



## Introduction

- Neonatal Opioid Withdrawal Syndrome/Neonatal Abstinence Syndrome (NOWS/NAS) results from in-utero drug and substance abuse exposure.
- NOWS/NAS affects 7 newborns per 1000 live births in the United States.
- The Modified Finnegan Neonatal Abstinence Scoring System (M-FNASS) has historically been used to monitor and treat patients with NOWS/NAS.
- Eat/Sleep/Console (ESC) is a newer method that has shown promising results in various hospital systems.
- There is a significant reduction in hospital stays when using the ESC model compared to M-FNASS.

## Objective

This study aims to retrospectively gather data from hospitals in the FMOLHS system to investigate whether ESC leads to a significant reduction in hospital stays compared to M-FNASS or other comparable methods.

## Materials and Methods

- A retrospective chart review was conducted to collect data on the length of stay (LOS) of NOWS/NAS patients within the FMOLHS hospital system from 2019 to 2022.
- LOS data from patients assessed using either M-FNASS or ESC were compared. The study included LOS data from a total of 41 patients (21 ESC, 20 M-FNASS).

## Results

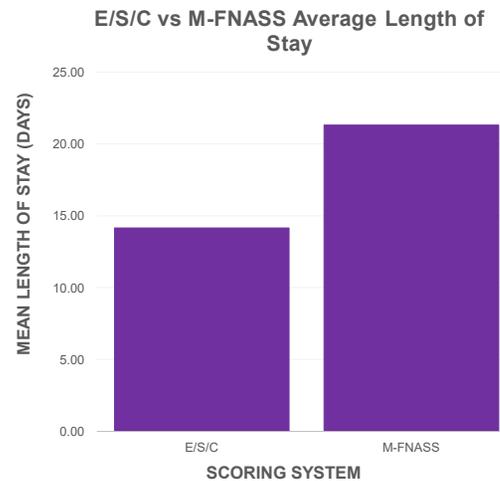


Figure 1. Comparison of Average Length of Stay (LOS) for NOWS/NAS Patients Assessed with Eat/Sleep/Console (E/S/C) Method (14.14 days) and Modified Finnegan Neonatal Abstinence Scoring System (M-FNASS) (21.3 days) ( $p < 0.001$ ).

## Conclusion

- The ESC method demonstrated a statistically significant reduction in the average length of stay when compared to M-FNASS for NOWS/NAS patients.
- These findings align with other studies comparing ESC and M-FNASS and should be considered by healthcare providers when formulating care strategies for NOWS/NAS patients in the future.
- Adopting the ESC approach has the potential to optimize patient outcomes, mitigate hospitalization costs, and alleviate the burdens faced by affected families.

## References

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