



When pregnant women take addictive drugs during pregnancy, the baby is exposed to those drugs as well, and often becomes physically dependent on them. After birth, the baby may go through withdrawal. This is called Neonatal Abstinence Syndrome (NAS). In Kentucky, data from hospital discharge records indicate the number of cases of NAS has increased more than 10-fold, from 67 in 2001 to 955 in 2013. The Kentucky legislature enacted this data collection requirement in order to get a clear picture of the extent of the problem and to develop public health interventions based on the trends in the aggregate data.

This document provides guidance for implementation of KRS 211.676, which states “*All cases of neonatal abstinence syndrome (NAS) diagnosed among Kentucky resident births shall be reported to the Kentucky Department for Public Health by the facility where the NAS is diagnosed. The report shall be made at the time of the NAS diagnosis.*”

FAQs:

Who is required to report NAS?

- The facility where NAS is diagnosed is designated in the statute to complete and submit the NAS Reportable Disease Form. NAS is usually diagnosed in the hospital following the birth but can be diagnosed on a readmission (NAS infants are twice as likely as normal babies to be re-admitted within 30 days of their initial discharge). Also, in the case where NAS is diagnosed in an outpatient setting, the provider making the diagnosis in the outpatient setting should complete and submit the NAS Reportable Disease Form.

Do we report all babies who are exposed to prenatal substance abuse?

- No, the law only calls for reporting infants who develop symptoms consistent with Neonatal Abstinence Syndrome or neonatal withdrawal. *All infants clinically diagnosed as having symptoms of withdrawal should be reported, whether or not they require pharmacologic treatment for NAS.* Infants with known prenatal exposure to prenatal addictive drugs may not go through withdrawal and would not need to be reported, but providers should be aware that in some cases the withdrawal may not begin until after 72 hours of age, so these infants should be observed in the hospital after birth longer than normal newborns. Typical codes used for NAS include 779.5, 760.7, 760.71, 760.72, 760.73, 760.75 and 760.79, which are all on the reporting form.

What if we transfer out our babies with NAS?

- If you are transferring the baby out because of NAS, your physician will have made the presumptive diagnosis and your facility should complete and submit a reporting form.
- The receiving NICU will be treating the infant for a diagnosis of NAS, so that facility should also complete a reporting form. The form has places to indicate if the report comes from the referring or receiving hospital.

How do I report a case of NAS?

- The NAS Reportable Disease Form is available at <http://chfs.ky.gov/dph/mch/default.htm> to download and complete, or can be obtained by calling the Department for Public Health NAS Coordinator at 502-564-4830.

How do I submit the form?

- Once the electronic NAS Reportable Disease Form is downloaded and completed, then print and fax the form to the DPH/MCH secure line at (502) 564-1510 with Attn: NAS Coordinator.

Who should I contact if I need assistance?

- Questions about reporting or feedback/suggestions for the reporting form can be sent to: neonatalabstinence@ky.gov

Is the reported information confidential?

- **YES.** The information collected as part of the NAS reportable disease process will be confidential. The law prescribes that the only reports from this information will be data that is aggregated, de-identified, and “will be segregated into reporting blocks no smaller than the regional or county level” [per KRS 211.678]

If I report this data, is it passed along to the Department of Community Based Services (DCBS)?

- **NO.** This reporting procedure is for public health surveillance purposes only. Reporting a case of Neonatal Abstinence Syndrome to the Department for Public Health does not substitute for a referral to the Department of Community Based Services (DCBS)/Child Protective Services. Referrals to DCBS should still be completed as appropriate to the clinical situation and required by mandatory reporting provisions of state law.

NAS Reportable Disease Form Instructions:

1. Report date and staff person completing the form. The law states that the report shall be made “at the time of NAS diagnosis.”
2. Case Definition – All infants who have a diagnosis of Neonatal Abstinence Syndrome or Neonatal Withdrawal documented in the chart should be reported. The diagnosis code for these infants may be either 779.5 (ICD-9) or P96.1 (ICD-10); or for those prenatally exposed and exhibiting withdrawal may be (ICD-9) 760.70, 760.71, 760.72, 760.73, 760.75 or 760.79. Choose supporting information as applicable.
3. Complete each item listed on the form. Below is additional guidance on particular items.

