

**OUT WITH THE OLD  
(FINNEGAN)  
IN WITH THE NEW  
(EAT, SLEEP, AND  
CONSOLE)**

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# DISCLOSURE

- ◉ No financial
- ◉ No Off Label
- ◉ Did “borrow” from Google images
- ◉ Finnegan from Loretta Finnegan MD and Karen D’Apolito PhD, NNP-BC

# OBJECTIVES

- ◉ Describe two ways to support the mother in care for her infant while in the hospital
- ◉ Demonstrate how to score a neonate with eat, sleep, console tool
- ◉ Describe how positive reinforcement affects the mother infant dyad
- ◉ Discuss two things learned while implementing this program

I KNOW WHAT WE'RE GOING  
TO DO TODAY

DATE: \_\_\_\_\_

Weight: \_\_\_\_\_

\* Assessments are done 30 minutes after a feed at least every 4 hours or as ordered.

Disturbances	Signs and Symptoms	Score				
		Excessive High Pitched (or other) Cry	2			
	Continuous High Pitched (or other) Cry	3				
	Sleeps < 1 Hour after Feeding	3				
	Sleeps < 2 Hours after Feeding	2				
	Sleeps < 3 Hours after Feeding	1				
	Hyperactive Moro Reflex	2				
	Markedly Hyperactive Moro Reflex	3				
	Mild Tremors Disturbed	1				
	Moderate-Severe Tremors Disturbed	2				
	Mild Tremors Undisturbed	3				
	Moderate-Severe Tremors Undisturbed	4				
	Increased Muscle Tone	2				
	Excoriation (specify site(s)): _____ <u>Give a score when excoriations first appear, increase in size or appear in a new area only.</u>	1				
	Myoclonic Jerks	3				
	Generalized Convulsions	5				
	Sweating	1				
	Fever (100.4-101° F/38.0-38.3°C)	1				
	Fever > 101° F (>38.3°C)	2				
	Frequent Yawning (> 3-4 times/interval)	1				
	Mottling	1				
	Nasal Stuffiness/sneezing	1				
	Respiratory Rate > 60/min	1				
	Respiratory Rate > 60/min with retractions	2				
	Excessive Sucking	1				
	Poor Feeding	2				
	Regurgitation	2				
	Projectile Vomiting	3				
	Loose Stools	2				
	Watery Stools	3				
	<b>Total Score</b>					
	<b>Initials of Person Scoring Infant</b>					

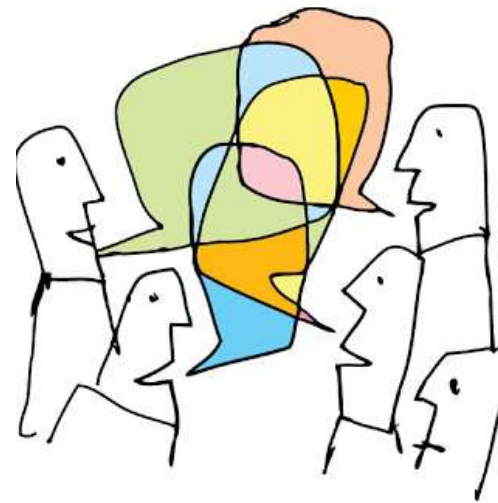
# OLD WAY

- ◉ Finnegan Scoring Video
- ◉ What numbers did you get.....
  
- ◉ Answers to the Finnegan scoring video
  - Total score: 6
    - RR >60 with substernal retractions: 2
    - Yawn 4x: 1
    - Moderate-severe tremors when disturbed: 2
    - Mottling:1



# EVALUATION OF FINNEGAN

- ◉ Subjective
- ◉ Confusing
- ◉ Parental Isolation
- ◉ Baby to NICU and back
- ◉ We know Finnegan
- ◉ Will we miss something??
  - Excoriations, tremors



# LOOKING FOR A BETTER WAY



# YALE WORK



- ◉ Non-pharmacological interventions combined with assessments that focused on function well-being of infant reduced length of stay
- ◉ Reduced morphine administration and decreased NICU stays
- ◉ More studies needed on effects of on growth, development, behavioral outcomes that quantify the effect of involvement of parents in care of infants with NAS



# JAMA PEDIATRICS- META-ANALYSIS 6 STUDIES REVIEWED

- Opioid exposed newborns rooming-in with mother or other family members appear to be significantly less likely
  - to be treated with pharmacotherapy
  - Have substantial reduction in length of stay compared with those newborns going to NICU

# ROOMING-IN

- All 6 studies found that with rooming in:
  - was associated with a lower proportion of infants requiring pharmacotherapy
  - length of stay was significantly shorter
  - reported no adverse events
- 4 studies reported:
  - on breastfeeding-2 found increase in breastfeeding rates 2 found no change
  - reported on discharge home with mother/family member- only 1 study showed increase remaining with family
- 3 studies reported:
  - on readmission rates with no increase found
  - lower costs (difficult to perform without a formal meta analysis due to cost differences across the studies)

# CONCLUSION FROM OUR SEARCH

- ◉ Consistent evidence supports rooming in
- ◉ Recommended as preferred inpatient care model for NAS



# TIME FOR SOME EVIDENCE ROOMING-IN/SKIN TO SKIN

## ⦿ Newborn:

- Promotes bonding
- Promotes breastfeeding
- Stabilizes respirations and heart rate
- Maintains temperature
- Maintains blood sugar

