In March 2012, Ohio Gov. John Kasich announced the state would provide $1 million to help Ohio’s children’s hospitals analyze the number and types of drug exposures affecting newborns.

Hospitals participating in the new drug testing policy include Cincinnati Children’s, University of Cincinnati Medical Center, Bethesda North Hospital, Good Samaritan Hospital, Mercy Health Anderson, Mercy Health Fairfield and Saint Elizabeth.

https://www.cincinnatichildrens.org/service/p/perinatal

Ohio Department of Health Data

- From 2006 to 2018, there were approximately 17,373 hospital discharges due to NAS among Ohio residents in Ohio hospitals—1,932 in 2018 alone
- The hospital discharge rate for NAS in 2018 (142 per 10,000 live hospital births) was approximately 7.1 times the rate in 2006 (20 per 10,000)
- Approximately 90 percent of hospital discharges for NAS (1,738) were covered by Medicaid in 2018, while 10 percent (194) were non-Medicaid discharges
- The average length of stay (LOS) for NAS has fluctuated over the years, with a peak of 20.1 days in 2008
- In 2018, the average LOS for NAS was 12.7 days which was approximately 3.3 times the average LOS for all Ohio births (3.8 days)
- In 2018, there were 2,899 hospitalizations among Ohio resident newborns associated with exposure to opioids and hallucinogens
- In 2017, 5,047 mothers were diagnosed with drug abuse or dependence at delivery; of those, 1,961 abused or were dependent on opioids


“In Ohio, the average length of stay is **16.4 days** for an infant suffering from opiate withdrawal compared with **3.3 days** for infants without NAS. The average cost of a hospital stay for NAS is about **$53,400** compared to **$9,500** for infants without NAS.”


“Within the wider population, pregnant women are not immune to substance use disorders and it is estimated over **10% of births** in the United States each year are affected by illicit drug or alcohol use.”

Evidence to Support Screening for Neonatal Abstinence Syndrome (NAS) and Treatment for Infants: Educational Disabilities Among Children Born With Neonatal Abstinence Syndrome (NAS) 2019

METHODS: By using Tennessee Medicaid and birth certificate data, infants who were born in Tennessee between 2008 and 2011 with a history of NAS were matched (1:3) to infants who were born during the same period without a history of NAS. Groups were matched on the basis of sex, race and/or ethnicity, age, birth region of residence, and Medicaid enrollment status. Data were linked to Tennessee Department of Education special education data during early childhood (3–8 years of age).

RESULTS: A total of 1,815 children with a history of NAS and 5,441 children without NAS were assessed. Children with NAS were significantly more likely to be referred for a disability evaluation, to meet criteria for a disability, and to require classroom therapies or services.

CONCLUSIONS: Results of this novel analysis linking health and education data revealed that children with a history of NAS were significantly more likely to have a subsequent educational disability.


Lily’s Place - West Virginia

History: In order to serve the tiniest of those affected by the opioid epidemic, Lily’s Place opened its doors in October 2014 as the first Neonatal Abstinence Syndrome (NAS) Center in the United States.

Facility: Babies born with NAS require specialized care. At Lily’s Place, they strive to make them as comfortable as possible while going through the weaning process. This facility is designed in a very specific manner to achieve this goal.

Services: Lily’s Place provides observational, therapeutic and pharmacological care to infants suffering from prenatal drug exposure. They use proven therapeutic handling methods and the latest weaning techniques to ease withdrawal symptoms.