MNO-OB Teams Call:
Empowering moms to participate in non-pharmacologic care of OENs through standardized education for moms, systems changes to support rooming in and Eat/Sleep/Console

August 26, 2019
12:30 – 1:30pm
Call Overview

• MNO-OB Strategies for Success & Data Review
• Strategies for MNO-OB Teams to engage with moms to participate in non-pharmacologic care of OENs
• Caring for Opioid-Exposed Mother Infant Dyads: Preparing for Delivery
  – Davida Schiff, MD, MSc, Medical Director, MGH HOPE Clinic, Division of General Academic Pediatrics, Assistant Professor of Pediatrics, Harvard Medical School
MNO-OB STRATEGIES FOR SUCCESS & DATA REVIEW
5 months left in 2019: Is your team on track to cross the finish line?

- Has your team had success with system changes – getting to green on structure measures?
- Is your team working to achieve success with engaging inpatient / outpatient providers in clinical culture change?
  - Are your team’s MAT, Recovery Services, Screening, and OUD Clinical Care Checklist getting to goal?
  - Are your team’s OB Providers being engaged in active clinical culture change (screening, Brief Intervention, fast-track MAT, clinical care checklist?)
  - Are the key messages getting to your providers/nurses / social workers (OUD is a life threatening illness with treatment available)?
  - Is your teams using the Missed Opportunities Review Form for 
    every patient with OUD to debrief and provide feedback to clinical teams?
QUALITY IMPROVEMENT RECOGNITION AWARDS
ILPQC MOTHERS AND NEWBORNS AFFECTED BY OPIOIDS-OB

**DETERMINED BY CUMULATIVE DATA FOR QUARTER 3 (JULY – SEPTEMBER) OF 2019**

*All Data Submitted for Baseline (Oct – Dec 2017) and July 2018 through September 2019*
*MNO-OB Monthly Patient Data, Monthly OB Structure Measures, Monthly Sample of Documentation of Screening*

(Please Submit No Later Than October 15TH)
MNO-OB Award Criteria

MNO-OB Monthly Structure Measures: MUST HAVE ALL 4 IN PLACE by September 2019
- Implemented a Screening Protocol with a validated screening tool on L&D in PLACE
- Implemented an SBIRT Protocol on L&D in PLACE
- Mapped community resources to link women with OUD to MAT/Recovery services in PLACE
- Implemented an OUD Clinical Care Checklist on L&D in PLACE

MNO-OB Monthly Women with OUD Process & Outcome Measures and Monthly Sample of Documentation of Screening for OUD: Number achieved
- Women with OUD on MAT prenatally or by delivery discharge ≥70% (Outcome Measure)
- Women with OUD linked to Recovery Services prenatally or by delivery discharge ≥70% (Outcome Measure)
- Sample of screening for OUD among all deliveries on L&D ≥80% (Process Measure)
- Women with OUD receiving Narcan counseling and prescription offer, documented prenatally or during delivery admission ≥70% (Process Measure)
- Women with OUD receiving Hepatitis C screening, documented prenatally or prior to delivery ≥70% (Process Measure)
- Women with OUD receiving education on importance of maternal participation in NAS newborn care, documented prenatally or during delivery admission ≥80% (Process Measure)

(Please Submit No Later Than October 15th)
It’s Easy Being Green!
Get to Green on MNO-OB Structure Measures
(Standardized protocols ‘In Place’)
Standardized Screening Tool on L&D (Structure Measure)

How to Get to Green:

- Choose a self-reported validated screening tool from the ILPQC MNO-OB Toolkit
- Utilize a paper version if waiting for IT/EHR incorporation
- Share tools and ACOG / IDPH recommendation for universal OUD screening early in pregnancy with a validated screening tool with OB providers and affiliated outpatient sites
- Utilize ILPQC OB & Outpatient Provider Packet, letter from OB Chair to help facilitate buy-in
- Visit outpatient sites
Standardized SBIRT Protocol L&D (Structure Measure)

How to Get to Green:

- Post the OUD SBIRT / Clinical Algorithm on Labor & Delivery
- Distribute OUD Algorithm to OB Providers and affiliated outpatient sites with SBIRT pocket cards
- Utilize ILPQC OB & Outpatient Packet to help facilitate buy-in
- Review OUD Missed Opportunities to provide feedback to providers/nurses
- Provide SBIRT training or Grand Rounds for Providers / Nurses
- SBIRT Training for Providers:
  - ACOG District 6 Min Video: [https://www.youtube.com/watch?v=7S0eUUfXc6o&feature=youtu.be](https://www.youtube.com/watch?v=7S0eUUfXc6o&feature=youtu.be)
Mapping Community Resources (Structure Measure)

How to Get to Green:

- **Utilize** the [IDPH Opioid Use Treatment Resources for Pregnant Women in Illinois](#) Document to complete **mapping** your team’s local resources on the [ILPQC Mapping Tool](#)

- Share **completed** mapping tool with OB providers, affiliated outpatient sites, and social workers

- Share contact information for new **Illinois DocAssist** *(free perinatal OUD/MAT phone consult)* (866-986-ASST) and **Illinois Helpline for Opioids (help with finding OUD treatment locations)* (833-2FINDHELP) with all OB providers, nurses, social workers, & staff

- Utilize ILPQC OB & Outpatient Provider Packet to help facilitate buy-in

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**QI Award Criteria**
Standardized OUD Clinical Care Checklist on L&D (Structure Measure)

How to Get to Green:

- Share and post the OUD Clinical Care Checklist on Labor & Delivery (goal to incorporate EMR)
- Determine workflow for checklist implementation on L&D (system to ensure all OUD patients have checklist activated on admission and completed before discharge) – engage SW and nursing to activate checklist for every screen + OUD
- Distribute to OB Providers, social workers and affiliated outpatient sites for use with every OUD pt when identified prenatally or postpartum
- Utilize ILPQC OB & Outpatient Provider Packet to help facilitate buy-in
- Use Missed Opportunities Review to provide regular feedback to providers re checklist completion
Sample of Documentation of Screening for OUD on L&D

BENCHMARK = ≥ 80%
Sample of Documentation of Screening for OUD Prenatally

![Graph showing screening documentation over time]

- **Baseline (2017)**
- **Jul-18**
- **Aug-18**
- **Sep-18**
- **Oct-18**
- **Nov-18**
- **Dec-18**
- **Jan-19**
- **Feb-19**
- **Mar-19**
- **Apr-19**
- **May-19**
- **Jun-19**

- **Validated Self-Report Screening Tool**
- **Non-Validated Screening Tool**
- **Screening Not Documented/Missed Opportunity**
- **Goal**
Every hospital should review Narcan Counseling. We must do better. Narcan is life saving and a key risk reduction clinical strategy. Please review Missed Opportunities and provide feedback to clinical teams. Every OUD patient needs Narcan Counseling.


BENCHMARK = ≥ 70%
Contraception Counseling & Documentation OUD Clinical Care Checklist (Process Measure)

BENCHMARK = ≥ 70%
Hep C Screening & Documentation
OUD Clinical Care Checklist
(Process Measure)


QI Award Criteria

Benchmark = ≥ 70%
Maternal OUD/NAS Education & Documentation (Process Measure)

BENCHMARK = ≥ 80%

QI Award Criteria


OUD & NAS: 16%, 20%, 28%, 29%, 33%, 36%, 40%, 46%, 46%, 48%, 48%, 47%, 56%, 59%, 59%
Maternal Participation in NAS Newborn Care: 32%, 37%, 39%, 50%, 29%, 33%, 40%, 43%, 45%, 48%, 37%, 56%, 47%, 47%, 56%, 59%, 59%
Women with OUD at Delivery in MAT (Outcome Measure)

We must succeed here. We all must work to increase % MAT. MAT saves lives

QI Award Criteria


41% 43% 34% 40% 38% 45% 46% 60% 54% 52% 58% 49% 59%

BENCHMARK = ≥ 70%
Women with OUD connected to MAT by Hospital (Jan – June 2019 Cumulative)

ILPQC MNO-OB Initiative
Percent of Women with OUD on MAT Prenatally or by Delivery Discharge
Hospitals with Patient Data
January 2019 - June 2019

Every hospital can achieve this goal. We must not leave hospitals or women behind. MAT saves lives.
Women with OUD at Delivery Connected to Behavioral Health Counseling/Recovery Services

Updated Benchmark = ≥ 70%
EMPOWERING MOMS TO PARTICIPATE IN NON-PHARMACOLOGIC CARE OF OENS
These key messages are necessary to make clinical culture change happen: How do we best communicate?

