

Oklahoma Mothers and Newborns affected by Opioids

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OKLAHOMA PERINATAL QUALITY
IMPROVEMENT COLLABORATIVE

Creating a culture of excellence, safety and equity in perinatal care



You have to meet people where they are
And help them take the next step



You have to meet people where they are
But you don't have to leave them there



You have to meet people where they are
Not where you'd like them to be



You have to meet people where they are
And sometimes you have to leave them there

Never look down
on anyone
unless
you are
helping them up.

-Jesse Jackson

©Kash Perry



Learning Outcomes

- Describe how opioid prevalence relates to pregnancy and infants
- Recognize relationship between stigma and poor health outcomes
- Identify 3 symptoms of Neonatal Abstinence Syndrome
- Identify 2 components of non-pharmacologic care of NAS

Definitions

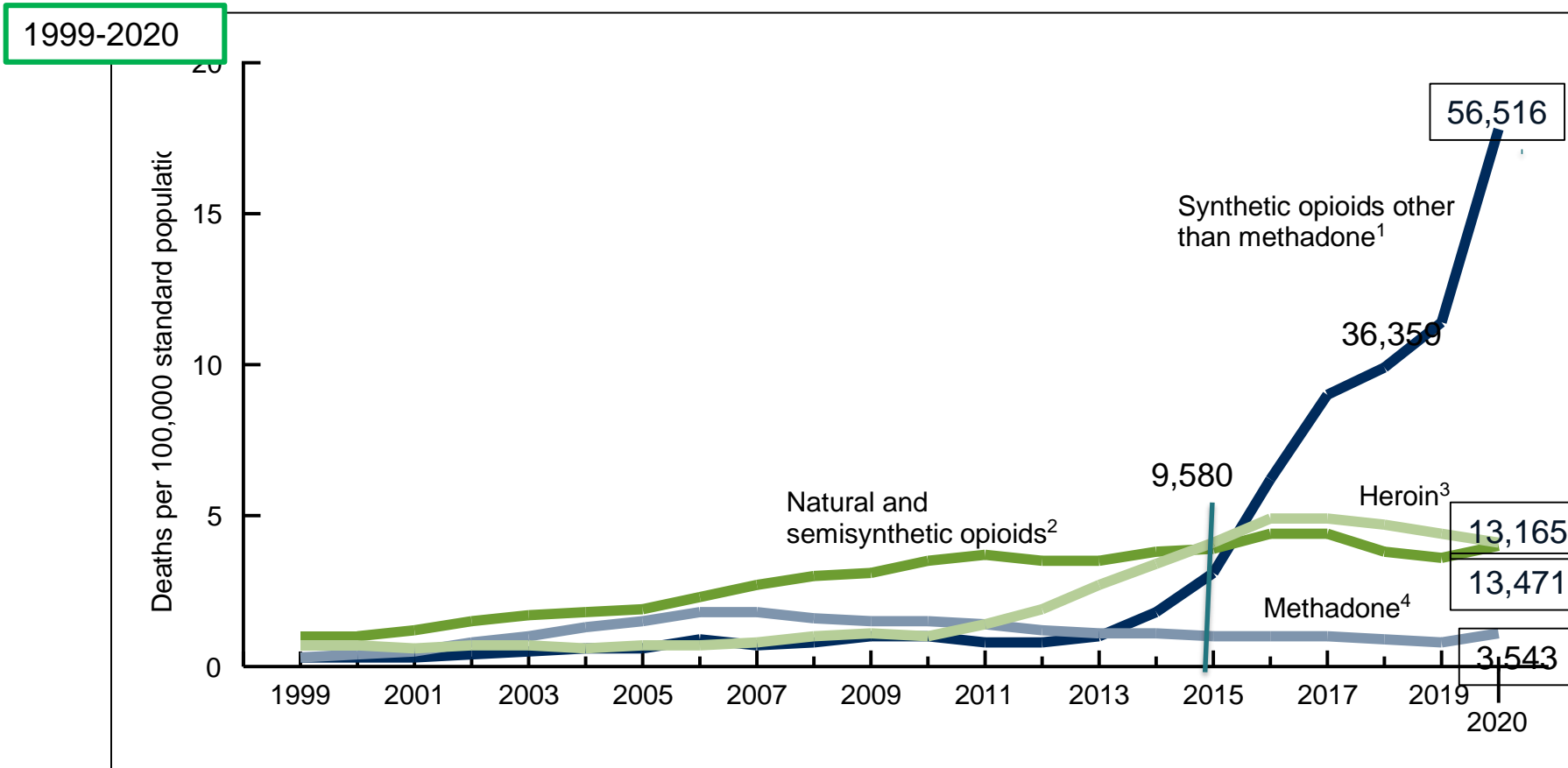
- SUD, Substance Use Disorder
- OUD, Opioid Use Disorder
- MAT, Medication Assisted Treatment

- OEN, Opioid Exposed Newborn
- NAS, Neonatal Abstinence Syndrome
- NOWS, Neonatal Opioid Withdrawal Syndrome



