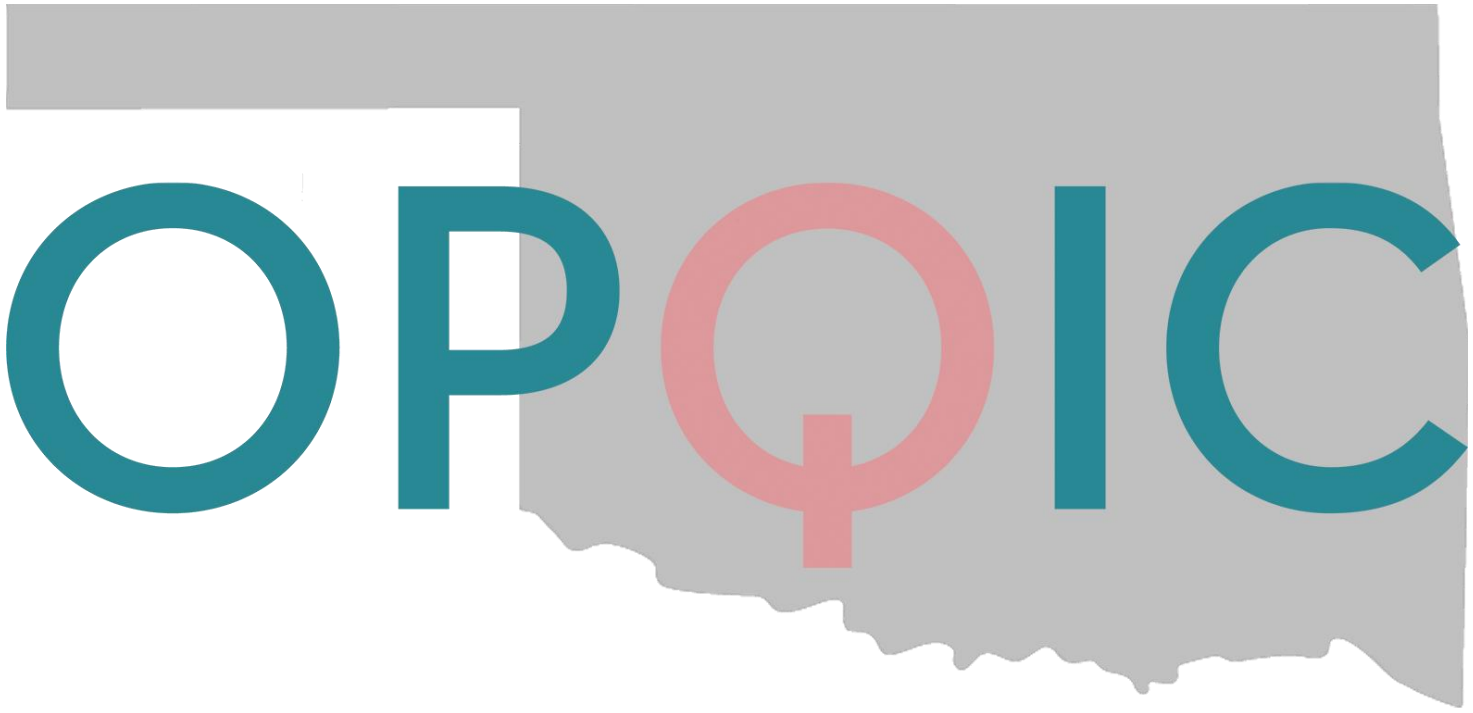
# Oklahoma Mothers and Newborns affected by Opioids