Opioid Use Disorder is an urgent obstetric issue

Opioid Use Disorder is a chronic disease with life saving treatment available

There are key steps OB providers need to take prenatally and on L&D to care for women with Opioid Use Disorder

Linking moms to MAT / Recovery Services
• Reduces overdose deaths for moms
• Improves pregnancy outcomes
• Increases # women who can parent their baby
OB provider to see patient, provide brief intervention to assess diagnosis, counsel risks, assess readiness for treatment (SBIRT Counseling)

- Screen positive SUD/OUD
  - Withdrawal symptoms &/or ready to start MAT
  - Unclear if MAT indicated, Not ready to start MAT or Outpatient MAT available
  - Document OUD in problem list: 099.320
  - Bill for SBIRT: < 30 min G0396 ≥ 30 min G0397

Start OUD Clinical Care Checklist
- Inpatient Treatment Program
- Intensive Outpatient Treatment
- Behavioral Health Treatment Support
- Peer Support Program
- Close OB follow up every 1-2 weeks (pregnancy and postpartum)
- IL OUD Hotline
  - 1-833-2-FINDHELP
- IL Doc Assist for free Perinatal OUD
  - 1-866-986-ASST (2778)

Provide Universal SUD/OUD screening with validated tool

+ Risk factors: provide brief intervention discuss risk reduction

- Withdrawal symptoms &/or ready to start MAT
- Admit to hospital for Fast-Track MAT start
- Initiate outpatient stabilization with Social Work support
- Warm Handoff to Behavioral Health/Recovery Treatment Program
- Stabilize MAT and discharge to Recovery Treatment Program
- Inpatient Treatment Program

Hep C screen
- Narcan Counseling
- Serial Tox screen w/ consent
- Neo/Peds consult
- Social Work Consult
- Anesthesia consult
- MFM consult
- Contraception counseling

Provide standardized patient education: OUD/NAS, mom’s important role in care of opioid exposed newborn (breastfeeding, rooming in, eat-sleep-console)
Empowering mothers and families to participate in newborn care

**Mothers/Families**
- Can feel frustrated and not welcomed to be involved in the caring for their baby

**Providers**
- Can feel frustrated and ill-equipped to care for this patient population

- Providers and mothers/families are often feeling the same feelings of frustration and uncertainty
- Remember mothers/families are the best treatment for NAS
-Treating the mother-infant dyad improves outcomes
- ILPQC has tools to help
Importance of Engaging Mother’s in Non-Pharm Care

• Recent literature supports that initial treatment options for NAS should primarily be supportive non-pharmacological measures.

It’s important to create a culture of compassion, understanding, and healing for the mother infant dyad.
Importance of Engaging Mother’s in Non-Pharm Care- mother’s thoughts

Parent Voices

Desire for education/preparation

“I wish I had known a lot more about NAS before I gave birth…I didn’t think the consequences… would affect the baby so much.”

Partners in care team

“I know my baby more than anybody else does. So they have to rely on that to help them out you know with scoring and knowing what she’s going through.”

Interactions with staff

“I’m a recovering heroin addict. I think overcoming something like that and then feeling like you are judged because of it, you end up building some resentment towards people.”

Dartmouth-Hitchcock

Shared from ILPQC December 2018 presentation by Dr. Alison Holmes
Understanding why the prenatal consult matters

• Opportunity to **partner with prenatal clinics and OB providers** to provide education (in-person & written) about ways to best prepare a mother/family for expectations of NAS birth/hospitalization, provide resources available and share ways the mother/family can engage in non-pharmacologic care of the infant.

