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Neonatal Abstinence Syndrome: One Year Later.

Exactly one year ago this month, Memorial University Medical Center in Savannah, GA set out on a mission to improve the treatment of patients suffering from Neonatal Abstinence Syndrome. At that point, the health care providers in the neonatal unit and newborn nursery were using the Lipsitz Scoring Tool. Also, there was no education provided to the nurses of those areas about NAS and there were no standardized guidelines in place to provide consistent, best practice care for those patients. MUMC was not alone in the need for updated/standardized practices involving the care of NAS patients. In 2012, the American Academy of Pediatrics identified the lack of consistent care for NAS babies across the country and began to make recommendations for guidelines and for the use of the Finnegan Scoring Tool. That journey officially began in

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The first goal was to provide standardized education for all nurses caring for these babies. The education was provided by MUMC's neonatal outreach coordinator through a class developed by the outreach coordinators in Georgia with the collaboration of the Georgia Department of Public Health. This class was developed to raise awareness among nurses of the opioid epidemic in Georgia and to train nurses how to correctly score withdrawing babies using the Finnegan Scoring Tool. This was done by lecture and videos in which the nurses in attendance were given the opportunity to practice use of the scoring tool. The classes were mandatory and were provided throughout 2016 and will continue to be provided sporadically to educate new nurses. When majority of the education had been provided, a go-live date was set for starting the use of the Finnegan Scoring Tool. This included the build out of the scoring tool in the electronic medical record, which involved several meetings with the technology department. The go-live was a success and the use of the Finnegan Scoring Tool is common practice in the nurseries today.

Another change that was instituted was the use of the umbilical cord for drug testing. This change involved participation by both the nursery staff, as well as the Labor and Delivery Staff. The nurses caring for the mother were trained on how to correctly obtain the specimen and when to collect it. Nursery nurses were trained on the test itself and its specifics. For example, the need to immediately walk the specimen to the lab upon receipt, due to the need for refrigeration of the cord. The education was provided multiple ways through education boards, staff meetings, skills labs, and e-mail.

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Lastly, a protocol has been set into place for babies that were exposed to narcotics. This protocol was created through research and collaboration from other facilities and was spearheaded by one of Memorial's neonatologists, Dr. Palmer Johnston. The protocol has two main components that address in utero narcotic exposure and iatrogenic withdrawal. Once a baby has been identified as being exposed or there is a strong suspicion of exposure, scoring is initiated. The baby is then placed on lactose free formula, barrier cream is ordered and water wipes are used instead of traditional diaper wipes. Recommendations for non-pharmacologic interventions are included. The protocol also includes the use of pharmacological intervention based on scores and the specifics of the weaning process.

The institution of the protocol has been the last piece of the initiative to improve care of the NAS baby. Moving forward, the babies at Memorial will receive consistent, evidence-based best practice care thanks to the dedicated efforts of its staff which has included multiple disciplines and departments.

Member Spotlight: Diane Youmans, RN, MSN



Genetic testing, coupled with advanced perinatal/neonatal care, has changed the landscape in perinatal nursing. Babies with lethal conditions are diagnosed early in pregnancy and families are faced with making very difficult decisions before birth. Perinatal Palliative Care provides options for those families who choose to continue the pregnancy. Families are provided information and counseling from a team of professionals who assist the family in these tough choices and support them as they prepare to parent their special baby. Staff are supported with education and resources to assist in the care of these families.

Memorial Health in Savannah hired their first Perinatal Palliative Care Coordinator, Diane Youmans RN, MSN in October 2016. Diane has focused her first few months on understanding the current culture of palliative care and bereavement support services in Memorial's Women's Services and getting herself better educated to the role of coordinator.

Since October, Diane has completed Resolve Through Sharing Coordinator training along with 4 staff members who are designated champions for the individual nursing units. Together they have reorganized all of the available resources making them easier to access for the staff. The Labor and Delivery unit has a room designated for supplies to include literature, clothing, hats and blankets. The room has been renovated to also serve as a respite area for staff or family.

Standardization of literature and creating a brochure specific to the facility has been completed. Classes for staff education are scheduled throughout the year with a goal of having all Maternal-Infant staff through the classes by 2018. Throughout all of the reorganization, the families continue to be served with compassion and with a new communication system in place, staff are more informed about family wishes and dynamics.

Life is filled with transitions. Death is our final transition in life, which is why we chose to use that concept for our program. Our goal for our families is to help them through these transitions with compassion and relationship-based care. Although every family and situation is unique, advanced planning and multidisciplinary perinatal palliative care can provide families with the support and resources to make a difficult decision into a beautiful memory.



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