Barbara Koop, MS,RNC-OB
Program Manager, OPQIC




# 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

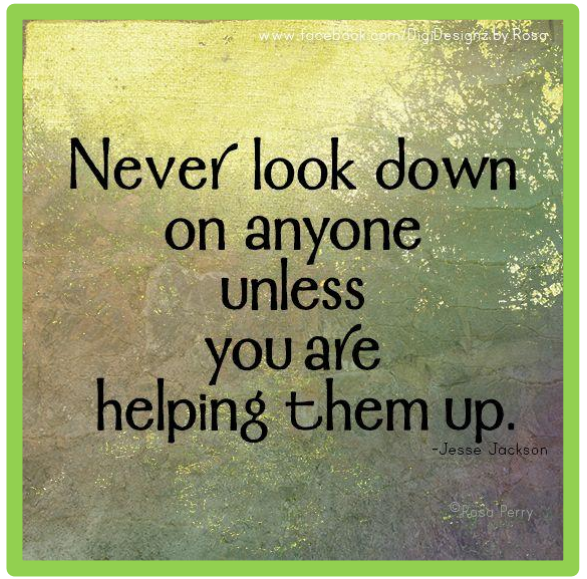
You have to meet people where they are

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

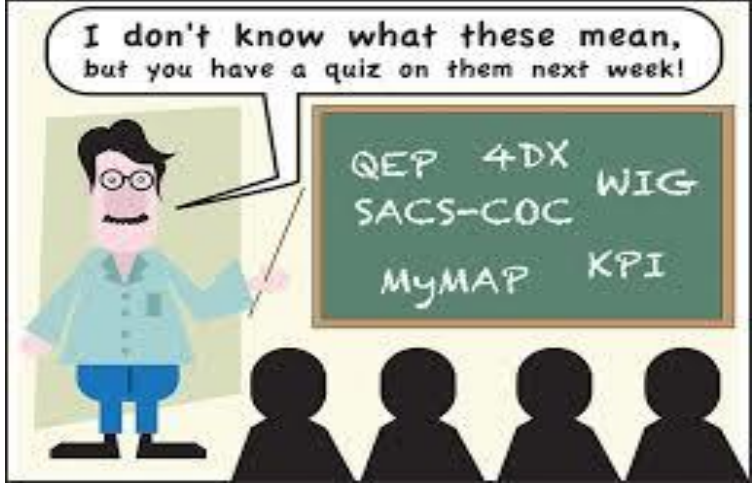
You have to meet people where they are
And sometimes you have to leave them there



# 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



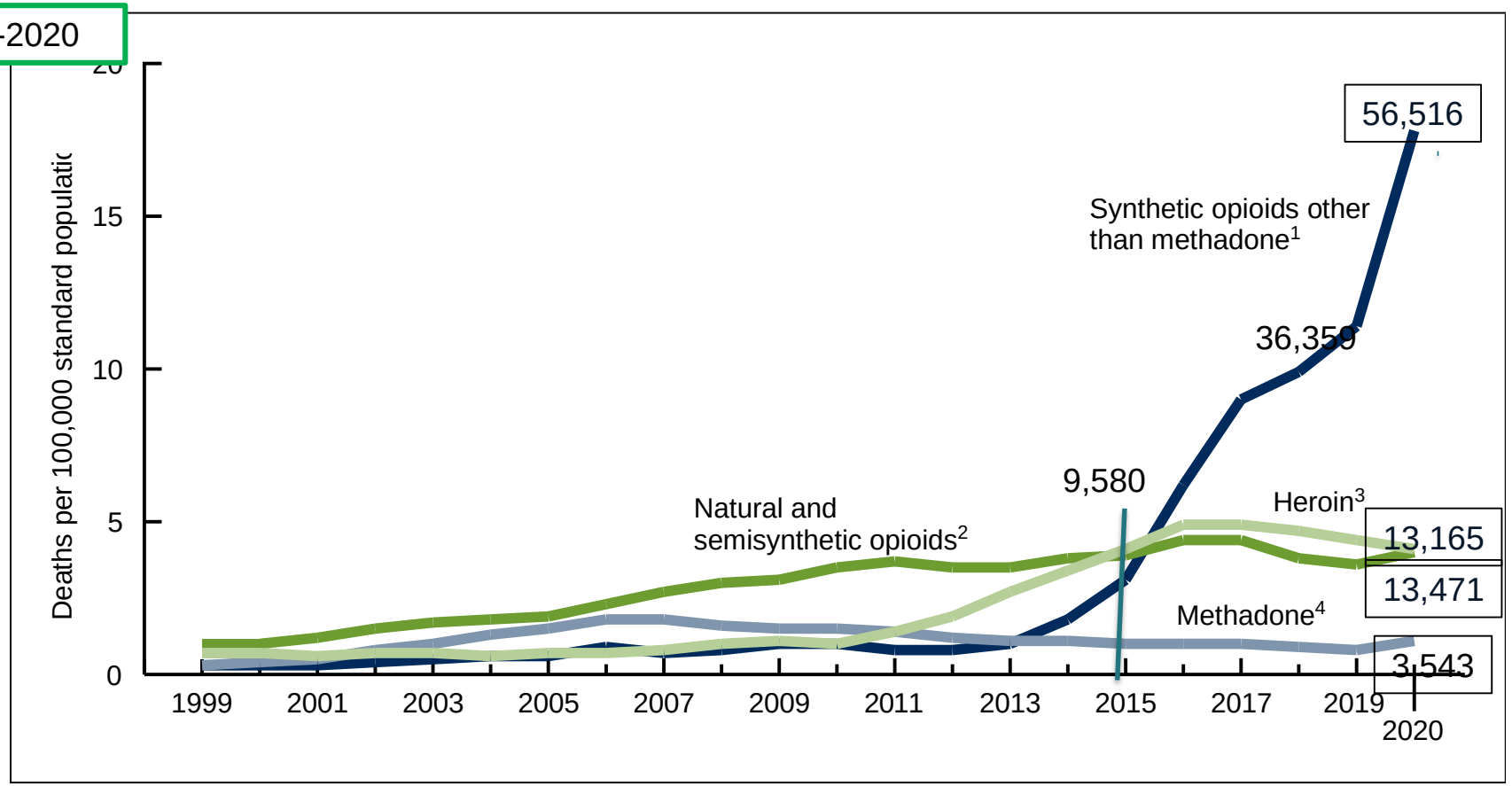

- SUD, Substance Use Disorder
- OUD, Opioid Use Disorder
- MAT, Medication Assisted Treatment