• **Goal of the consult** is to begin the conversation and

Your MNO-Neo team has tools to help guide this conversation
Steps for your QI Team to Implement Standardized Prenatal Consults

- **Meet with your MNO-Neo team and Review** the ILPQC MNO Prenatal Consultation Guidelines
  - Identify which aspects of the guidelines are currently being documented
  - Consider building into your EMR or scan results into EMR
- **Train** staff on the use of the tool
- **Share** resources for engaging mother in non-pharmacologic care of infant with ALL staff.
- **Determine** roles:
  - Who will do what? When? How will you ensure this happens every time?
Providing Maternal Education

- NAS Definition
- When will my baby show signs of NAS?
- What are the signs of NAS?
- Where will my baby and I be while he or she is being monitored?
- How can I help my baby?
- How to swaddle your baby
- Does my baby need medicine to get better?
- What happens if my baby is given medicine for NAS?
- How long will my baby need treatment?
- How long will my baby have symptoms?
- Can I breastfeed my baby?
- What do I do if my baby experiences NAS?
- When can I take my baby home?
- Will my baby have problems after we go home?
- How can I care for my baby and me at home?
- Asking questions helps you help your baby
- Ways to support and care for your baby
- Extra ways to calm and help your baby

Notice that the language here is patient focused and encouraged mothers to engage in her baby’s care!
Additional Resources to include

Neonatal Abstinence Syndrome (NAS): What You Need to Know

1. Hold your baby: When your baby is fussy or upset, hold your baby. Your family can help too.
2. Practice these calming techniques:
   - Swaddle or tightly wrap your baby in a blanket to help soothe him or her. Ask your nurses to show you how to swaddle your baby.
   - Pacifier for non-nutritive sucking
   - Shooshing
   - Slow, rhythmic up and down movements
3. Feed on demand: If you can, feed your baby breast milk. Feed your baby on demand by watching your baby for feeding cues instead of the clock.
4. Skin-to-skin: Holding your baby skin-to-skin can help calm your baby. Be careful though - if you are feeling sleepy, place your baby in a bassinet.
5. Room-in: Stay in the same room with your baby in the hospital if possible. This will help make sure you will be close by when your baby cries or is fussy, so you can hold and comfort your baby.
6. Quiet room: Keep the noise level as low as possible by limiting visitors, asking your family, friends, and hospital staff to speak softly, keeping the TV volume low, and talking on the phone quietly.
7. Dim the lights in your room.
8. Cluster care: Ask your doctors and nurses to group their care visits together when possible to help limit disruptions for your baby.
9. Medications: Some babies with NAS require medication to help with their symptoms of withdrawal, to allow them to sleep, eat, and be comfortable.

IDPH and ILPQC gratefully acknowledge Boston Medical Center for its contributions to this brochure.

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Improving pre-delivery planning

ILPQC MNO Prenatal Consultation Guidelines

• Perfect opportunity to **begin building trust and creating a partnership** with the mother and family

• Provide initial education and knowledge to help mothers and their families learn about NAS and the best ways to care for their own baby

• **Helps prepare parents** about the expected treatments for NAS
Partnering to Optimizing Non-pharmacologic care

- **ILPQC Newborn Care Diary:**
  - A **complimentary tool for mothers and families** to utilize with the ILPQC Infant Bedside sheet
  - Tool to **engage mother/partner/family in non-pharmacologic care** of newborn. Tracks eating, sleeping, consoling.
  - This is useful to **help build communication/partnerships** with families
The stigma associated with OUD and NAS can create a significant barrier between mothers, families and healthcare providers.

Systematically implement education and training to reduce stigma and include in your new hire training for providers, nurses, and all staff.
Postpartum maternal engagement

What should you be encouraging mothers to do postpartum?