The Problem

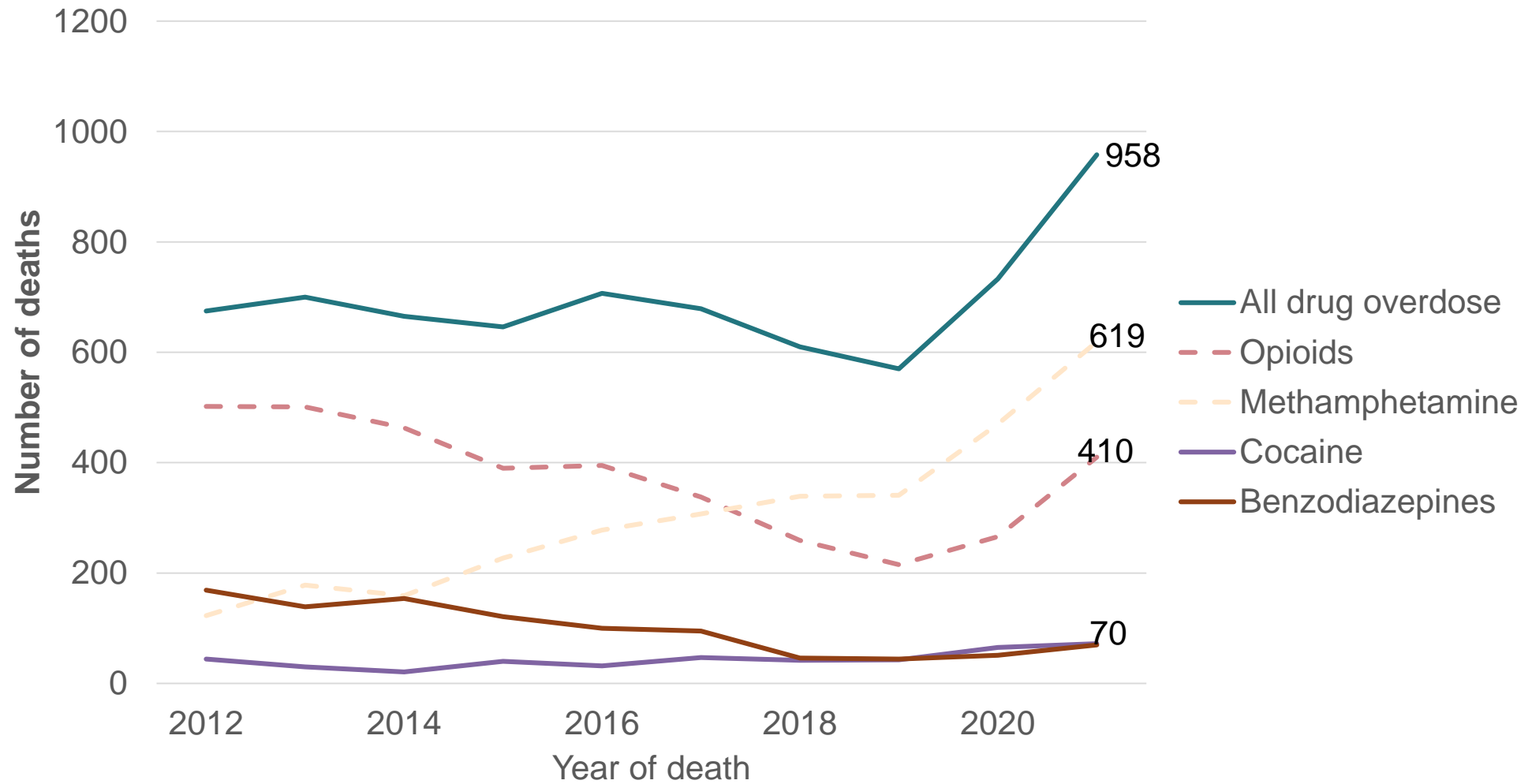
- 110,236 overdose deaths; deaths from opioids 75%
(CDC provisional data- 12 mo. ending March 2022)



Synthetic opioid deaths increased 197% from 2019-2021

NCHS Data Brief No. 428, December 2021
<https://www.cdc.gov/nchs/products/databriefs.htm>
 Accessed 2/12/2023

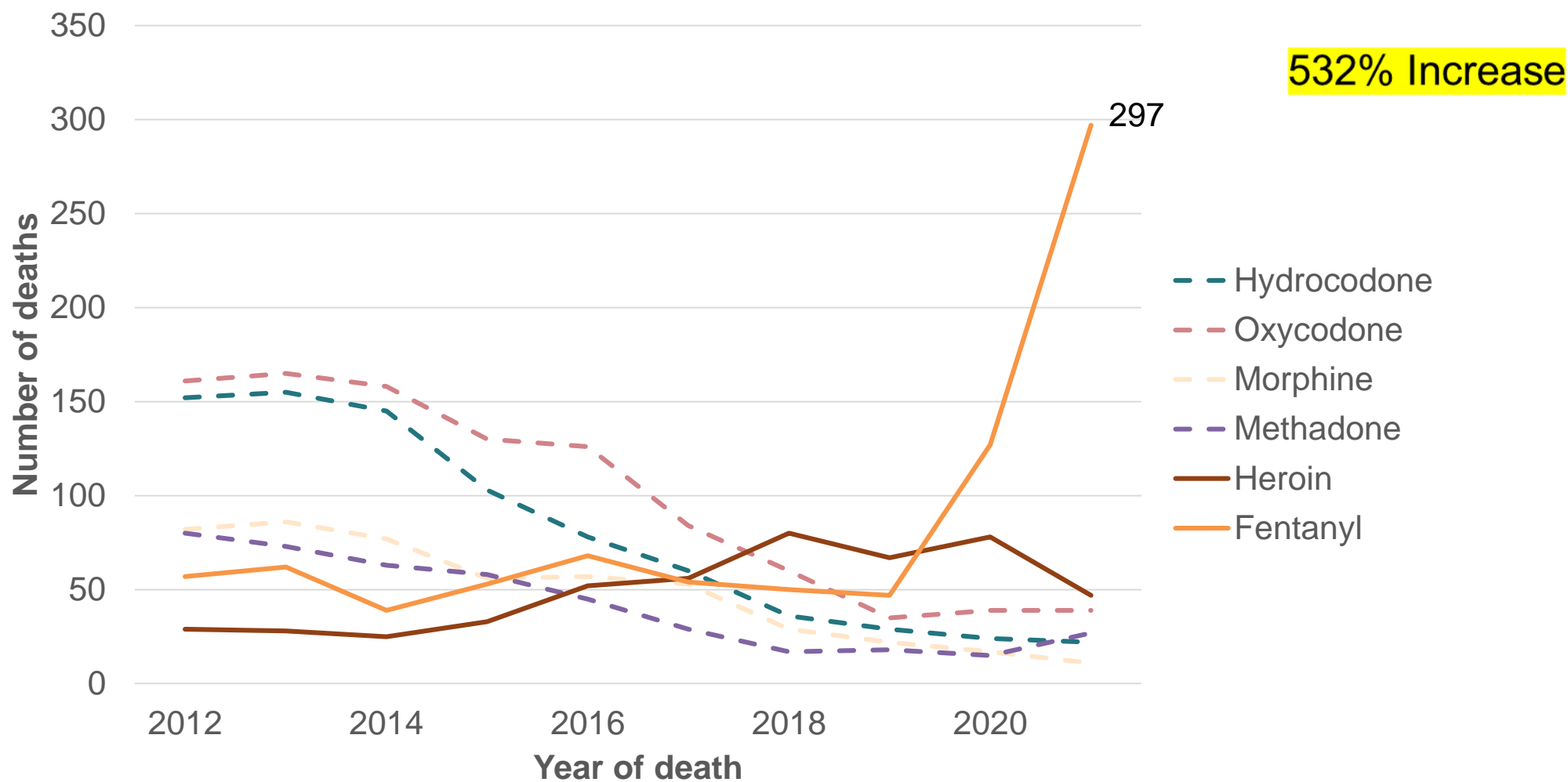
Unintentional Drug Overdose Deaths by Type of Drug, Oklahoma, 2012-2021