- 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)

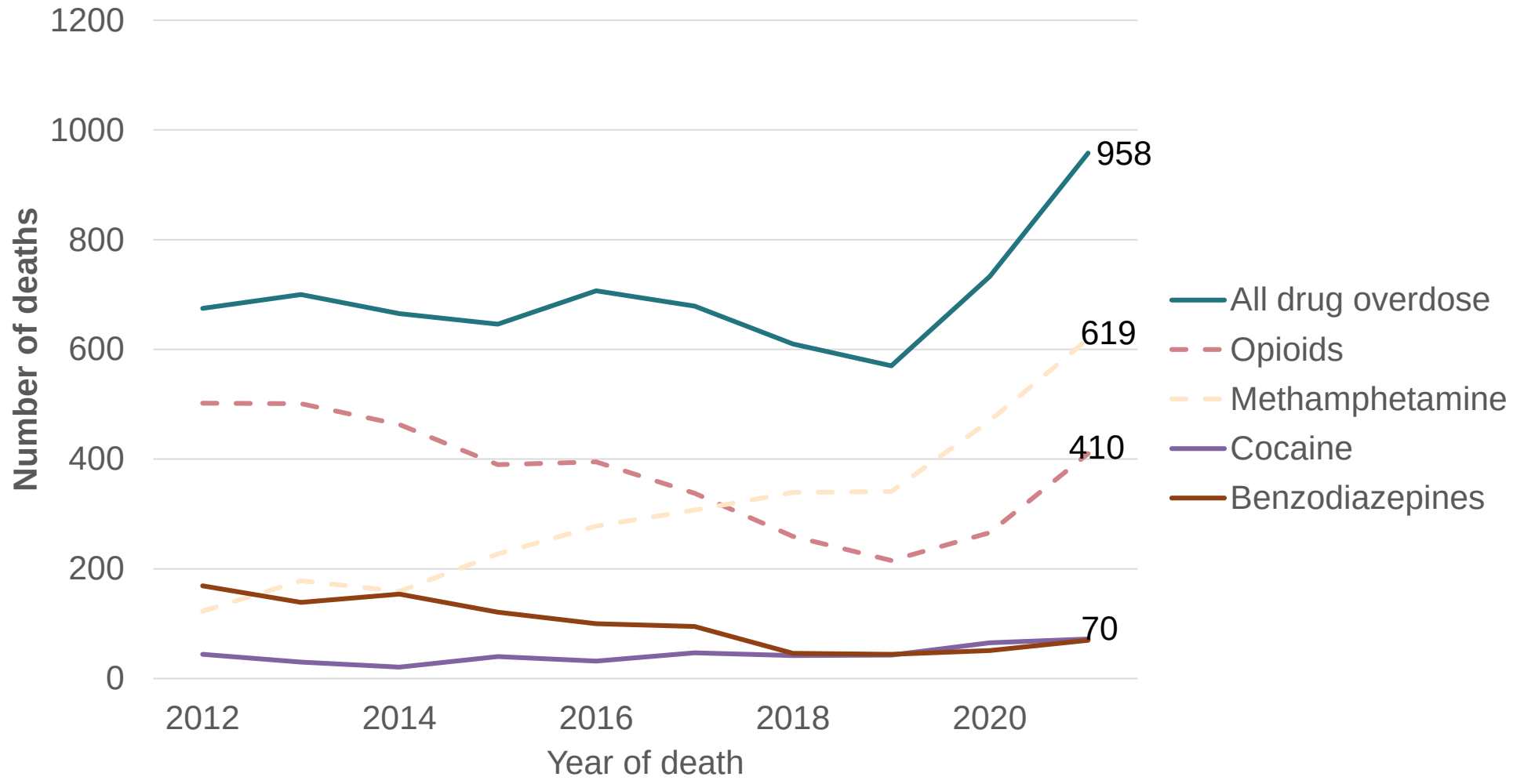
1999-2020




Synthetic opioid deaths increased 197% from 2019-2021

