When pregnant women take addictive drugs during pregnancy, the baby is exposed to those drugs as well, and often becomes physically dependent on them. After birth, the baby may go through withdrawal. This is called Neonatal Abstinence Syndrome (NAS). In Kentucky, data from hospital discharge records indicate the number of cases of NAS has increased more than 10-fold, from 67 in 2001 to 955 in 2013. The Kentucky legislature enacted this data collection requirement in order to get a clear picture of the extent of the problem and to develop public health interventions based on the trends in the aggregate data.

This document provides guidance for implementation of KRS 211.676, which states “All cases of neonatal abstinence syndrome (NAS) diagnosed among Kentucky resident births shall be reported to the Kentucky Department for Public Health by the facility where the NAS is diagnosed. The report shall be made at the time of the NAS diagnosis.”

FAQs:
Who is required to report NAS?
- The facility where NAS is diagnosed is designated in the statute to complete and submit the NAS Reportable Disease Form. NAS is usually diagnosed in the hospital following the birth but can be diagnosed on a readmission (NAS infants are twice as likely as normal babies to be re-admitted within 30 days of their initial discharge). Also, in the case where NAS is diagnosed in an outpatient setting, the provider making the diagnosis in the outpatient setting should complete and submit the NAS Reportable Disease Form.

Do we report all babies who are exposed to prenatal substance abuse?
- No, the law only calls for reporting infants who develop symptoms consistent with Neonatal Abstinence Syndrome or neonatal withdrawal. All infants clinically diagnosed as having symptoms of withdrawal should be reported, whether or not they require pharmacologic treatment for NAS. Infants with known prenatal exposure to prenatal addictive drugs may not go through withdrawal and would not need to be reported, but providers should be aware that in some cases the withdrawal may not begin until after 72 hours of age, so these infants should be observed in the hospital after birth longer than normal newborns. Typical codes used for NAS include 779.5, 760.7, 760.71, 760.72, 760.73, 760.75 and 760.79, which are all on the reporting form.

What if we transfer out our babies with NAS?
- If you are transferring the baby out because of NAS, your physician will have made the presumptive diagnosis and your facility should complete and submit a reporting form.
- The receiving NICU will be treating the infant for a diagnosis of NAS, so that facility should also complete a reporting form. The form has places to indicate if the report comes from the referring or receiving hospital.

How do I report a case of NAS?
- The NAS Reportable Disease Form is available at http://chfs.ky.gov/dph/mch/default.htm to download and complete, or can be obtained by calling the Department for Public Health NAS Coordinator at 502-564-4830.

How do I submit the form?
- Once the electronic NAS Reportable Disease Form is downloaded and completed, then print and fax the form to the DPH/MCH secure line at (502) 564-1510 with Attn: NAS Coordinator.

Who should I contact if I need assistance?
- Questions about reporting or feedback/suggestions for the reporting form can be sent to: neonatalabstinence@ky.gov

Is the reported information confidential?
- YES. The information collected as part of the NAS reportable disease process will be confidential. The law prescribes that the only reports from this information will be data that is aggregated, de-identified, and “will be segregated into reporting blocks no smaller than the regional or county level” [per KRS 211.678]

If I report this data, is it passed along to the Department of Community Based Services (DCBS)?
- NO. This reporting procedure is for public health surveillance purposes only. Reporting a case of Neonatal Abstinence Syndrome to the Department for Public Health does not substitute for a referral to the Department of Community Based Services (DCBS)/Child Protective Services. Referrals to DCBS should still be completed as appropriate to the clinical situation and required by mandatory reporting provisions of state law.
Thank you for your assistance in learning more about this public health epidemic.

Questions and comments on the form or the information in this guidance document can be emailed to neonatalabstinence@ky.gov.

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