

Primary prevention measures are important in curbing the incidence of NAS. In 2016, CDC released the *Guideline for Prescribing Opioids for Chronic Pain*, which recommends that clinicians 1) consider nonopioid pharmacologic therapy for chronic pain management, 2) discuss family planning and how long-term opioid use might affect future pregnancies before initiating opioid therapy in reproductive-aged women, and 3) prescribe the lowest effective dose when opioids are started (8). Individual states have implemented strategies to address the opioid epidemic and NAS. Prescription drug monitoring programs are operational or will be implemented in 49 states and the District of Columbia (www.cdc.gov/drugoverdose/pdmp) to track prescribing and dispensing of controlled prescription drugs; these programs have been shown to reduce inappropriate prescribing and overdose deaths (9). In addition, Florida, Georgia, Kentucky, and Tennessee have made NAS a reportable condition to state health departments to improve public health surveillance. Implementation of this type of passive surveillance of NAS can help states successfully target prevention and treatment measures, including access to medication-assisted treatment, the standard of care recommended by the American College of Obstetricians and Gynecologists for pregnant women with opioid use disorders (10). As part of the Protecting Our Infants Act of 2015,⁷ CDC continues to provide technical assistance to states and American Indian tribes to improve NAS surveillance and to support implementation of effective public health measures.

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