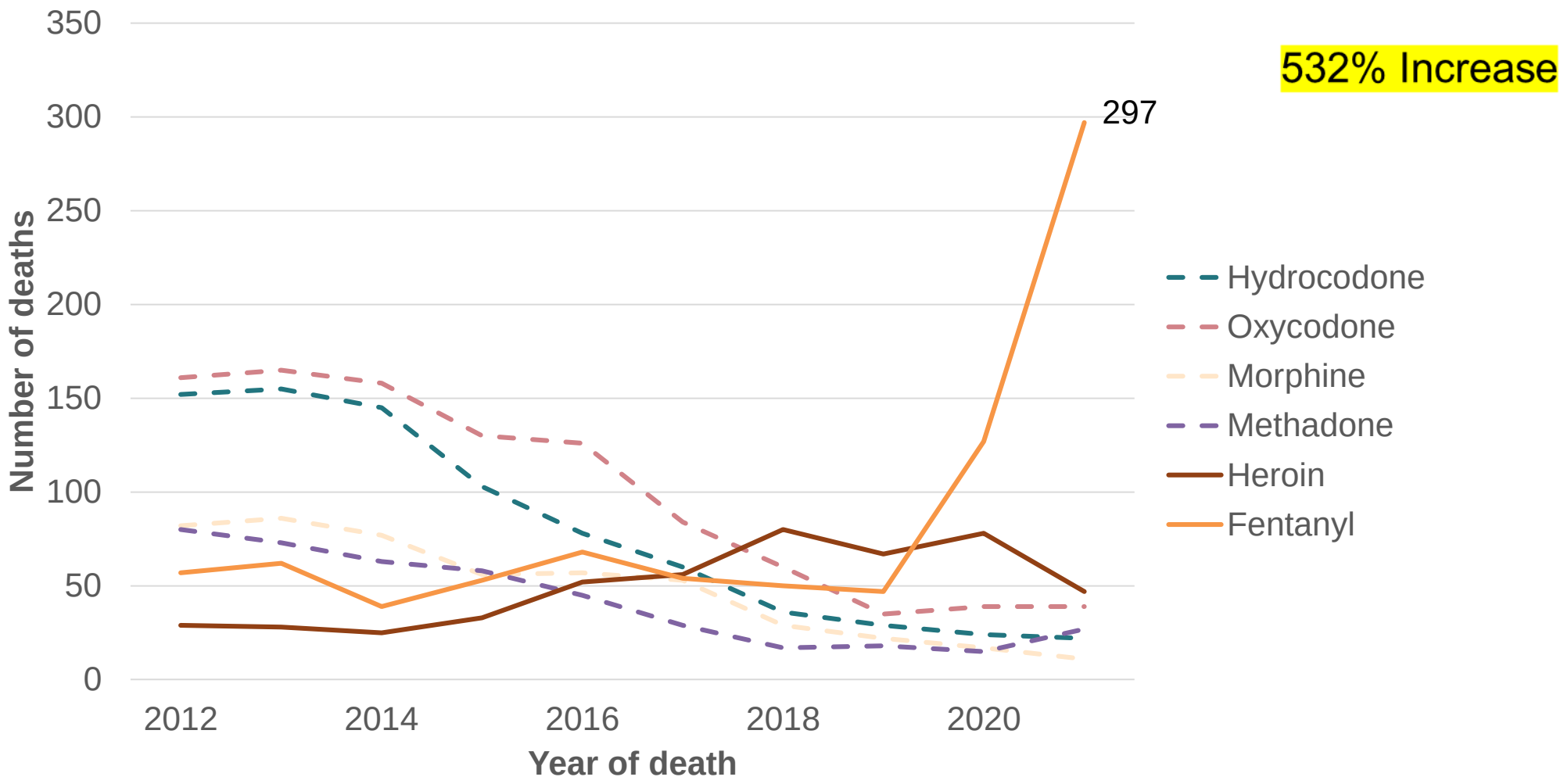
NCHS Data Brief No. 428, December 2021
https://www.cdc.gov/nchs/products/databriefs.htm
Accessed 2/12/2023

