

# Neonatal Abstinence Syndrome (NAS) Reporting Guidance Document

This document provides guidance for Kentucky Revised Statute (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.*”

Babies are exposed to addictive drugs when taken during a women’s pregnancy and often becomes physically dependent on them. After birth, the baby may go through withdrawal. This is called Neonatal Abstinence Syndrome (NAS). From 2020-2024, Kentucky birthing facilities reported an average of 892 cases of NAS per year. 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.

## Frequently Asked Questions:

### 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?

- Report all cases of NAS to the NAS Statewide Surveillance Registry, available at: [https://redcap.link/NAS\\_registry](https://redcap.link/NAS_registry).

### Who should I contact if I need assistance?

- Questions about reporting or feedback/suggestions for the reporting form can be sent to: [casey.reed@ky.gov](mailto:casey.reed@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.

### Can I continue faxing the NAS Reportable Disease Form to the DPH Secure Fax Line?

- **No.** The NAS Statewide Surveillance Registry is now completely online. All cases must be reported into the REDCap Registry. Any faxed copies will be destroyed and facilities will be contacted and directed to submit the case online.

## NAS Statewide Surveillance Registry Instructions:

1. Report date and staff person completing the form. Include your full work email address. We use this field in case we need to contact you about a case you've entered.
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. Treatment is not a requirement for a baby to be classified as having signs and/or symptoms of NAS.
3. Complete each item listed on the registry. Questions marked with red asterisks are required. Below is additional guidance on particular items.

### Sections 1 and 2: Demographics

- Medical Record (Infant) – from face sheet of infant chart from 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

### Section 3: 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.
- Scoring Method – Select the scoring method your facility used to monitor the infant's symptoms. This question is optional and is not required for submitting the form.
- 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.
- Alcohol or tobacco use during pregnancy – Select yes if mother used either alcohol or tobacco during pregnancy as indicated by either maternal history or documentation in patient chart.
- History of Substance Use and Testing Results for Mother and Infant – 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 the box in each of the columns (Maternal History of Use; Maternal Positive Test; Infant Positive Test) to all that apply. The list includes the most common addictive substances, but you can add others at the end.
- Maternal Treatment – Select what is known from maternal history or documentation about the mother's use of addictive drugs as applicable to the reported case.
  - 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)
- 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 breastfed at any time.
- Child Protective Services (DCBS). Select YES if your facility referred the family to child protective services (DCBS). If your facility did refer the family, indicate in the pop-up question whether the referral was accepted for investigation. If the status of the referral is unknown, the reporter must state the reason the outcome is unknown.
- Treatment of the infant. At the time the report is made, please indicate if the infant has been started on pharmacologic treatment for NAS, and what medication(s) were used to treat the infant. Date and Time medication for NAS was started is requested.
- **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 select the “submit” button at the bottom of the page.

By clicking submit you acknowledge that the form is complete and accurate. You will **not** be able to return and modify your record.

Questions and comments on the form or the information in this guidance document can be emailed to [casey.reed@ky.gov](mailto:casey.reed@ky.gov).

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