• Rooming-in
  – Check your hospital policies across all units
  – Determine options for rooming in before and after mom’s discharge

• Optimal feeding at early hunger cues (breastfeeding & nutrition)
  – Provide lactation support to encourage breastfeeding /discuss benefits

• Maternal presence for infant hospital stays
  – Encourage mothers to be present/available with the baby as possible
  – Check your visitation policies and signage to make sure they are supportive of this message that the team values mom’s presence with the baby

• Provide Skin-to-skin contact and holding of her baby

• Help create a quiet, low-light environment

• Education on the importance of limiting visitors

• **Be sure to cover Safe Sleep and fall prevention**
GUEST SPEAKER
Caring for Opioid-Exposed Mother Infant Dyads: Preparing for Delivery

Davida Schiff, MD, MSc
Medical Director, MGH HOPE Clinic
Division of General Academic Pediatrics
Assistant Professor of Pediatrics, Harvard Medical School
Outline

• Highlight the importance of a continuum of care for women and families across the perinatal period

• Present specific examples to improve transition in care from prenatal period to delivery hospitalization

• Identify topics important for planning for after delivery

• Review ways to make inpatient care experience warm, welcoming, non-stigmatizing and trauma-informed
Broadening the Focus: Perinatal Period

Patrick, AJPH, 2018
“The truth is, getting through pregnancy is the easiest part”

Katie Raftery, MGH Recovery Coach
Preparing for Delivery and Birth Hospitalization
Developing a Recovery Portfolio

• Key Components:
  • Support Network
  • Community Resources
  • Relapse Prevention and Safety Plan
    • Things to support recovery
    • Things to avoid
    • Warning signs to be aware of
  • Safety Agreement
  • Profile of treatment engagement during pregnancy

Adapted from NESST (Newborns Exposed to Substances: Support and Therapy, JF&CS)
Prenatal Newborn Medicine Consult

- One-on-one meeting with a newborn medicine specialist
- Usually occurs in third trimester
- Document maternal addiction history, known in-utero exposures
- Review of postpartum monitoring plan for infant symptoms
  - Location of Care
  - Rooming-In
  - Non-pharmacologic care
  - Pharmacologic care
- Review DCF Reporting mandate
- Introduction to post-discharge services
  - Early Intervention
  - Infant Developmental Follow Up
  - Mothers in Recovery Support Groups
“Preparing for Baby” Shower

• Monthly opportunity to meet with representatives from child welfare services and Early Intervention prenatally

• Debunk myths
  • Separate eligible EI services from potential child welfare involvement
  • Learn about child welfare reporting process

Preparing for Baby Shower!
• A celebration of your pregnancy journey
• Informal conversations with Early Intervention (EI) and Department of Children and Families (DCF)
• Your opportunity to ask questions about what to expect during and after your delivery (you can submit questions privately ahead of the shower!)
• Supplies and gifts for you and your baby
• Light refreshments will be served
Identification of Barriers to Being at Infant’s Bedside

- Transportation
- Other childcare demands
- Methadone clinic
- Recovery programming requirements
- Stigma - Internalized

Pregnancy plan created by Linda Jablonski, Baystate Franklin
Postpartum planning: feeding intention

• Feeding Intention
  • Education around benefits of breastfeeding for opioid-exposed infants
  • Review of myths and misperceptions around contraindications for breastfeeding
    • Methadone Dose
    • Hepatitis C
    • Higher doses of pharmacotherapy
Tour of L&D, Postpartum Ward, NAS Tx
“The Huddle”

Upcoming Deliveries and Risk Rounds

• Monthly multidisciplinary team meeting bringing together inpatient and outpatient teams

• Identified champions from:
  • Nursing
  • Pediatrics
  • Obstetrics
  • Neonatology
  • Case Management
  • Social work
  • Child Protection
Improving the inpatient birth experience

Creating a welcoming, warm, non-stigmatizing, trauma-informed environment
Our language matters - non-stigmatizing alternatives