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



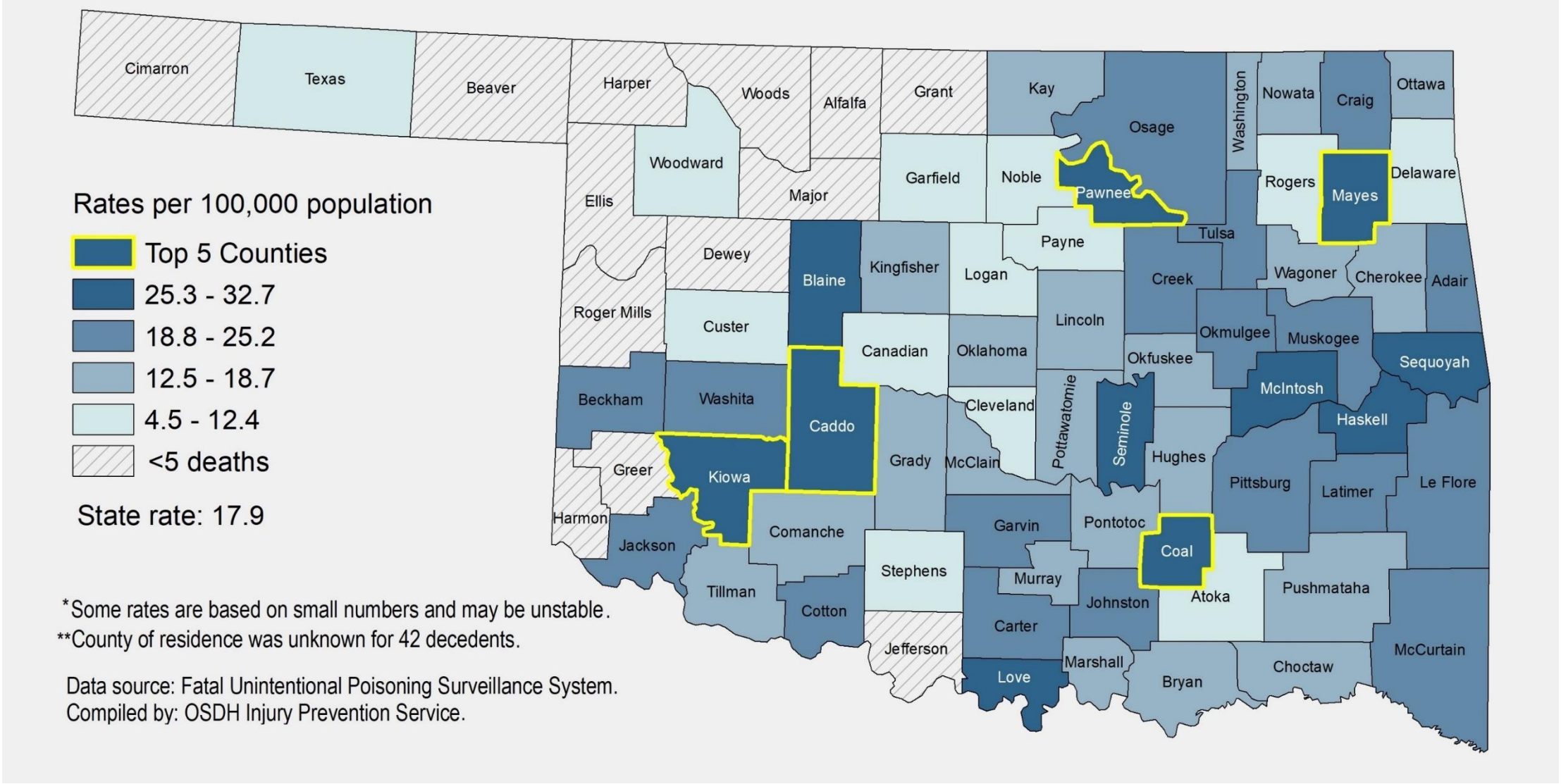

Source: OSDH, Injury Prevention Service, Fatal Unintentional Poisoning Surveillance System

# 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



# Drug Overdose by Severity, Oklahoma, 2021

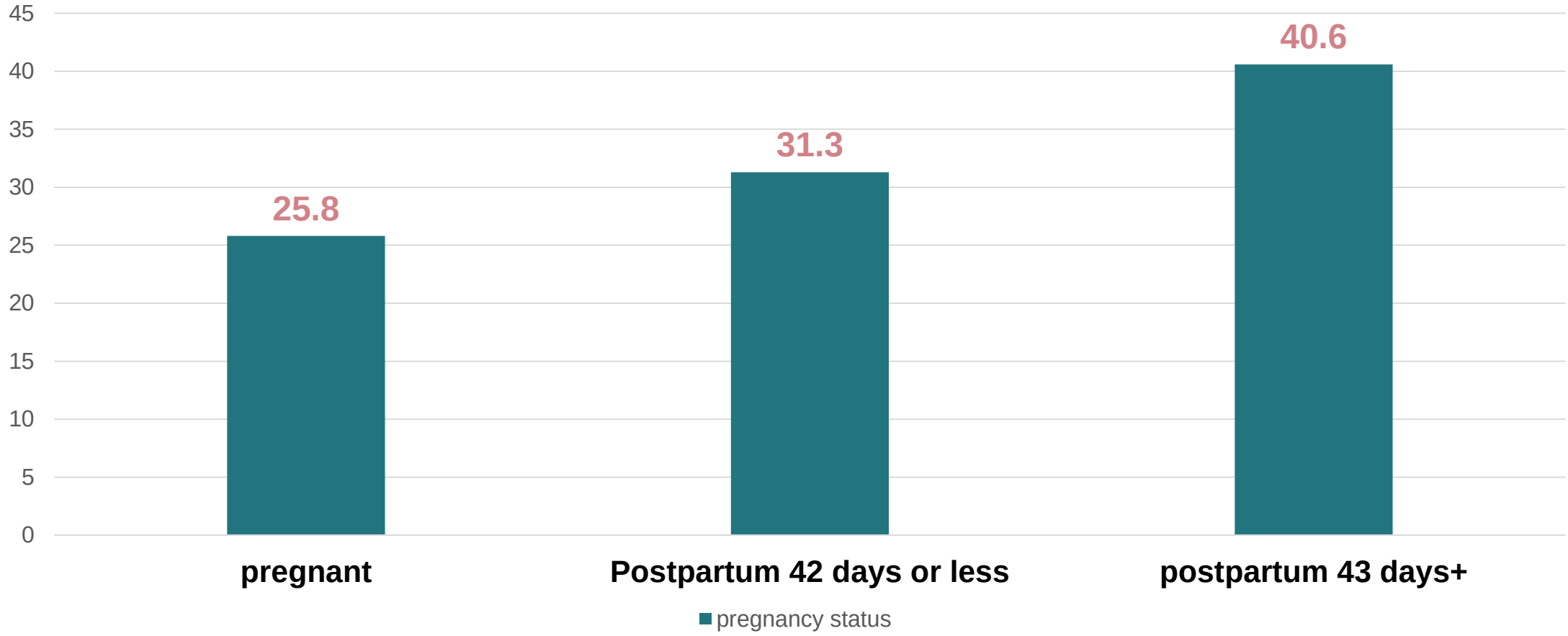
- **Number of Unintentional Drug Overdose Deaths – 958**

