Methods in Neonatal Abstinence Syndrome (NAS): Results of a Nationwide Survey in Austria

Vorgehen bei Neonatalem Abstinenzsyndrom (NAS): Ergebnisse einer nationalen Umfrage in Österreich

S. Bauchinger¹, I. Sapetschnig², M. Danda², C. Sommer², B. Resch², B. Urlesberger², W. Raith²

¹ Pediatric and Adolescence Medicine, Medical University Graz, Graz, Austria
² Department of Pediatrics, Division of Neonatology, Medical University Graz, Graz, Austria

Background: Neonatal abstinence syndrome (NAS) is an entity which results from discontinuation of intrauterine exposure to potentially addictive substances postnatally. NAS is a global problem and concerns both developing and developed countries. Clinical manifestations of NAS include nervous, gastrointestinal, respiratory and vegetative symptoms. The most common tool for scoring severity of NAS is the Finnegan scoring system, established in 1975. Several drugs exist for the medical treatment of NAS, such as diluted tincture of opium, phenobarbital, morphine and others.

Methods: As NAS is an upcoming entity also in Austria we established a national survey to overlook the case numbers, modalities of scoring and treatment as well as concomitant problems of NAS. 20 national neonatology departments were contacted via mail or email. Questionnaire items included case numbers per year, scoring modalities, medical treatment, drug testing in neonates, modalities of breastfeeding and follow-up.

Results: 19 out of 20 (95 %) neonatal care units which had been contacted responded to our survey, 18 of these 19 (94.7 %) followed internal guidelines for NAS. Case numbers ranged from 0 to 50 patients per year. Finnegan scoring system was used in all of the 19 responding departments for scoring NAS, the point of initiating medical treatment of NAS varied widely (score 8–16). Most common drug being used was morphine (for opioid abuse alone (100 %) or multiple substance abuse (44.4 %)). Additional medical treatment included phenobarbital, chloral hydrate, clonidine and chlorproxithen. Wide variations could be detected in the weaning of drug therapy. More than half of the departments (61.1 %) endorsed breastfeeding, for mothers with hepatitis B (22.2 %) or hepatitis C (44.4 %) recommendations depending on the viral load.

Conclusion: Although all departments followed international guidelines there is a large variation in all modalities dealing in newborns with NAS. Furthermore, a national consensus is missing.

This condensed content relates to a full article published in „Zeitschrift für Geburtshilfe und Neonatologie“. Please quote the original publication as follows: Z Geburtshilfe Neonatol 2015; 219(4): 185–189; DOI: 10.1055/s-0035-1545289.