Source: OSDH, Injury Prevention Service, Fatal Unintentional Poisoning Surveillance System



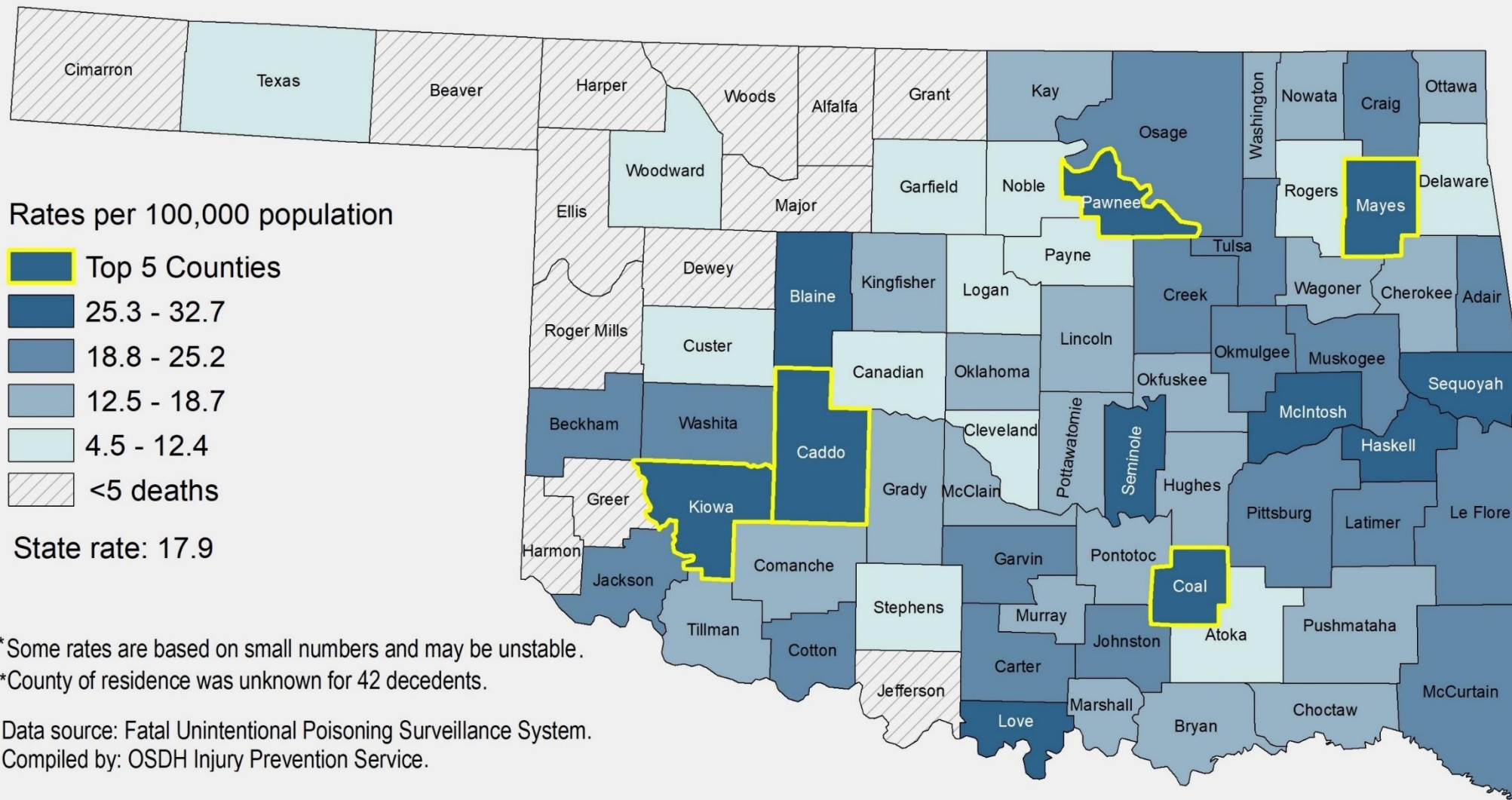
Unintentional Opioid Overdose Deaths by Drug, Oklahoma, 2012-2021



Source: OSDH, Injury Prevention Service, Fatal Unintentional Poisoning Surveillance System



Unintentional Drug Overdose Death Rates* by County of Residence, Oklahoma, 2017-2021**



*Some rates are based on small numbers and may be unstable.

**County of residence was unknown for 42 decedents.

Data source: Fatal Unintentional Poisoning Surveillance System.
Compiled by: OSDH Injury Prevention Service.



