

The goal of the Mother and Infant-Focused Neonatal Abstinence Syndrome (NAS) Interventions is to contribute 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. Eligible applicants and their partners proposed interventions designed to improve care for infants with NAS and for women in treatment for opioid use disorder during and after pregnancy.

The HPC is funding 6 NAS interventions totaling \$2,997,778. Awards range from \$250,000 to \$1,000,000, for a period of performance of 12 or 24 months.

Name	Focus	Target Population	Operational Approach	Award Cap
<b>Baystate Medical Center</b>	NAS A	All infants who present with NAS symptoms	Utilization of rooms on the postpartum floor to provide care to the mother-infant dyad (through dedicated staff) during observation and treatment phases of NAS	\$249,778
<b>Boston Medical Center</b>	NAS A	All infants who present with NAS symptoms	Increased focus on non-pharmacologic care, improvement of pharmacologic care, and initiation of new hospital care models to decrease length of stay for infants with NAS	\$248,976
<b>UMass Memorial Medical Center</b>	NAS A	All infants who present with NAS symptoms	Multidisciplinary, coordinated approach that integrates pre-natal and post-natal management approaches including the standardization of scoring and treatment, increased breastfeeding and increased parent exposure	\$249,992
<b>Lahey Health – Beverly Hospital</b>	NAS B	70 pregnant women with Opioid Use Disorder over a two-year period	Development of an integrated program that starts during prenatal screening through the first postpartum year and includes pharmacotherapy, behavioral health care, prenatal care, life skills education, breastfeeding and newborn care, lifestyle coaching and complementary and alternative treatments for addictions	\$1,000,000
<b>Lawrence General Hospital</b>	NAS B	50 pregnant women with Opioid Use Disorder	Integrated NAS treatment model that includes a number of inpatient quality improvement initiatives such as enhanced training for inpatient clinicians; expansion of special care nursery to include a quiet room for mothers and infants; and development of a toolkit that describes the activities involved in a NAS episode of care.	\$250,000
<b>Lowell General Hospital</b>	NAS B	All pregnant women with confirmed Opioid Use Disorder; enrolling a minimum of 25 women annually	Identification of pregnant women with Opioid Use Disorder early in their pregnancies, to guide them in accessing pharmacotherapy treatment services, and support these new families through pregnancy, delivery, and six months postpartum	\$999,032