

## **Reducing Opioids Given to Infants of Mothers with Opioid Use Disorder Using Eat, Sleep, Console**

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**Introduction:** Opioid use in pregnancy has escalated dramatically in recent years, paralleling the epidemic observed in the general population. Consequently, infants with Neonatal Abstinence Syndrome (NAS) has increased 5-fold in the past 15 years. Infants born to mothers with opioid use disorder traditionally have been treated pharmacologically with additional opioids after being assessed for withdrawal symptoms using the Finnegan Neonatal Abstinence Scoring System (FNASS).

Our healthcare team wanted a model that focused on non-pharmacologic therapies and a simplified evidence-based family-centered approach to assessment for these infants. The approach we implemented is called Eat Sleep Console (ESC) which was developed by the New England Perinatal Quality Improvement Network. This strategy shifted the goal from reducing withdrawal symptoms by exposing an infant to additional opioids to an approach prioritizing the overall functional well-being of the infant.

**Objectives:** Our objective was to reduce pharmacological interventions and average of length of stay (ALOS) in infants diagnosed with Neonatal Abstinence Syndrome.

**Intervention/practice:** Our multidisciplinary team created an algorithm and provided education/training to all healthcare team members. Families were educated regarding the new assessment tool and methods to console their infants.

**Results:** Baseline data from January 2017 to December 2018 identified 76 infants at risk for NAS with an ALOS of 9.86 days. The average doses of morphine given per month was 40 with a low of 15.5 doses to a high of 132 doses. The percentage of infants who received morphine was 38%.

Since implementation of the ESC method in April 2019 there have been 38 infants identified to be at risk for NAS through December 2019 with an ALOS decreased to 5.6 days. The percentage of infants receiving morphine decreased to 3%. No infants readmitted for signs of withdrawal and no adverse events reported.

**Conclusion/implications:** The goal of using the ESC method is not to eliminate the use of opioids to treat NAS, but to assess each infant individually and use other methods of non-pharmacologic treatment before pharmacologic intervention. All members of the healthcare team appreciate the new scoring method, the inter-rater reliability improved, and the infant doesn't have to be disturbed to do the assessment.