Drug Overdose by Severity, Oklahoma, 2021

- **Number of Unintentional Drug Overdose Deaths –
958**
- **Number of Inpatient Hospitalizations (nonfatal, all intents) –
4,230***
- **Number of Emergency Department Discharges (nonfatal, all
intents, and not admitted as an inpatient)
5,605***



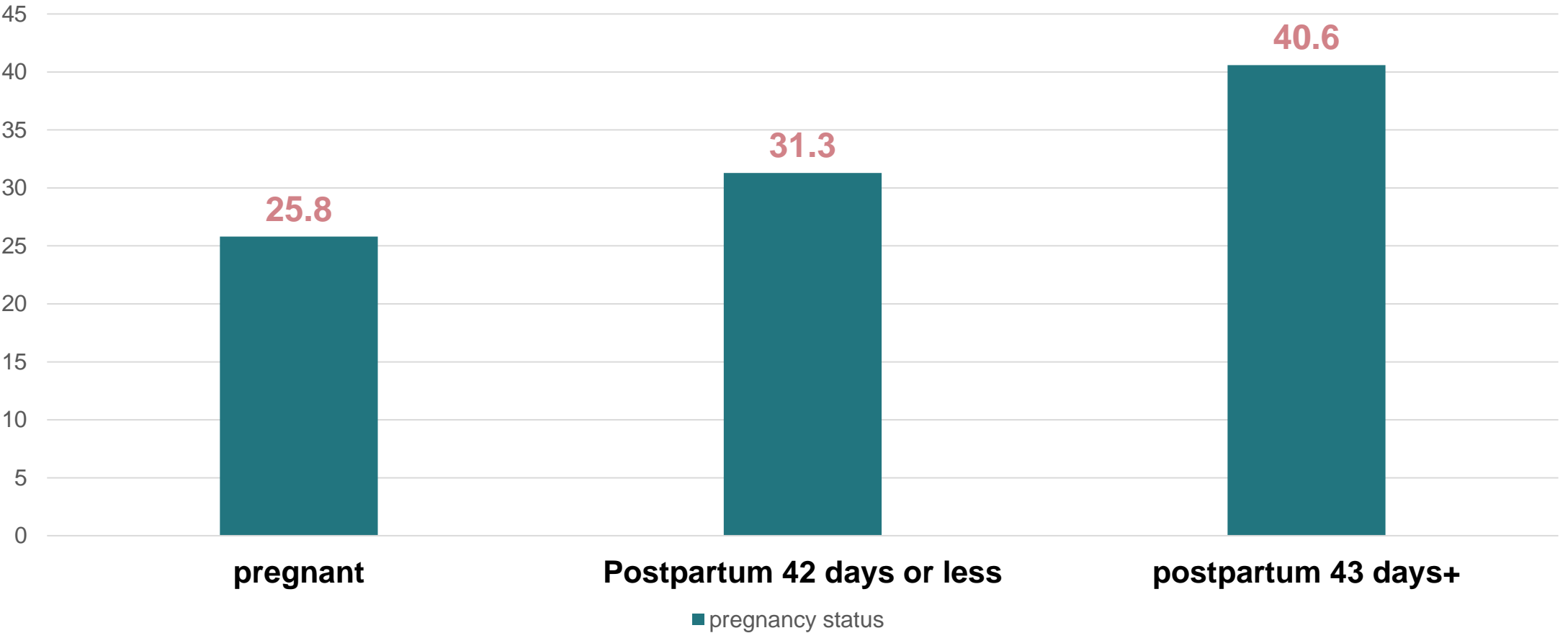
Source: OSDH, Injury Prevention Service, Fatal Unintentional Poisoning Surveillance System

