Data Description

Infants prenatally exposed to opiates were observed for the development of narcotic abstinence syndrome (NAS) and given supportive care. Auricular acupuncture facilitates narcotic withdrawal in opiate-dependent adults. Effects of auricular acupuncture in neonates with NAS are unknown. The objective of this study was to evaluate the potential efficacy of auricular acupressure augmentation of standard medical management of babies with NAS by comparing the length of hospital stay between babies randomized to receive standard medical care alone, or standard care plus auricular acupressure. It was also of interest to identify which factor(s) are related with the decreased length of hospital stay.

Standard Care: NAS infants were started on pharmacologic support with diluted deodorized tincture of opium (DTO) or Phenobarbital.

Auricular Acupressure: A small herbal seed was taped to 1-3 left or right ear acupoints in babies assigned to receive auricular acupressure in addition to standard medical management. These points are recommended for use by the National Acupuncture Detoxification Association (NADA). Points selected for treatment were based on the NAS symptoms present in the infant at the time of seed application. Seeds were placed immediately after enrollment in babies assigned to receive acupressure. Nurses were instructed to gently massage the points identified by the seeds for approximately 30 - 60 seconds every 4 hours during the hospital stay.

Maternal data collected for study enrollees included age at delivery, self-identified race, and substance use during this pregnancy. Heroin, methadone, and cocaine use during pregnancy are considered as prenatal exposure for the babies. Maternal information was also collected concerning alcohol and tobacco use, homelessness, and incarceration during pregnancy.

Neonatal data collected for study neonates included gender, birth weight (BW), gestational age (GA), size for gestational age, Apgar scores, and length of hospital stay. All NAS scores, as assessed and recorded every 2-4 hours by bedside nurses, were totaled and averaged to obtain an average NAS score. The time to first NAS pharmacologic support (DTO or Phenobarbital) in hours after birth was recorded.

The dataset includes 77 NAS babies with 37 receiving standard care and 40 receiving standard care plus acupressure. In the Excel spreadsheet, the columns are:

1. Study ID of the babies.
2. Maternal age in years.
3. Race. A: African American; C: Caucasian; H: Hispanic.
4-8. Maternal use of heroin, methadone, cocaine, tobacco and alcohol, respectively. 1: Yes; 2: No.
9. Incarceration during pregnancy. 1: Yes; 2: No.
10. Homeless during pregnancy. 1: Yes; 2: No.

11. Gender of the babies. F: female; M: male.
12. Birth weight (BW) of the babies in grams.

13. Gestational age (GA) in weeks.
14. Size for gestational age. AGA: average GA; SGA: small GA; LGA: large GA.

15. Time in hours from birth to first medical treatment for NAS.

16. Acupressure received besides standard medical care. 1: Yes; 2: No.

17. Length of hospital stay in days.