The Evaluation of Nonpharmacological Interventions With Neonatal Abstinence Syndrome (NAS)
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Introduction
• **Problem:** The prevalence of NAS is increasing along with the need for evidence-based practice (EBP) interventions to treat NAS.
• **NAS:** Infants exposed to opioids and other drugs in utero and experiencing withdrawal symptoms shortly after birth.
• **Purpose:** To determine if nonpharmacological interventions included in UTMC’s NAS treatment policy reflect EBP.

Review of Literature

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<th>Interventions</th>
<th>Benefits</th>
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| Swaddling / Kangaroo Care                  | • Decreases pain  
• Decreases excessive crying  
• Increases sleep time  
• Promotes bonding between mother/baby |
| Rooming-In                                 | • Decreases length of stay  
• Decreases pharmacological treatment |
| Decreased Stimulation                      | • No research studies found                                                                                                                                 |
| Breastfeeding                              | • Decreases length of stay  
• Decreases pharmacological treatment  
• Evidence shows drug exposure via breast milk is too low to be harmful. |

Current Policy
Includes:
• Swaddling
• Decreased stimulation – noise level reduced, lights dimmed, speak softly
• Rooming-in

Recommendations
• Continue to use swaddling & rooming-in.
• Add breastfeeding & kangaroo care to policy.
• Conduct studies to examine the effects of decreased stimulation.