<table>
<thead>
<tr>
<th>Stigmatizing language</th>
<th>Helpful response</th>
</tr>
</thead>
<tbody>
<tr>
<td>“She just wants attention”</td>
<td>“She is crying out for our help”</td>
</tr>
<tr>
<td>“Those moms have poor coping methods”</td>
<td>“They have survival skills that got them to where they are now”</td>
</tr>
<tr>
<td>“They’ll never get over it”</td>
<td>“Recovery is a process, it takes time”</td>
</tr>
<tr>
<td>“They are weak”</td>
<td>“They are stronger for having experienced trauma”</td>
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</tbody>
</table>

Shifting to a strengths based model

<table>
<thead>
<tr>
<th>Problem</th>
<th>Strength</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family is in constantly in turmoil</td>
<td>Family unit is still together, are committed to staying together at this point in time</td>
</tr>
<tr>
<td>Family comes in only sporadically to see the infant</td>
<td>Family does come in when they can, they are balancing multiple responsibilities</td>
</tr>
<tr>
<td>Family brings in different friends to the hospital every day, creating lots of noise</td>
<td>Family has a support network in the community</td>
</tr>
<tr>
<td>Family questions nurses constantly, they don’t seem to trust any of the clinical care team</td>
<td>Family has learned to defend their own and be fiercely independent in order to survive; it takes time to establish mutual trust</td>
</tr>
</tbody>
</table>
What does a substance exposed infant look like?
Universal Precautions: No disclosure of maternal SUD

• Need to be mindful of who is in the room
• Family visiting an infant following delivery may know not about history of maternal substance use or treatment.
• Must not assume that family and friends know about moms substance use disorder.
• Infant’s diagnosis and mother’s history is confidential
Summary

• Critical to take the time during pregnancy to lay the foundation for success postpartum
• Multidisciplinary team discussions bridging outpatient and inpatient teams important for integrated care across continuum
• Moms require education and support to prepare to participate in non-pharmacologic care after delivery
• Meeting patients where they are at, bringing them to where they need to be requires patient-centered, non-stigmatizing, trauma-informed care
Thank you!
Questions?

MGH HOPE CLINIC:
http://Massgeneral.org/hope-clinic
hopeclinic@partners.org

Davida Schiff:
davida.schiff@mgh.harvard.edu
UPCOMING CALLS/EVENTS
<table>
<thead>
<tr>
<th>Date</th>
<th>Topic</th>
</tr>
</thead>
<tbody>
<tr>
<td>September</td>
<td>Optimizing postpartum care for moms with OUD: supporting safe discharge planning, linkage to support services and appropriate follow up.</td>
</tr>
<tr>
<td>October</td>
<td>TBD</td>
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<tr>
<td>November</td>
<td>TBD</td>
</tr>
<tr>
<td>December</td>
<td>No Call- Christmas Eve</td>
</tr>
<tr>
<td>January 2020</td>
<td>Prevention webinar – reducing opioid prescribing at delivery</td>
</tr>
<tr>
<td>February 2020</td>
<td>Prevention – educating providers / patients risk of OUD, PMP lookup/documentation</td>
</tr>
<tr>
<td>March 2020</td>
<td>TBD</td>
</tr>
</tbody>
</table>

Is your team working on OUD prevention in 2019 or 2020? Would your MNO-OB Team like to have access to an optional OUD Prevention data form to collect data on (1) opioid prescriptions provided and (2) documentation of Illinois Prescription Monitoring Program (ILPMP) Lookup for a random sample of vaginal and caesarean deliveries? Data reports would help track reduction in # of opioid prescriptions and compliance with ILPMP lookup?
REGISTER NOW!
September 20th ASAM OUD Course

Friday, September 20th 2019
HSHS St. John’s Hospital, Springfield, IL
(8am – 12:30pm)


Save the Date: Friday, December 13th 2019 (ACOG/ASAM)- Carle at the Fields, Champaign, IL (8am – 12:30pm)
SAVE THE DATE

ILPQC 7th Annual Conference
Monday, November 4, 2019
8am – 5:15pm
Westin Lombard
THANKS TO OUR FUNDERS

IDPH
Illinois Department of Public Health

CDC
Centers for Disease Control and Prevention

DHS
Illinois Department of Human Services

JB & MK PRITZKER Family Foundation

IL & PQC
Illinois Perinatal Quality Collaborative