OSDH, Center for Health Statistics, Hospital Discharge Data

*Preliminary 2021 data

Percentage of Opioid-Related Maternal Deaths by Pregnancy Status

Oklahoma, 2004-2018



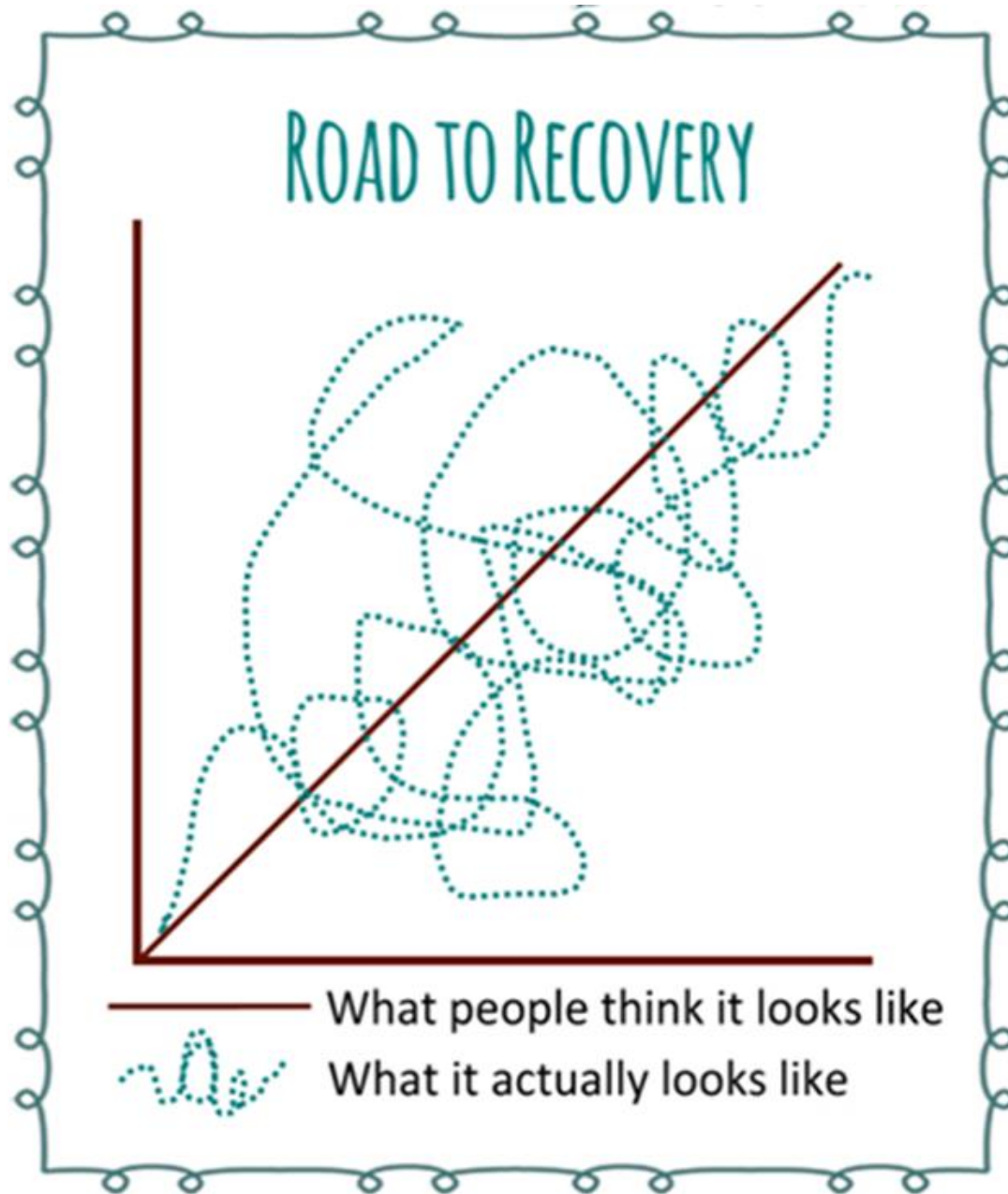
The Pregnancy Context



- Substance use in pregnancy parallels the epidemic in the general population
- Rise in opioid use during pregnancy has led to a sharp increase in NAS
- SUD represents diverse groups: socioeconomic, racial, ethnic, age, and rural, suburban, and urban populations
- Pregnancy is a time of great potential for positive change

Substance Use Disorder Overview

- **SUD** is a chronic, relapsing brain disease, characterized by compulsive drug seeking and use, despite harmful consequences
 - Pathologically pursuing reward and/or relief by substance use and other behaviors
 - Like other chronic diseases, addiction often involves cycles of relapse and remission
 - Addiction can happen to anyone
 - Treatment is available, and recovery is best achieved through a combination of medication assisted treatment (MAT), behavioral counseling, support
 - Addiction is a disease, not a character flaw



Trauma Informed Care



- Exposure to traumatic events puts people at higher risk of SUD
- Prevent re-traumatization by being sensitive to the person's past traumas
- Screen for physical and sexual violence
- Coordinate care with behavioral health /psychiatric care teams



What can we as nurses do ?

- Reduce Stigma
- Identify women with SUD
- Identify and treat NB
- Support recovery and families

Stigma

Negative attitudes or discrimination against someone based on a distinguishing characteristic/behavior

Stigma is often a barrier to seeking prenatal care

- Guilt
- Fear of judgement
- Fear of punishment and losing children
- Transportation, job restrictions
- Housing & food insecurity



Reducing Stigma, Improving Outcomes

- Where do we start?
 - With ourselves and our patient engagement
 - Holding peers and coworkers accountable
- What are the benefits?
 - When people feel heard and welcomed, they have hope
 - They are more likely to stay engaged in care
 - The road to recovery is better for families

Identify and Treat women



The American College of
Obstetricians and Gynecologists
WOMEN'S HEALTH CARE PHYSICIANS



ASAM American Society of
Addiction Medicine

ACOG COMMITTEE OPINION

Number 711 • August 2017

(Replaces Committee Opinion Number 524, May 2012)

Committee on Obstetric Practice American Society of Addiction Medicine

The Society of Maternal-Fetal Medicine endorses this document. This Committee Opinion was developed by the American College of Obstetricians and Gynecologists' Committee on Obstetric Practice in collaboration with committee members Maria A. Mascola, MD, MPH; Ann E. Borders, MD, MSc, MPH; and the American Society of Addiction Medicine member Mishka Terplan, MD, MPH.

Opioid Use and Opioid Use Disorder in Pregnancy

Recommendations and Conclusions

The American College of Obstetricians and Gynecologists (ACOG) makes the following recommendations and conclusions:

- Early universal screening, brief intervention (such as engaging the patient in a short conversation, providing feedback and advice), and referral for treatment of pregnant women with opioid use and opioid use disorder improve maternal and infant outcomes.
- Screening for substance use should be part of comprehensive obstetric care and should be done at the first prenatal visit in partnership with the pregnant woman. Screening based only on factors, such as poor adherence to prenatal care or prior adverse pregnancy outcome, can lead to missed cases, and may add to stereotyping and stigma. Therefore, it is essential that screening be universal.
- Routine screening should rely on validated screening tools, such as questionnaires, including 4Ps, NIDA Quick Screen, and CRAFFT (for women 26 years or younger).
- For chronic pain, practice goals include strategies to avoid or minimize the use of opioids for pain management, highlighting alternative pain therapies such as nonpharmacologic (eg, exercise, physical therapy, behavioral approaches), and nonopioid pharmacologic treatments.

Despite being used interchangeably, **drug testing** and **drug screening** are two very different terms.



Treatment

- **MAT** is used to treat addiction to opioids
 - Buprenorphine or Methadone
 - Can help with cravings and withdrawal symptoms
 - Effective in helping people overcome addiction, stay in recovery longer, and prevent relapse *
 - Use with behavioral health to help change attitude and behavior related to drug use
 - Relapse is not a sign of failure, it is somewhat expected
 - Patient stabilized with medication therapy is compatible with breastfeeding.



Identify and Treat NB

Every 25 min. a baby is born suffering from opioid withdrawal.

- **NAS** is a group of physiologic and neurobehavioral signs of withdrawal that results from the abrupt discontinuation of chronic fetal exposure, such as in a newborn who was exposed to psychotropic substances in utero
- **NOWS** is a sub-group of NAS, more specific to withdrawal from opioids
 - Symptoms in central nervous system and gastrointestinal tract
 - Incidence and severity varies
 - Management by supportive non-pharmacologic care or pharmacologic therapy
 - Involve parents in assessment and management





Neonatal Opioid Withdrawal Syndrome

Stephen W. Patrick, MD, MPH, MS, FAAP,* Wanda D. Barfield, MD, MPH, FAAP,* Brenda B. Poindexter, MD, MS, FAAP,* COMMITTEE ON FETUS AND NEWBORN, COMMITTEE ON SUBSTANCE USE AND PREVENTION