Section 1: Demographics.

- Patient (Infant) Control Number – from face sheet of infant chart from hospital submitting the report
- Medical Record (Infant) – from face sheet of infant chart from hospital submitting the report
- Mother’s Control Number – from face sheet of mother’s chart if the mother is a patient of the hospital submitting the report
- Mother’s Medical Record – from face sheet of mother’s chart if the mother is a patient of the hospital submitting the report
- Alcohol or tobacco use during pregnancy – check yes if mother used either alcohol or tobacco during pregnancy as indicated by either maternal history or documentation in patient chart

Section 2: NAS Reporting:

- Name of Reporting Facility – List the hospital/facility that is submitting the report.
- Name of Birthing Facility – List the hospital/facility where the infant was born.
- Type of Hospitalization – Characterize this current type of hospitalization or visit.
 - Select “Birthing Hospital Report” - If the infant was born at this hospital and has never been discharged home.
 - Select “Reporting Hospital Received Patient as Transfer” - If the infant was born at another hospital but transferred to your hospital for treatment of NAS.
 - Select “Readmission after Newborn Discharge” - If the infant was discharged home without a diagnosis of NAS and then readmitted with NAS as a diagnosis.
 - Select “Outpatient Diagnosis of NAS” – If the infant was diagnosed with NAS in an outpatient facility rather than a hospitalization.
- Clinical signs consistent with NAS. These may include: High-pitched cry, Inability to sleep, Hyper-reflexia, Tremors, Hypertonia, Myoclonic jerks, Convulsions, Irritability, Inconsolability, Seizures, Nasal stuffiness, Sneezing, Nasal flaring, Tachypnea, Retractions, Other Manifestations, Abrasions or excoriations (knees, elbows, chin), Fever, Poor feeding, Vomiting, Diarrhea
- Infant’s Age in Hours at Onset of Symptoms: the purpose of this field is to determine how long after birth the baby begins withdrawing. Please use hours of age – e.g., if an infant born at 8 am on Monday becomes symptomatic at 11am on Tuesday, his/her age in hours would be 27 hrs of age at onset of symptoms.
- Positive drug test on mother and baby – mark yes or no as applicable.
- Specific substances – please mark what is known about the specific substances involved in the case reported, whether only by maternal history, or positive tests on mother or baby. Check **YES** in each of the columns (Maternal History Positive; Maternal Test Positive; Infant Test Positive) to all that apply. If you are completing the form on the computer, a click will check the box. The list includes the most common addictive substances, but you can add others at the end.
- Maternal Treatment – Check what is known from maternal history or documentation about the mother’s use of addictive drugs as applicable to the reported case. You may check more than one option if appropriate.
 - Maternal: Supervised replacement therapy WITH prescription (ex. Methadone, Buprenorphine)
 - Maternal: Supervised pain therapy WITH prescription (ex. Oxycodone, Demerol, Lortab, Morphine)
 - Maternal: Therapy for psychiatric or neurological condition WITH prescription (ex. Prozac, Paxil, Zoloft and Xanax)
- Treatment of the infant. At the time the report is made, please indicate if the infant has been started on pharmacologic treatment for NAS. Date and Time medication for NAS was started is requested.
- Information on breastfeeding. Breast-feeding infants whose mothers are taking addictive medications may affect the time of onset of the infant’s symptoms. Please indicate if the infant was breastfeeding before the diagnosis of NAS was made, and also if the infant was breastfed after the diagnosis was made.
- **This form is for public health surveillance and does NOT substitute for reporting appropriate cases to DCBS/Child Protective Services. If known at the time of the report, please indicate if this case was referred to DCBS/Child Protective Services and if the referral was accepted for investigation.**

WHEN COMPLETED, PLEASE FAX THE REPORTING FORM TO THE DPH SECURE FAX LINE: 502-564-1510

Questions and comments on the form or the information in this guidance document can be emailed to neonatalabstinence@ky.gov.

Thank you for your assistance in learning more about this public health epidemic.