in-home caregivers
    ii. Formulation of a plan for nutritional and medical care
    iii. Development of list of required supplies if applicable
    iv. Identification of primary care physician (PCP) for infant and caregivers
    v. Identification of appropriate community resources
    vi. Identification of treatment programs for caregivers
    vii. Assessment of the adequacy of home environment
    viii. Development of emergency care and transport plan
    ix. Assessment of financial resources

3. Arrangements for Follow-up
    a. Pertinent information about the hospitalization should be verbally communicated to the PCP prior to discharge.
    b. Infants exposed to substances in utero are at increased risk for neurodevelopmental delays and should be monitored periodically after discharge for developmental progress and timely referrals to early intervention programs when appropriate.
    c. Follow-up appointment for the infant with PCP should be arranged prior to discharge
    d. Follow-up for the caregiver should be identified prior to discharge
        i. Postnatal follow-up appointment for mother should be arranged prior to discharge of infant
        ii. Follow-up appointment with Social worker/case worker after discharge has been arranged
        iii. Follow-up with treatment program and/or counselor if applicable
    e. Consider arrangement of visiting home nursing upon discharge
    f. Share information about other community resources such as behavioral health services--including medication assisted treatment (MAT), food banks, housing resources, parenting resources, WIC, TANF, etc.

4. Parent/Caregiver Education
    a. Parents/caregiver must exhibit readiness to assume full responsibility for the infant's care after discharge
        i. When possible at least 2 caregivers should be identified to learn the necessary cares of the infant.
        ii. Development of an individualized teaching plan during the hospitalization may facilitate education and skills needed to care for the infant.
        iii. Consider creating checklist for outline of tasks needed to be mastered prior to discharge

Reference:
1. Hospital Discharge of the High-Risk Neonate. American Academy of Pediatrics Committee on Fetus and Newborn. *Pediatrics* 2008;122:1119-1126. DOI: 10.1542/peds. 2008-2174.

**Discharge Checklist**

**Physiologic Readiness of Infant**

□ Did the infant display signs or symptoms of physiologic withdrawal?
If yes, have the infant been symptom free for an appropriate length of time prior to discharge?

□ Has the infant been stable off all NAS pharmacologic treatment for at least 24 hr?

**Discharge Planning/Consults**

□ Social work
□ Case management
□ Child protective services (if appropriate)
□ Identification of PCP
□ Referral to Early Intervention
□ Identification of maternal OB or PCP
□ Referrals for treatment programs
□ Development of comprehensive home-care plan

Components of a home-care plan should include:

i. Identification of in-home caregivers
ii. Formulation of a plan for nutritional and medical care
iii. Development of list of required supplies if applicable
iv. Identification of primary care physician
v. Identification of appropriate community resources or treatment programs for parents
vi. Assessment of the adequacy of home environment
vii. Development of emergency care and transport plan
viii. Assessment of financial resources

**Arrangements for Follow-up**

□ Has the PCP appointment been made?
Date/time/location_____
□ Has PCP been contacted for verb hand-off?
□ Neurodevelopmental follow-up or Early Intervention referral?
□ Have the following appointments for parents been made?
iv. Follow-up with maternal care provider
Date/time/location_____

v. Follow-up with Social worker/case worker after discharge
Date/time/location_____

vi. Follow-up with treatment program and/or counselor if applicable
Date/time/location_____

☐ Has a visiting nurse association been contacted?
Name of VNA_____
Date/time/location_____

**Parent/Caregiver Education**

☐ Have at least 2 caregivers been identified to learn necessary cares of the infant?

☐ Have parents/caregiver been present during hospitalization and can they display competency in cares of the infant prior to discharge?

☐ Do parents/caregiver exhibit readiness to assume full responsibility for the infant's care after discharge?

For more information and training on Plans of Safe Care, access the Plans of Safe Care web-based training for hospital mandatory reporters here.

https://learning.coloradocwts.com/course/view.php?id=137

For additional community resources, contact your county's Department of Human Services.

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