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Benefits of Rooming-in on Infants with Neonatal Opioid Withdrawal Syndrome

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Benefits of Rooming-In on Infants with DOMINICAN Neonatal Opioid Withdrawal Syndrome UNIVERSITY Emma Ricioli, N.S. of CALIFORNIA **Department of Health and Natural Sciences**

INTRODUCTION

- Rooming-in is associated with improved neonatal outcomes when implemented in infants with neonatal opioid withdrawal syndrome (NOWS) in comparison with those who are transferred to the neonatal intensive care unit (NICU).
- Rooming-in is related to fewer withdrawal symptoms, shorter length of hospital stays, fewer pharmacological interventions, less costs, and improved breastfeeding/bonding.
- There is limited research that supports if this method of care is as effective in small, rural hospitals.

Modified Finnegan Neonatal Abstinence Score Sheet ¹¹											
System	Signs and Symptoms Excessive high-pitched (or other) cry <5 mins	Score 2	АМ			Τ	РМ				Comments
Central Nervous System Disturbances											
	Continuous high-pitched (or other) cry >5 mins	3									
	Sleeps <1 hour after feeding	3		\square	\square			1	+	\square	
	Sleeps <2 hours after feeding	2		\square	\square	\top			\top	\top	
	Sleeps <3 hours after feeding	1		\square	Ħ	\top		1	\top	\top	
	Hyperactive Moro reflex	2		\square	Ħ						
	Markedly hyperactive Moro reflex	3		\square	Ħ	T		1			
	Mild tremors when disturbed	1		\square	Ħ	1		1			
	Moderate-severe tremors when disturbed	2			\square			+			
	Mild tremors when undisturbed	3		\vdash		+		+	+	+	
	Moderate-severe tremors when undisturbed	4		+	\square			1	+	+	
	Increased muscle tone	1		\vdash	\square			+	+	+	
	Excoriation (chin, knees, elbow, toes, nose)	1		\vdash	\square	+		1	+	+	
	Myoclonic jerks (twitching/jerking of limbs)	3			\square						
	Generalized convulsions	5		\square	\square			1			
Metabolic/Vasomotor/ Respiratory Disturbances	Sweating	1			\square						
	Hyperthermia 98.96-100.94° F	1		\square	\square	\top		1		\square	
	Hyperthermia >101.12º F	2		\square	\square	1		1		1	
	Frequent yawning(>3-4 times/scoring interval)	1									
	Mottling	1			\square						
	Nasal stuffiness	1		\square	\square						
	Sneezing (>3-4 times/scoring interval)	1		\square	\square	\top		1	\top	\top	
	Nasal flaring	2		\square	\square					\top	
	Respiratory rate >60/min	1		\square	\square	\top		1		\top	
	Respiratory rate >60/min with retractions	2			\square						
Gastrointestinal Disturbances	Excessive sucking	1			\square			1			
	Poor feeding (infrequent/uncoordinated suck)	2		\square						\top	
	Regurgitation (≥2 times during/post feeding)	2			\square						
	Projectile vomiting	3			\square						
	Loose stools (curds/seedy appearance)	2		\square	\square						
	Watery stools (water ring on diaper around stool)	3									
	Total Score			\square	\square					\square	
	Date/Time				$ \uparrow $	Τ					
	Initials of Scorer										

Fig 1. Finnegan NAS Tool

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HYPOTHESIS

When offered at rural hospitals, roomingin will improve outcomes for infants suffering from NOWS.

METHOD

- Quantitative, retrospective chart review comparing withdrawal symptoms/outcomes for infants able to room-in vs. those admitted to the NICU
- Implemented at 3 rural Northern California Hospitals where opioid use is prevalent
- Inclusion criteria: infants born after 36 weeks gestation, infants who do not have any other significant medical issues besides NOWS, and a maternal age of 18 or older
- Those born between August 2023-December 2024 will be admitted directly to the NICU
- Those born between January 2025-May 2026 will room-in
- The Finnegan NAS tool will be used to monitor the severity of the infant's symptoms

IRB

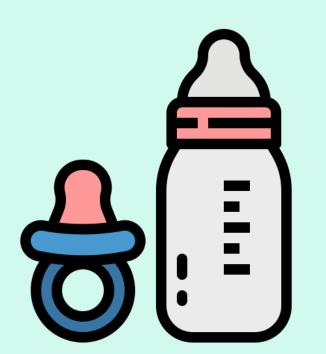
Personal and identifying information will be left out for the protection of participants. Will be IRB approved at Dominican University of CA.

ANALYSIS

- of treatment for NOWS
- outcomes

This research proposal aims to improve outcomes for infants diagnosed with NOWS. Since rooming-in is a new technique to treating this syndrome, there is little research regarding its effect on rural populations. The purpose of this study is to determine if the results are consistent when applied to different populations.

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• Data will be collected through the patient's chart to determine the effectiveness of rooming-in as a form

• Descriptive statistics will be used to find the mean of a variety of neonatal

A t-test will be used to determine if the data is statistically significant

CONCLUSION

REFERENCES

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