

Survey

Neonatal abstinence syndrome

Neonatal abstinence syndrome (NAS) describes a constellation of signs and symptoms in a newborn experiencing the sudden discontinuation of licit or illicit substances used by the mother during pregnancy. The recent increase in opioid use and associated rise in NAS has resulted in NAS becoming a major concern in Canada. The purpose of this survey is to obtain information about paediatricians' knowledge/perceptions of NAS and variations in practice.

Your contribution is greatly appreciated.

1. Which of the following best describes your practice?
☐ General paediatrician ☐ Paediatric subspecialist; specify: _____ ☐ Other, specify: _____
2. Do you provide primary care for newborns (0–28 days of life)? ☐ Yes ☐ No
If 'Yes', please continue. If 'No', we thank you for completing the survey.
3. Do you provide primary care to newborns with NAS? ☐ Yes ☐ No
If 'Yes', please continue. If 'No', we thank you for completing the survey.
4. What are the first 3 digits of your workplace postal code? _____
5. Practice setting (check all that apply regarding your primary practice):
a) ☐ Urban ☐ Suburban ☐ Rural/remote
b) ☐ Academic ☐ Non-academic
c) ☐ Inpatient hospital ☐ Emergency department ☐ Intensive care unit ☐ Outpatient clinic ☐ Private office
6. How many infants were monitored for NAS in your practice setting in the last year?
☐ 0 ☐ 1–5 ☐ 6–10 ☐ 11–15 ☐ 16–20 ☐ 21+ ☐ Unknown
7. In your practice setting, do healthcare professionals receive education and training to care for infants with NAS?
☐ Yes ☐ No ☐ Unknown
If yes, who receives this education? ☐ Physicians only ☐ Nurses only ☐ Social workers only ☐ Entire interdisciplinary team
☐ Other, specify: _____ ☐ Unknown
8. Does your practice setting use an established guideline for care of infants with NAS?
☐ Yes ☐ No ☐ Implementation in progress ☐ Unknown
If using an established guideline, please identify the guideline: _____
9. Are you familiar with the new Canadian Paediatric Society practice point on the management of infants born to mothers with a history of prenatal opioid use? (<https://www.cps.ca/en/documents/position/opioids-during-pregnancy>) ☐ Yes ☐ No
Do you agree with the recommendations? ☐ Yes ☐ No ☐ Undecided
If no, why not? _____
10. In your unit, do parents with affected newborns receive any standard handouts or other information on caring for infants with NAS? ☐ Yes ☐ No ☐ Unknown *If yes, please list specific resources:* _____
11. At your centre, are specialized prenatal services available to pregnant women known to use opioids? ☐ Yes ☐ No
☐ Unknown *If yes, please list specific services or resources:* _____
12. In your unit, how are infants with NAS assessed for severity?
☐ Finnegan score ☐ Modified Finnegan score ☐ Other, specify: _____ ☐ Unknown
13. At your centre, what is the typical first location of care for stable infants diagnosed with NAS?
☐ Neonatal intensive care unit (NICU) ☐ Paediatric ward ☐ Special care nursery ☐ Rooming-in with mother
14. Do you support NAS rooming-in? ☐ Yes ☐ No ☐ Undecided
15. Please answer one of the following sub-questions based on the NAS management strategies used in your practice setting:
a) If NAS rooming-in is used, describe the location:
☐ Paediatric ward ☐ Mother/baby units ☐ Other, specify: _____
b) If your practice setting does not have an NAS rooming-in program, what do you think are the barriers to developing such a program? (Check all that apply)
☐ Belief that NICU treatment is preferable ☐ Lack of maternal presence
☐ Insufficient equipment or space ☐ Insufficient nursing resources
☐ Staff concern about monitoring and evaluation ☐ Other, specify: _____
☐ Insufficient education and training of staff

(.../2)

16. Please answer one of the following sub-questions based on the NAS management strategies used in your practice setting:
- a) If rooming-in is used, what is the ratio of nurses to patients with NAS?
- ☐ More than in NICU/paediatric ward ☐ Standard as in NICU/paediatric ward ☐ Less than in NICU/paediatric ward
☐ Unknown
- b) If your centre does not use rooming-in, what is the ratio of nurses to patients with NAS?
- ☐ More than in NICU/paediatric ward ☐ Standard as in NICU/paediatric ward ☐ Less than in NICU/paediatric ward
☐ Unknown
17. What pharmacological treatment for NAS is used in your centre? (Check all that apply)
- ☐ Morphine ☐ Buprenorphine ☐ Methadone ☐ Phenobarbital ☐ Clonidine ☐ Other, specify: _____
18. What percentage of infants monitored for NAS in your centre require pharmacological treatment?
- ☐ 0—25% ☐ 26—50% ☐ 51—75% ☐ 76—100%
19. In your practice setting, are infants with NAS discharged on pharmacological therapy? ☐ Yes ☐ No
20. If infants in your practice setting are discharged on pharmacological therapy, what are the required criteria? (Check all that apply)
- ☐ Monotherapy ☐ Number of successful weans ☐ Minimal dose ☐ Community follow-up
☐ Other, specify: _____
21. In your practice setting, what is the minimum length of observation required prior to discharge for a patient at risk for NAS?
- ☐ 24 hours ☐ 48 hours ☐ 72 hours ☐ 96 hours ☐ 120 hours ☐ Other, specify: _____

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Please return this survey with your monthly reporting form.

Thank you for your participation.

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