## ⦿ Mom:

- Knows her baby-what works what doesn't
- More likely to breastfeed
- She is the “treatment” for her baby
- Feels ready to go home



# TIME FOR A NEW TOOL



# EAT SLEEP CONSOLE

**Score 1= Meets criteria as described**

**Score 0= Does not meet criteria as described**

**Score and add interventions used at that entered time**

**Call NICU ESC Score is 0 X 1, 1 X2 consecutively,  $\leq$  2 X 3 consecutively**

Assessment	Date/Time	
Eat: feed effectively for hours of life	1	0
Fed infant (F) Slow flow nipples (SFN) Feed on demand (FOD) Skin to Skin (S2S)		
Sleep: undisturbed for >1 hour	1	0
Held &/or rocked (H/R) Swaddled in flexion in light weight blanket (SFFWB) Repositioned (R) Diaper changed, butt care (DC/BC)		
Console: if crying, is consoled within 10 minutes	1	0
Held &/or rocked (H/R) Skin to Skin (S2S) Swing (S) Volunteer (V) Decrease stimulation (DS) Offered pacifier (OP) Swaddle Bath (SB)		
Total		

# ROLE PLAY

- ◉ Watch video
- ◉ What number did you get



# EAT SLEEP CONSOLE TRIAL

- ◉ Selected a few RNs to score babies with Finnegan and Eat Sleep Console Tools
- ◉ Policy continued to be and documentation with Finnegan
- ◉ Then multidisciplinary sat down and interpreted what we learned
  - Talked to parents and nurses



# WHAT DID OUR NURSES THINK

- Did we miss anything that suggested baby wasn't tolerating withdrawal
  - Tremors
  - temperature
- Was it too simple
- Demonstrated easier-less subjective
- Parents not as overwhelmed
- Parents helped to score
- Parents learned what was really important
- Less babies going to NICU
- Less going back and forth from NICU to NBN

Concerns

Pros

# WHAT DID OUR FAMILIES THINK

- ◉ Demonstrated easier-less subjective
- ◉ Parents not as overwhelmed
- ◉ Parents helped to score
- ◉ Parents learned what was really important
- ◉ Less “guilt” baby
  - Baby with them didn’t go to NICU
- ◉ Less “stress” baby
  - Less going back and forth from NICU to NBN

# LETS DO MORE



# MOMMY AND ME PROGRAM

- ◉ Started with small group of pre identified moms
- ◉ Explained ahead of time- prenatally
- ◉ Asked after delivery when they were transferred to Postpartum unit
- ◉ If baby was transferred to NICU we let mom stay
- ◉ We have volunteers but encourage a support person of moms choosing

# WHAT DOES MOMMY & ME LOOK LIKE

- Mom and baby are in their own room
- Support person of moms choice is there
  - Blocked semi private room
- After mom discharge
  - stays with baby in the room
  - Feed mom/support person
  - Responsible for their own meds

# MOMMY AND ME AGREEMENT

- ◉ Set expectations for staff and mom
  - Empower mom is treatment for her baby
  - Baby remains in room
  - Why-less stimulation (noise and lights)
  - Educated and supported to care for baby
  - Role of support person
- ◉ Covers both during moms admission and after mom discharge

# WHAT DID MOM THINK

- ◉ Moms loved Mommy and Me
- ◉ Learned her baby while here
- ◉ Prepared for what to expect at home
- ◉ Felt it was her baby
- ◉ Liked support person staying
- ◉ She could nap, walk outside, shower



# WHAT DID WE LEARN

- ◉ We need to remember this is mom's baby
- ◉ Easier for RN to support this dyad/family
- ◉ Easier for mom to understand what is important
- ◉ Scores were more consistent and less subjective
- ◉ Moms are happier





# CHANGE

- ◉ Culture change is hard
- ◉ RN feels protective of newborn
- ◉ RN likes control -easier when baby is in nursery
- ◉ Needed to discourage going to nursery
- ◉ Some moms still feel shunned like they are “bad”
- ◉ We need to not “judge” these moms

# EXPANDED

- Offering to all mom/baby dyads that are in a opioid treatment program
- Generated a pamphlet for offices and events so moms can know what we offer



*Mommy and Me*  
PROGRAM

*"Mommy and Me"* is a program for moms in opioid treatment where mom and baby room-in together during the infant's entire stay. Mom and nursing staff will observe for signs of withdrawal using the eat, sleep and console method.

- The best place for your baby is with you
- Support person is there to help you take care of your baby
- Private room for you, your baby and a support person
- Your room has low lights and less noise
- Nurses will show you ways to comfort your baby
- Promotes bonding and prepares you to take your baby home

If you have questions, we're here to help.  
Contact our Clinical Team at 315-470-7425.

 **CROUSE**  
Kienzie Family Maternity Center

# REFERENCES

- ◉ D'Apolito, K. and Finnegan, L.(2012). Assessing signs & symptoms of neonatal abstinence using the finnegan scoring tool. Neoadvances.com
- ◉ Grossman, M. Pediatrics Vol 139 No 6 June 2017. An Initiative to Improve the quality of care of infants with Neonatal Abstinence Syndrome
- ◉ Holmes, A. Pediatrics Vol 137 No 6 Rooming-In to Treat Neonatal Abstinence Syndrome: Improved Family Centered Care at Lower Cost
- ◉ MacMillian, K. JAMA Pediatrics. 2018;172(4):345-351. Association of Rooming In with Outcomes for Neonatal Abstinence