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Neonatal Abstinence Syndrome: Eat, Sleep, Console vs Methadone
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INTRODUCTION
As the opioid crisis in America continues, opioid use in pregnancy increases. As a result, more babies are exposed to opiates prenatally and are at risk for developing neonatal abstinence syndrome. According to the CDC, the overall rate of NAS diagnoses increased 300% from 1999 to 2013 (Cook & Fantasia, 2019). Effective treatment of neonatal abstinence syndrome is more necessary than ever.

LITERATURE REVIEW
PICO QUESTION
P: In neonates with neonatal abstinence syndrome
I: How effective is eat, sleep, console model
C: Compared to methadone
O: In controlling withdrawal symptoms
T: During the postnatal period?

Methods
- Key Terms: Methadone, “Neonatal Abstinence Syndrome,” “Eat, sleep, console,” NAS
- Criteria: Published in the last 5 years, had to discuss neonatal abstinence syndrome
- Databases: CINAHL and JOGNN

Eat, Sleep, Console (Grossman et al., 2018)
- Focuses on the ability of the infant to function
- Does not require the infant to be disturbed
- Treatment is adjusted if withdrawal severe enough to interfere with the infant’s ability to function well and/or be consoled occurs
- Indications of positive treatment outcomes according to the ESC model:
  - Take at least 1 ounce per feeding or breastfed adequately
  - Sleep undisturbed for at least 1 hour
  - Can be consoled within 10 minutes when crying

Methadone
- Significantly shorter duration of treatment when compared to Morphine treatment plans
- Treatment with Methadone results in:
  - Longer time intervals between medication administration
  - Leading to less interruption of feeding, bonding, and sleeping
  - Longer half-life can result in increased difficulty titrating methadone compared to medications that have a shorter half-life

RESULTS
The American Academy of Pediatrics’ (AAP) report on NAS recommends a 2-tiered approach to treatment (Grossman et al., 2018):
- First-line therapy focuses on nonpharmacologic interventions
  - Swaddling
  - On-demand feedings
  - Low stim environments
- Second-line initiates opioid and adjuvant medications only when nonpharmacologic measures fail

CONCLUSIONS
- The eat, sleep, and console method:
  - Decreases the length of stay in the hospital
  - Decreases the use of pharmaceuticals
  - More effective in the treatment of newborns with neonatal abstinence syndrome
- The eat, sleep, console model is better understood by parents creating opportunity for them to participate in their newborns care
- Positive outcomes with nonpharmacologic treatments provide evidence that neonates with NAS can be successfully managed outside of the NICU setting
- When non-pharmacologic measures are unable to reduce withdrawal symptoms pharmacologic interventions can be initiated using the Finnegan Scoring System

Bibliography