



NCCU CLINICAL GUIDELINES
SECTION: 17

NEONATAL ABSTINENCE SYNDROME

Section: 17 Neonatal abstinence syndrome
Discharge planning
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Neonatology Clinical Guidelines
King Edward Memorial/Princess Margaret Hospitals
Perth Western Australia
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DISCHARGE PLANNING

All mothers and infants should be assessed prior to discharge by the medical, nursing staff and social worker with respect to parenting abilities, the infant's wellbeing, current drug usage and psychological stability, and access to adequate social support.

Parentcrafting and discharge should be planned at a case meeting involving the Clinical Nurse Consultant, Social Worker, Consultant/Senior Registrar and parents in the days prior to discharge.

Infants SHOULD NOT be discharged if:

ABSOLUTE:

1. Before day 5 of life if the mother known to have been on opiates or the infant is symptomatic. As the neonatal effects of other maternal substances (e.g. alcohol, benzodiazepines, antidepressants) are very variable any monitoring, treatment and suitability for discharge should be discussed with the paediatrician on call.
2. High risk of infant neglect or abuse (as communicated by social worker). High risk of home violence (as communicated by social worker)
3. Social worker communicated intention of statutory agency (DCP) to apprehend infant prior to discharge
 - In these cases the Social Worker Services will investigate alternative strategies for managing the care, feeding and safety of the infant to avoid admission to the NCCU.

RELATIVE:

- Excessive weight loss (>10% of birth weight) – discuss with consultant
- Inadequate home support or acceptance of assistance from external agencies
- Inadequate parenting skills eg. failure to consistently demonstrate ability to feed and provide appropriate care for infant during hospitalisation
- Inability to participate in required paediatric follow-up program
- Infants of mothers on high doses of methadone or other drugs should be discouraged from early discharge, as their infants could withdraw at home.