TABLE 2 Signs of Nows

Signs of Nows

Central nervous system irritability

High-pitched, continuous crying

Decreased sleep

Tremors

Increased muscle tone

Hyperactive Moro reflex

Seizures

Gastrointestinal dysfunction

Feeding difficulties

Vomiting

Loose or watery stools

Autonomic nervous system activation

Sweating

Fever

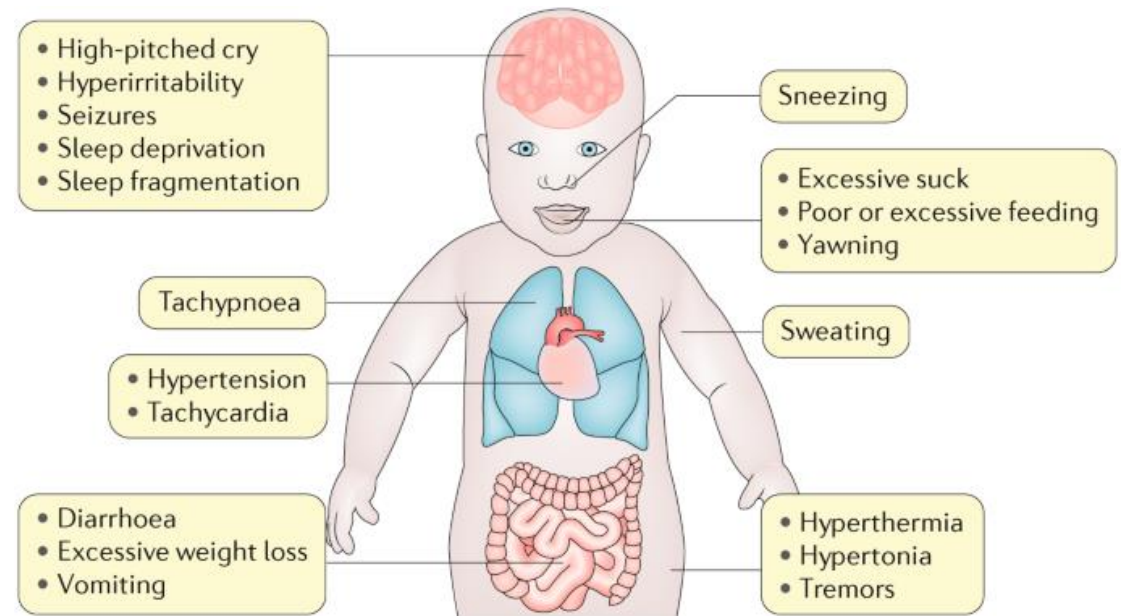
Frequent yawning and sneezing

Increased respiratory rate

Nasal stuffiness and flaring

Adapted from Ko JY, Wolicki S, Barfield WD, et al. CDC Grand Rounds: public health strategies to prevent neonatal abstinence syndrome. *MMWR Morb Mortal Wkly Rep.* 2017;66(9):242–245.

Mechanisms and manifestations of Nows

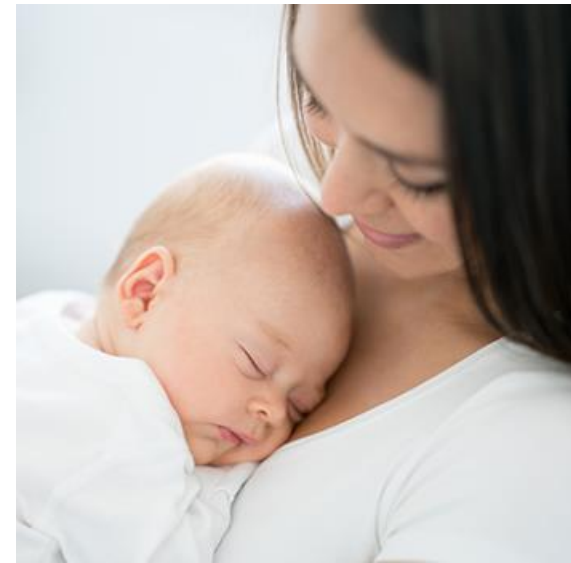


Abrupt interruption of opioid receptor stimulation results in changes in the release of several neurotransmitters; such changes are believed to be responsible for the major symptoms of neonatal opioid withdrawal syndrome (Nows)

Treat NAS/NOWS

- **Non-pharmacologic Care** is standard of care
 - Eat, Sleep, Console is one approach
 - Education and facilitation of maternal involvement is key
 - Asses for sleep, feeding patterns, ability to console and weight gain
 - Room-in with mother
 - Breastfeed if no contraindications
 - Swaddling, low light, ↓ stimulation, skin-to-skin, breastfeeding

“Treat the baby like a baby”
“Mother is the medicine”



**Empower mothers
as caregivers**

Treat NOWS

- Pharmacotherapy for NAS/NOWS
 - Morphine most common followed by Methadone and Buprenorphine
 - A second non-opioid agent may be necessary (ie. Clonidine)
 - Pharm therapy may be PRN dosing or scheduled dosing



Support Recovery and Families



- Compassionate, non-judgmental, and supportive relationships with healthcare providers are associated with:
 - Attending prenatal and postpartum care appointments
 - Improved birth outcomes-by implementing best practices
 - More infants are discharged to home with mother
 - Facilitate and strengthen Mom-Baby attachment
 - Follow through with treatment services (MAT/BH)



Prevention and Treatment on the National Scene



<https://safehealthcareforeverywoman.org/>



AIM National Collaborative on Maternal Opioid Use Disorder

Purpose:

To optimize the care of mothers with opioid use disorder and their infants during the prenatal and postpartum periods by providing screening and comprehensive care at the following levels:

- State/Perinatal Quality Collaboratives
- Hospital (L&D, Nursery, ED)
- Outpatient settings (Clinics and offices)
- Community

<https://safehealthcareforeverywoman.org>

Patient Safety Bundles

- A brief collection of best practices for improving safety in care that have been vetted by experts in practice
- NOT simply a checklist

A care bundle is a set of interventions, that when used together, significantly improve patient outcomes

RESPONSE

Every provider/clinical setting/health system

- Ensure that all patients with OUD are enrolled in a woman-centered OUD treatment program.
 - Establish communication with OUD treatment providers and obtain consents for sharing patient information.
 - Assist in linking to local resources (e.g. peer navigator programs, narcotics anonymous (NA), support groups) that support recovery.
- Incorporate family planning, breastfeeding, pain management and infant care counseling, education and resources into prenatal, intrapartum and postpartum clinical pathways.
 - Provide breastfeeding and lactation support for all postpartum women on pharmacotherapy.
 - Provide immediate postpartum contraceptive options (e.g. long acting reversible contraception (LARC)) prior to hospital discharge.
- Ensure coordination among providers during pregnancy, postpartum and the inter-conception period.
 - Provide referrals to providers (e.g. social workers, psychiatry, and infectious disease) for identified co-morbid conditions.
 - Identify a lead provider responsible for care coordination, specify the duration of coordination and assure a "warm handoff" with any change in the lead provider.
 - Develop a communication strategy to facilitate coordination among the obstetric provider, OUD treatment provider, health system clinical staff (i.e. inpatient maternity staff, social services) and child welfare services.
- Engage child welfare services in developing safe care protocols tailored to the patient and family's OUD treatment and resource needs.
 - Ensure priority access to quality home visiting services for families affected by SUDs.