- **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



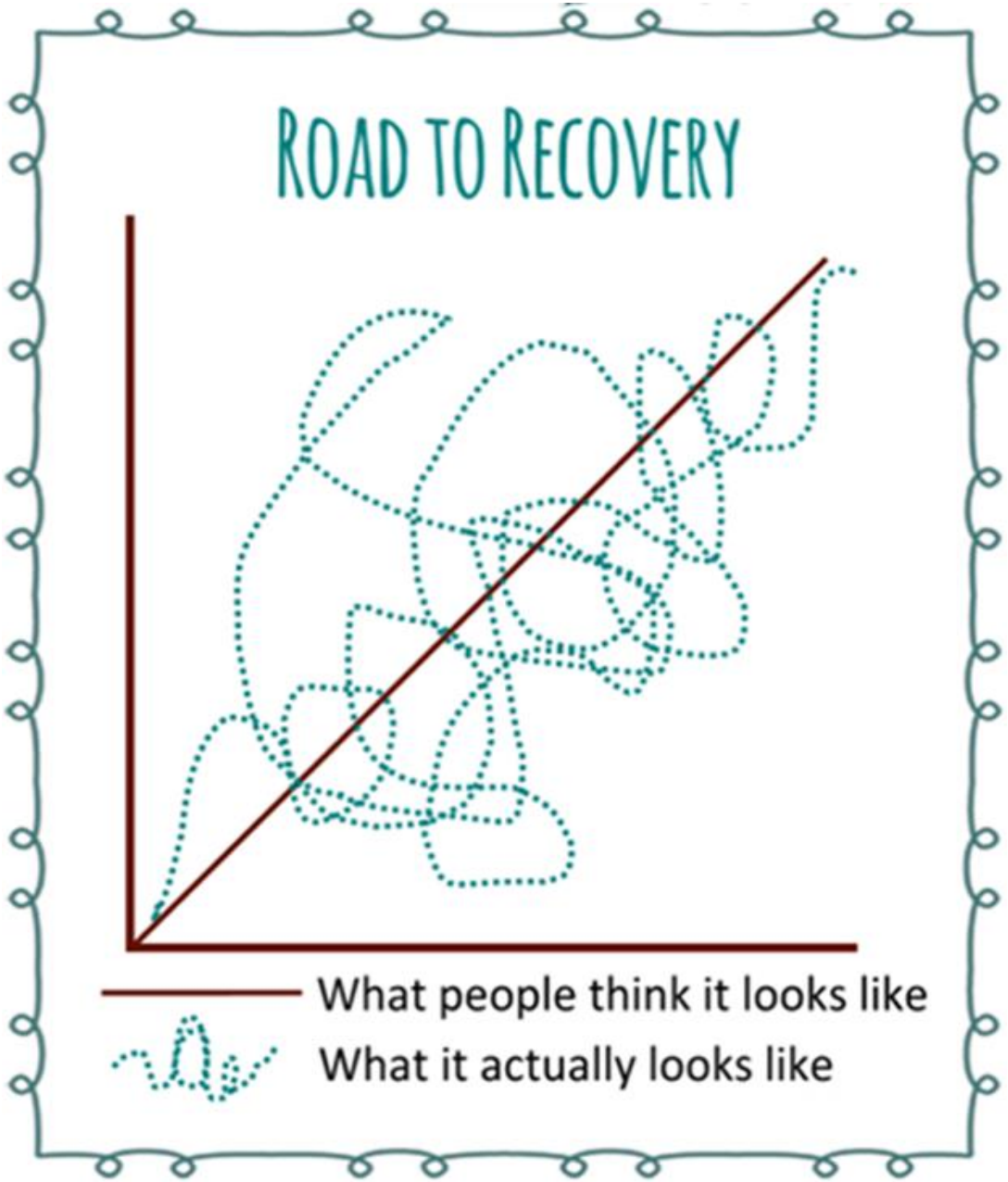

Oklahoma Maternal Mortality Review, October 2020

# 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

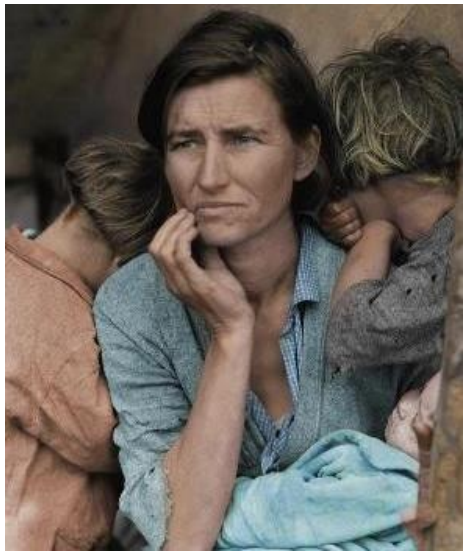
- **SUD** is a chronic, relapsing brain disease, characterized by compulsive drug seeking and use, despite harmful consequences
  - Pathologically pursuing reward and/or relief by substance use and other behaviors
  - Like other chronic diseases, addiction often involves cycles of relapse and remission
  - 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




