

An Evaluation of a Novel Pediatric Transitional Care Facility for Neonatal Abstinence Syndrome Care



WASHINGTON STATE UNIVERSITY

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INFANT & FAMILY CARE AT THE PEDIATRIC CARE FACILITY

Specialized NAS Care – 1:2 staff ratio with 1:1 attention when needed.

Gentle Handling Practices – Slow movements, quiet voices, minimal disruptions.

Sensory-Friendly Environment – Controlled sound, light, and visual stimulation.

Comfort-Focused Techniques – Swaddling, c-curl positioning, vertical rocking, pacifiers, deep-water baths.

Protective Gear for Sensitivities – Hush hats for noise, beanie hats for light.

24/7 Rooming-In for Parents – Parents can stay with their baby at all times for bonding and support.

Family Support Services – Provides beds, cribs, houseware, and baby supplies upon discharge to help families build stability.

Resource Coordination– Helps parents find and apply for housing, treatment, food assistance, and childcare during and after the infant's discharge.

METHODS

The pediatric transitional care facility provided descriptive data for 71 infants and birthing parents utilizing its services between October 2022 to June 2024.

Infant demographic and medical data, as well as birthing parent data were collected and are described using means, standard deviations, and percentages.

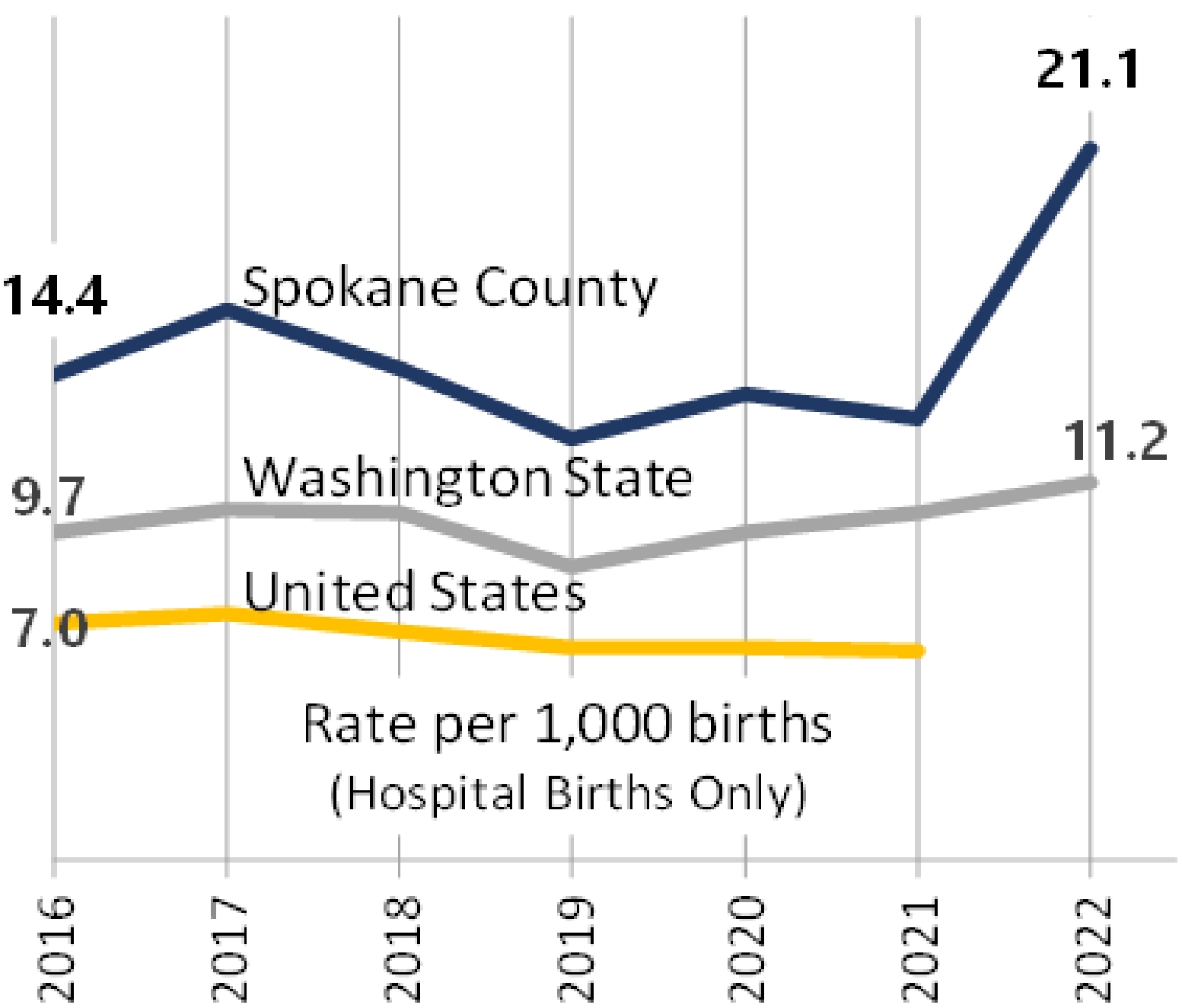
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BACKGROUND

Rising opioid use during pregnancy presents challenges in treating perinatal women with substance use disorders and infants with Neonatal Abstinence Syndrome (NAS). Limited access to comprehensive care and fragmented healthcare systems exacerbate these issues. Pediatric transitional nurseries provide non-pharmacological, maternal-infant-centered care, but research on their effectiveness is scarce. To address this gap, the Health Care Authority (HCA) partnered with Washington State University (WSU) to study NAS prevalence and health outcomes at one of two such facilities in Washington State.

Prevalence of NAS per 1,000 births, 2016–2022



Purpose: To describe the health outcomes of infants with prenatal substance exposure utilizing services of a pediatric transitional care facility in Washington state.

RESULTS

Average length of infant stay at the facility was 56 days (SD: 31.9).

Infants were exposed to $m=3.7$ substances in utero (SD: 1.6)

>80% of families were unhoused at admission

54% of infants went home with parents; 24% of infants into foster care

Infant prenatal substance exposures (n=70)

Substance	Count (%)
Methamphetamine	57 (81.4%)
Fentanyl	52 (74.3%)
Tobacco	38 (53.5%)
Methadone	30 (42.3%)
Marijuana	22 (31.4%)
Opioids (not otherwise specified)	17 (24.3%)
Alcohol	8 (11.4%)
Heroin	7 (10%)
Morphine	7 (11.4%)
Buprenorphine	6 (8.6%)
Codeine	4 (5.7%)
Cocaine	4 (5.7%)

INFANT DEMOGRAPHICS

71 INFANTS

- 52% male
- Gestational age $m=37.88$ weeks (SD: 2.38)
- Average age at admission = 27.2 (SD: 29.7); median = 18 days.

CONCLUSIONS

Novel pediatric care facilities offer a low-intervention, nurturing care model that *may* improve infant outcomes and reduce healthcare costs.

Longitudinal, cohort-matched research is needed to track infant developmental outcomes in pediatric care facilities and evaluate efficacy

A robust financial evaluation needed to estimate the savings achieved by potentially avoiding more costly medical interventions.