Obstetric Care for Women
with Opioid Use Disorder

What is Oklahoma Doing?

Oklahoma Mothers and
Newborns Affected by
Opioids

OMNO



OMNO Goals



- Reduce opioid use in pregnancy
 - Fetal exposure to opioids
 - Prevent opioid overdose and death
- Increase percentage of pregnant women with OUD who receive MAT and Behavioral Health Counseling
- Reduce LOS for newborns with NAS
- Improve post-discharge social and developmental outcomes for families affected by opioid use disorder



OKLAHOMA nt
State Department of Health



OKLAHOMA PERINATAL QUALITY
IMPROVEMENT COLLABORATIVE

OMNO – OKLAHOMA MOTHERS AND NEWBORNS AFFECTED BY OPIOIDS

Maternal



Newborn



Resources &
Education



Guidelines



opqic.org/omno

download
OMNO FAQs

OMNO FILES
for Pilot Hospitals

OKLAHOMA OPIOID PRESCRIBING GUIDELINES RISKS OF OPIOIDS IN PREGNANCY: WHAT YOU NEED TO KNOW

Note: These guidelines do not replace clinical judgment in the appropriate care of patients. They are not intended as standards of care or as templates for patients in palliative care programs or with cancer pain. The recommendations are an educational tool based on the expert opinion of numerous physicians and other health care providers, medical/nursing boards, and mental and public health officials.^{1,2,3,4} Although the recommendations do not include language on Oklahoma's opioid-related laws, it is imperative that providers maintain compliance.

Opioids pose a risk to all patients. Some evidence suggests that opioids do not differ from nonopioid medication

PREGNANCY AND OPIOID PAIN MEDICATIONS

Women who take opioid pain medications should be aware of the possible risks during pregnancy.



What are opioid pain medications?

Opioid pain medications are prescribed by doctors to treat moderate to severe pain. Common types are codeine, oxycodone, hydrocodone, and morphine.



Before starting choices for

Are opi

Possible risks to
- Neonatal abstinence syndrome (NAS) in newborns
- Opioid-related neonatal death
- Neural tube development (p

OK SBIRT Pocket Guide



211 For treatment referrals, call 211

Learn more: opqic.org/omno

OKLAHOMA OPIOID PRESCRIBING GUIDELINES TREATING PREGNANT PATIENTS WITH OPIOID USE DISORDER

Note: These guidelines do not replace clinical judgment in the appropriate care of patients. They are not intended as standards of care or as templates for patients in palliative care programs or with cancer pain. The recommendations are an educational tool based on the expert opinion of numerous physicians and other health care providers, medical/nursing boards, and mental and public health officials.^{1,2,3,4} Although the recommendations do not include language on Oklahoma's opioid-related laws, it is imperative that providers maintain compliance.

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SCREENING FOR SUBSTANCE USE DURING PREGNANCY: USING AN SBIRT FRAMEWORK

Developing a Screening, Brief Intervention, and Referral to Treatment (SBIRT) context

Screening purposes, the terms are not interchangeable. Screening the individual in any healthcare

setting clinic workflows. Each context is different. SBIRT should be used for all patients, which includes screening for other medical risks.

Screening process

Screening should include use of the SBIRT

Screening process

PREGNANCY: METHADONE AND BUPRENORPHINE

Some women are surprised to learn they got pregnant while using heroin, OxyContin, Percocet, or other opioid pain medications that can be misused known as opioid drugs. This, along with family and friends, may worry about your drug use and it could affect your baby. Some women may want to "test" as a way to stop using heroin or pain medications. Unfortunately, studies have shown that 8 out of 10 women return to drug use within a month after "testing." Therefore, most doctors treat opioid misuse in pregnant women with either methadone or buprenorphine. These are long-acting opioid medications that are associated with improved outcomes in pregnancy.

How safe is it to take methadone or buprenorphine (Suboxone) during pregnancy?

- In the right doses, both methadone and buprenorphine stop withdrawal, reduce cravings, and block effects of other opioids.
- Treatment with either methadone or buprenorphine makes it more likely that the baby will grow normally and not come too early.
- Based on many years of research studies, neither medicine has been associated with birth defects.
- Babies born to women who are addicted to drugs can have temporary withdrawal or abstinence symptoms (neonatal abstinence syndrome or NAS). Opioid-related NAS is known as neonatal opioid withdrawal syndrome (NOWS). These withdrawal symptoms can occur in babies whose mothers take methadone or buprenorphine.
- Talk with your doctor about the benefits versus the risks of medication-assisted treatment.

Is methadone or buprenorphine a better medication for me in pregnancy?

- You and your doctor should discuss both methadone and buprenorphine. The choice may be limited by which medication is available in your community.
- If a woman is already stable on methadone or buprenorphine and she becomes pregnant, doctors usually advise her to stay on the same medication.

How can I get started on methadone or buprenorphine?

- Depending on where you live, there may be a special program that offers care to pregnant women who need methadone or buprenorphine. These programs can offer prenatal care and substance use counseling along with your medication.
- Methadone may only be given out by specialized clinics while buprenorphine may be available from your primary care physician or obstetrician if they have received special training.
- Some women prefer or benefit from starting their medications while in a residential (inpatient) treatment facility.

What is the best dose of methadone or buprenorphine during and after pregnancy?

