

# NAS/NOWS Driver Diagram

**Global Aim:** Incorporating full family and staff engagement, improve outcomes for women and infants affected by opioids, especially those experiencing health inequities.

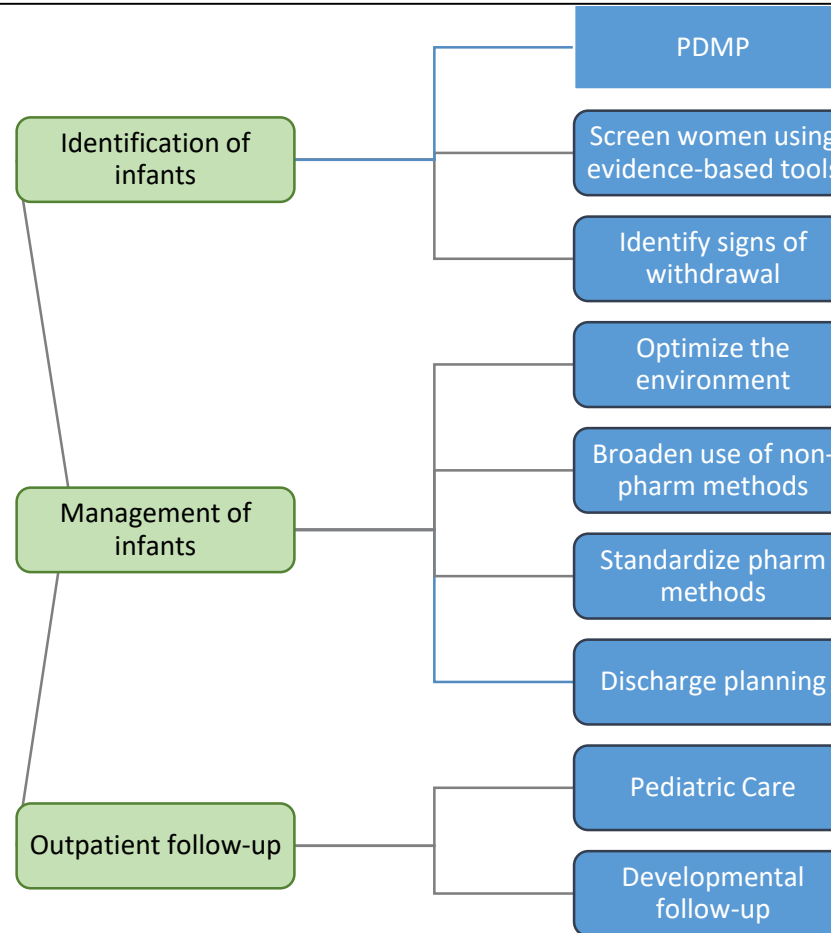
**In WisPQC participating facilities:  
By March 31, 2022, of infants  
identified at risk for NAS/NOWS:**

- 70% will be managed using the comprehensive care algorithm
- 70% will receive mother's milk in the 24 hours prior to discharge
- Decrease average length of stay by 1 day

**By March 31, 2022, of infants  
with NAS/NOWS**

- Decrease average length of stay by 1 day

TBD: *Geographic equity goal*



## CHANGE IDEAS

- Identify provider or staff member to check PDMP
- Obtain history and info from obstetric providers & transfer to baby
- Implement/track universal maternal screening with tested AODA screener
- Utilize standardized guideline/checklist to assess (Finnegan, Lipsitz, WAT-1, ESC?). Integrate into EMR as needed.
- Staff trainings, supportive environment where families feel supported and not judged
- ESC, swaddling, low stimulation, skin to skin, feed on demand, rooming in,, cuddlers, etc.
- Utilize standardized pharmacological algorithm
- Ensure feedings, medications, parenting resources are provided to families
- Engage pediatric provider and facilitate "warm hand off". Pediatric provider identified, contact made, records transferred, connect with mom's OB provider
- Engage & connect to early intervention programs (e.g. Birth to 3). Schedule before discharge.