https://recoveryresources.com.au/recovery-resources/understanding-recovery-and-change/recovery-a-non-linear-journey

# 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

CLINICAL REPORT Guidance for the Clinician in Rendering Pediatric Care

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN®

# Neonatal Opioid Withdrawal Syndrome

Stephen W. Patrick, MD, MPH, MS, FAAP,[a] Wanda D. Barfield, MD, MPH, FAAP,[b] Brenda B. Poindexter, MD, MS, FAAP,[c] COMMITTEE ON FETUS AND NEWBORN, COMMITTEE ON SUBSTANCE USE AND PREVENTION

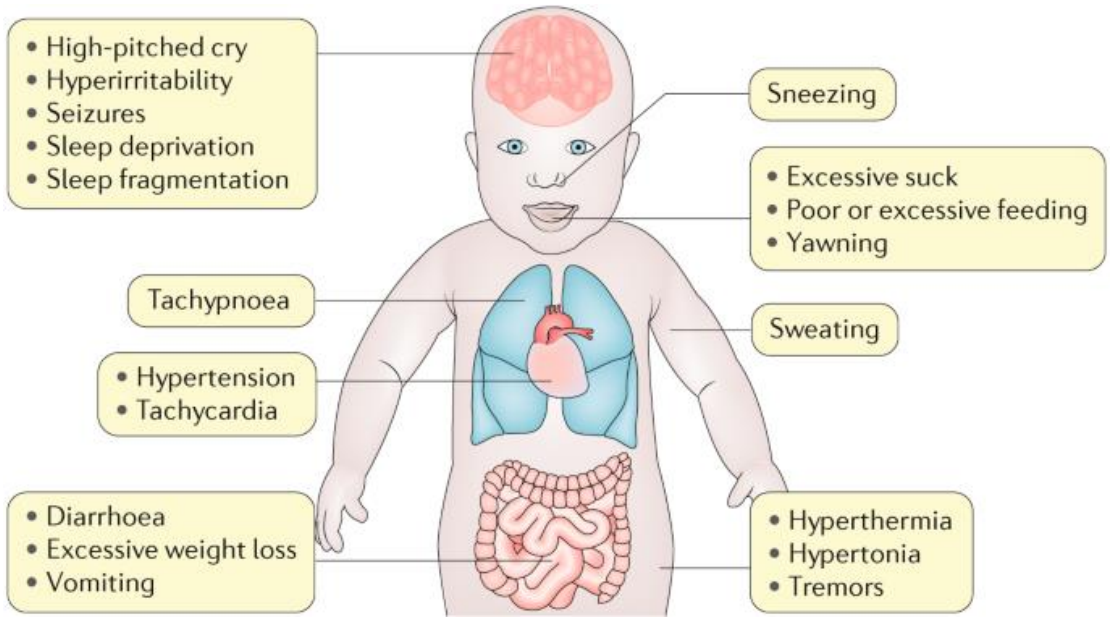
abstract

**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)

Nature Reviews Disease Primers (*Nat Rev Dis Primers*) ISSN 2056-676X (online)