- There is no "best" dose of either medication. Every woman should take the dose of methadone or buprenorphine that is right for her.
- The right dose will prevent withdrawal symptoms without making you too tired.
- The right dose depends on how your body reacts to the medications.
- The dose of methadone usually needs to be increased – especially in the third trimester – to take methadone more than once a day.
- There is less known about buprenorphine dosing, but increases may be needed.
- The dose does not seem to determine how a baby will have.
- After delivery, the methadone or buprenorphine remain the same or may decrease as your non-pregnant state. This can take up to a 1



Your dose should be reduced if it is too high. Be sure to discuss with your doctor and counselors whether you are taking

Learn more: opqic.org/omno

PROJECT ECHO®: A TELEHEALTH MODEL FOR RURAL HEALTH CARE

Project ECHO® (Extension for Community Health Care Outcomes) expands access to preventive and specialty care for rural and underserved other populations by building the capacity of primary care physicians and community health workers to provide safe and effective care for complex and chronic conditions. Through implementing and guided practice, the ECHO model™ is a cost-efficient solution to reduce disparities in health outcomes.

The core components of the ECHO model™ are based on the philosophy of "all teach and all learn" and include:

- A virtual "hub and spoke" knowledge-sharing network to train health workers in delivering high-quality care and reducing disparities in access to care
- Disseminating best practices to frontline health workers in delivering high-quality care and reducing disparities in access to care
- Supporting primary care physicians leading complex and chronic conditions through collaborative case-based learning and guided practice
- Evaluating and monitoring outcomes to assess impact and make improvements

The ECHO Model™ in action

Project ECHO links multidisciplinary medical specialist teams at an academic hub with multiple primary care providers on the periphery through telehealth programs around the world. The experts mentor and share their expertise via case-based learning and train local providers to treat patients with complex conditions.

Project ECHO also partners with governments at the state and national levels to launch networks in regional academic hospitals. Once the telehealth network is in place, the Project ECHO™ team provides initial technical support and guidance to ensure successful implementation. As the project matures and demonstrates effectiveness, Project ECHO shifts responsibility for staffing and implementation to local organizations supported by state and national governments or donor agencies.

The ECHO model™ is currently implemented in 33 countries, leveraging the expertise of more than 200 academic and tertiary care centers to mentor local health providers and expand the range of services they can provide to patients.

Learn more: opqic.org/omno

NEONATAL ABSTINENCE SYNDROME (NAS)

OPIOID-RELATED NAS IS ALSO KNOWN AS NEONATAL OPIOID WITHDRAWAL SYNDROME (NOWS)

WHAT YOU NEED TO KNOW

BE WITH YOUR BABY:
YOU ARE THE
TREATMENT!



Learn more: opqic.org/omno

Prevention Service
Oklahoma State
Department of Health

OKLAHOMA PERINATAL QUALITY
IMPROVEMENT COLLABORATIVE

OMNO Goals

Reduce opioid use in pregnancy and fetal exposure to opioids

Prevent opioid overdose and death

- Appropriate prescribing and use of opioids
- Universal Screening and Identification of women taking opioids and/or with opioid use disorder
 - Universal screening of women with validated tool

OMNO Goals

Increase percentage of pregnant women with OUD who receive MAT and Behavioral Health Counseling

- Identification and referral to treatment and other services
- Increase number of physicians able to provide Buprenorphine
- Education of women and families about opioid use during pregnancy, options of care, risk to newborn and post delivery care of newborn

OMNO Goals

Improve social and developmental outcomes for families affected by opioid use disorder

- Develop a family-focused Plan of Safe Care
Non-punitive in collaboration with DHS and other partners (MAT & BH providers, SW, treatment centers)
- Referral to Early Intervention Services for newborn
Sooner Start & A Better Chance: Developmental evaluations to children with prenatal substance exposure

OMNO Goals

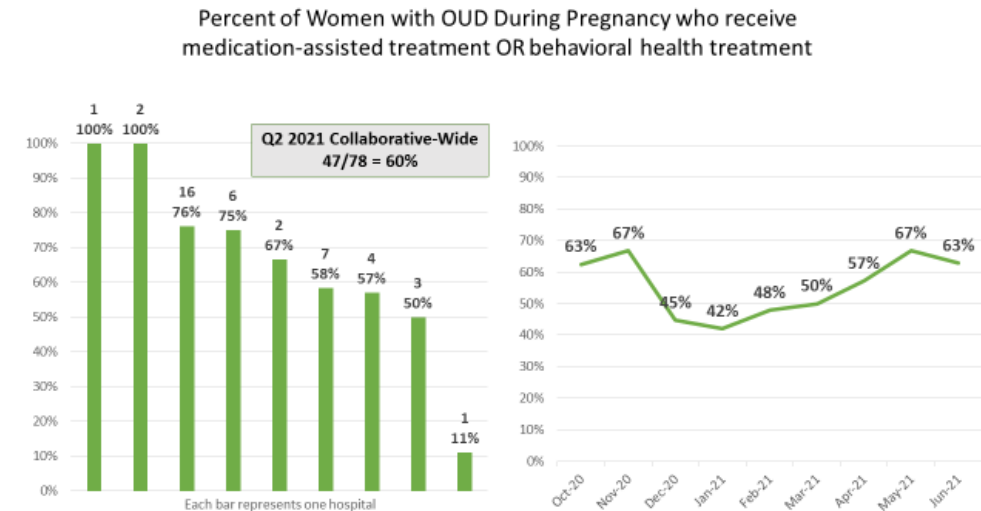
Reduce LOS for newborns with NAS

- Identification of Opioid Exposed Newborns (OEN)
- Increase Non-Pharmacologic Treatment of OENs
 - Eat, Sleep, Console
 - Breastfeeding
- Standardize Pharmacologic Treatment of NAS (if required)

What Hospitals are doing

17 hospitals engaged in the OMNO initiative

- QI activities
- Monthly meetings of individual hospital team
- Monthly coaching calls and reports with OPQIC
- Attending collaborative-wide webinars/meetings
- Measurement of improvement through Data Collection



Take Away . . .

- Keep in mind the complexity of SUD
- Importance of relationships with patients and families
 - stigma is often a barrier to seeking treatment
- Support
 - It takes a village... a compassionate village, to overcome addiction
- Keep the “end goal” in mind: Supporting families



Thank you for Attending!

