

## CARE MODEL

Baystate Medical Center’s inpatient quality improvement initiative establishes a number of dedicated rooms on the postpartum floor to provide co-located care to eligible mothers and their infants. This model emphasizes that the mother and infant stay together in the hospital during the observation and treatment phases of an infant’s NAS diagnosis, until the infant is approved to be discharged. Medical staff round on the mother-infant dyad to ensure that withdrawal symptoms are appropriately monitored, scored, and treated, using either pharmacologic or non-pharmacologic treatment. This approach draws strongly from evidence demonstrating that non-pharmacologic strategies incorporating the mother can

reduce the severity of infant withdrawal symptoms – including introduction and continuity of breastfeeding, skin-to-skin contact between infants and their family members early and often, and placement of the infant in a non-stimulating environment for care. If an infant’s symptoms are not mitigated while rooming-in, the infant may be moved into the neonatal intensive care unit for pharmacologic treatment. The Baystate team has also developed a lunch-time conference series for nursing staff to discuss topics including diagnosing NAS, infant and family care, and updates on NAS and opioid use disorder treatment approaches, to support the team providing care to these families.



## IMPACT

**\$249.8K**  
HPC AWARD

TARGET POPULATION  
**All opioid-exposed infants monitored for NAS**

TECHNICAL ASSISTANCE PARTNERS  
**NeoQIC**

PRIMARY AND SECONDARY AIMS:

**↑ 30%**  
rooming-in care for eligible maternal-infant dyads



**↑ 30%**  
breastfeeding and skin-to-skin care rates



## HCII PATHWAY SUMMARY & HPC BACKGROUND

In 2016, the Massachusetts Health Policy Commission (HPC) launched its \$3 million Mother and Infant-Focused Neonatal Abstinence Syndrome (NAS) Interventions, a pathway of the HPC’s Health Care Innovation Investment (HCII) Program. The NAS Interventions aim to contribute to the Commonwealth’s nation-leading efforts to address the opioid epidemic by supporting enhanced care and treatment for mothers and infants impacted by opioid use. The six NAS initiatives develop or enhance programs for opioid-exposed infants at risk of developing NAS and pregnant and postpartum women with opioid use disorder through a dyadic care model, providing rooming-in care for the mother and infant for the duration of the infant’s inpatient stay. Many initiatives also offer integrated pre- and postnatal supports, including coordinated

access to behavioral health care, medication assisted treatment, education and support for breastfeeding, and early intervention programming for full family care both in the hospital and in the community after discharge.

The Massachusetts Health Policy Commission (HPC), established in 2012, is an independent state agency charged with monitoring health care spending growth in Massachusetts and providing data-driven policy recommendations regarding health care delivery and payment system reform. The HPC’s mission is to advance a more transparent, accountable, and innovative health care system through independent policy leadership and investment programs. Visit us at [Mass.gov/HPC](http://Mass.gov/HPC). Tweet us @Mass\_HPC.