# 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:

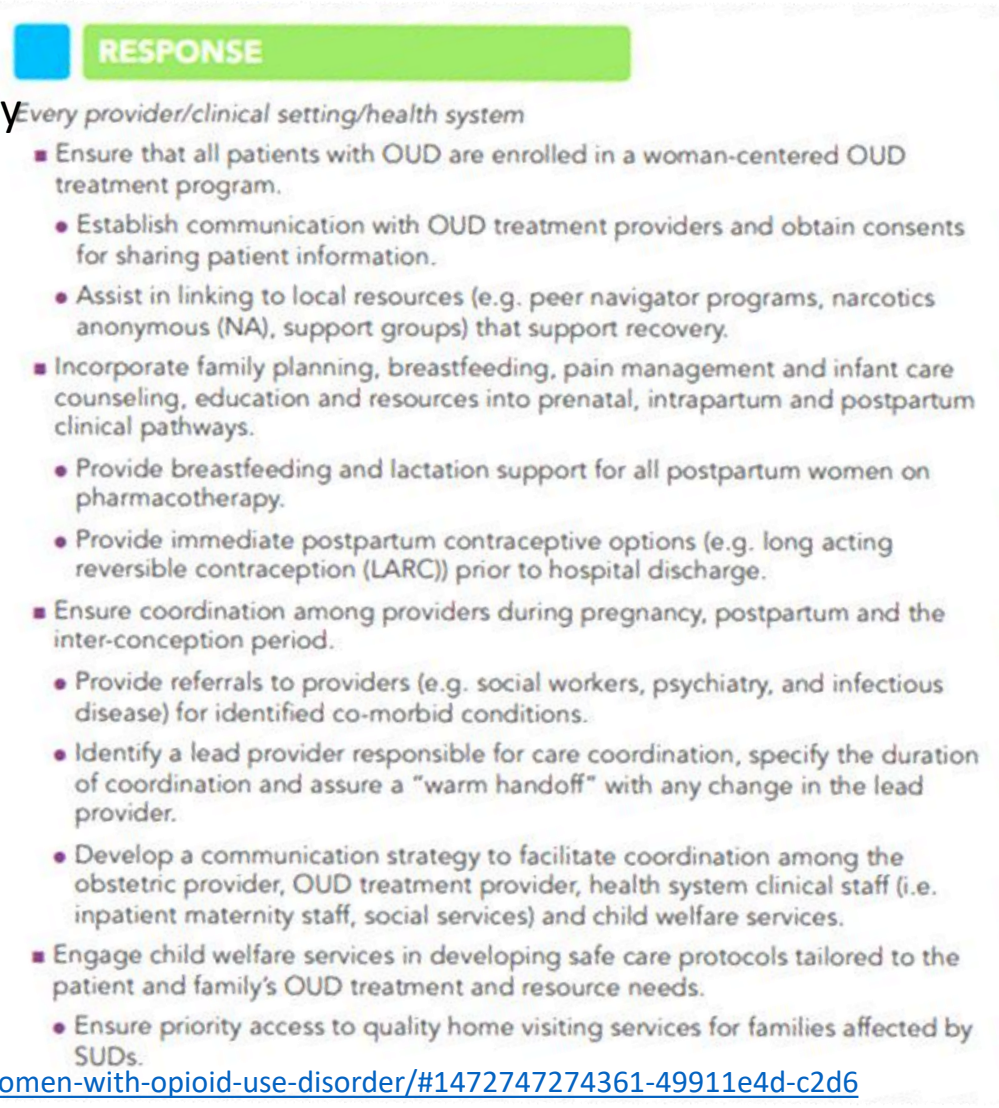
- State/Perinatal Quality Collaboratives
- Hospital (L&D, Nursery, ED)
- Outpatient settings (Clinics and offices)
- Community

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

http://safehealthcareforeverywoman.org/patient-safety-bundles/obstetric-care-for-women-with-opioid-use-disorder/#1472747274361-49911e4d-c2d6

# 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

opqic.org/omno

## OMNO – OKLAHOMA MOTHERS AND NEWBORNS AFFECTED BY OPIOIDS

OKLAHOMA State Department of Health

OPQIC
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

OKLAHOMA State Department of Health

OPQIC OKLAHOMA PERINATAL QUALITY IMPROVEMENT COLLABORATIVE

# 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

OKLAHOMA State Department of Health

OPQIC OKLAHOMA PERINATAL QUALITY IMPROVEMENT COLLABORATIVE

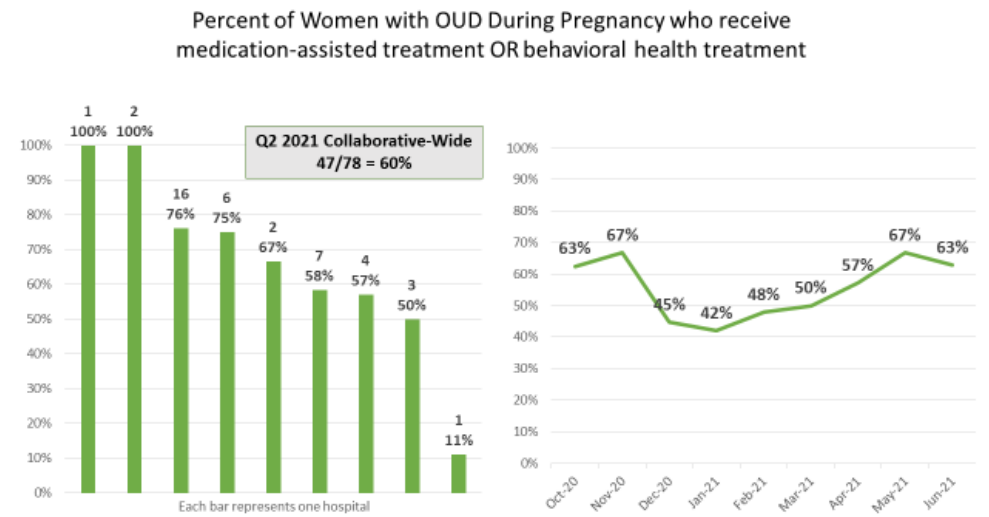
# OMNO Goals

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

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# Thank you for Attending!