

Background

Neonatal Abstinence Syndrome (NAS) is a severe medical condition experienced by a newborn following in utero exposure to opioids and psychotropic substances. Symptoms include minor behavioral problems such as feeding, sleeping, and temperature regulation difficulties, but may also include and contribute to more substantial problems such as failure to thrive, respiratory distress, and seizures. Using a multifaceted set of methods and activities, the Delaware (DE) Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program NAS Project focused primarily on enhancing the ability of MIECHV-funded home visitors to provide evidence-based home visiting services to eligible perinatal women who use/have used opioids and infants with NAS.

This project aimed to demonstrate improvement in the following priority area(s):

- Priority #1: Recruitment, engagement, and retention of eligible families to MIECHV-funded home visiting programs.
- Priority #2: Development and retention of a trained, highly skilled MIECHV-funded home visiting workforce.
- Priority #3: Coordination of MIECHV-funded home visiting programs with community resources and supports.

Resources

[Pregnancy and Substance Use Materials](#)
[Best Practices for Safe Sleep for Families Struggling with Substance Use Disorder \(SUD\) Film](#)
[MIECHV Innovation Awards](#)

Project Activities and Highlights

The DE MIECHV NAS Project chose to focus on perinatal women and infants residing in the at-risk communities identified by the 2015 MIECHV Needs Assessment. In addition to encouraging enrollment in MIECHV programs, programming also included training for home visitors related to NAS and the development of a robust referral network of state and local agencies that identify, refer, and assist in providing healthcare services related to NAS.

Project Activities

- Conducted trainings for home visitors related to: 1) biological effects and impacts of opioid use, 2) medications used for opioid-maintenance therapy, and 3) discharge planning for infants with NAS.
- Created a committee of relevant state agencies focused on training, messaging, and procedure development.

Lessons Learned

- Communicate at all levels, especially with those who are affected the most, when planning and implementing.
- Engage other family members in the household beyond the parent-child dyad in order to fully understand, trust, and discuss issues involving opioid dependency.

Evaluation Summary

Evaluation Findings

- Home visitors reported improved knowledge in understanding opioid exposure and NAS, with the majority of home visitors providing favorable responses to each of the five learning objectives.
- When asked about their ability to work with opioid-exposed clients, home visitors shifted responses from Neutral-Agree to Agree-Strongly Agree, which may suggest improved confidence.

Sustainability

- As of 2019, DE MIECHV has continued their efforts to nurture the relationships and referrals sources established.

Recommendations for the Home Visiting Field

- Include training on opioid exposure and NAS into initial, wraparound, and refresher home visitor training.
- Increase the integration of home visiting services as a cost-efficient method to help curb the opioid epidemic.