Case Management for OUD in Pregnancy and After Delivery

Linking and Referring Didactic

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OBJECTIVES

1. Understand the family's perspective of and needs related to OUD/NAS

   (NAS vs NOWS)
2. Facilitate team approach to treatment in OB and NICU settings
3. Coordinate with internal and external agencies to develop safety plan, treatment plans and outpatient follow-up for infant and parent(s)

Understanding the Family's Perspective

- Pregnant or postpartum woman's view of self and personal insight re: OUD
- Prescribed vs. Non-prescribed maternal drug use can contribute to level of understanding, acceptance, and involvement of the Baby's father and Extended Family:
  - Degree of understanding of addictions/treatment
    - (especially Re: MAT)
  - Acceptance of patient life/treatment choices?
  - Support for mother and baby?
  - Personal Addiction History
  - Level of involvement and/or assistance

Drug Testing: OB and NICU

Prenatally: Importance of Prenatal Drug Testing

and open and frequent discussions by provider with pregnant patient re: her current use and treatment plans, as well as accurate discussions re: anticipated NICU stays and possible DCS involvement. Refer for MAT if appropriate and accepted

- Importance for prenatal provider to f/u prenatal labs including drug screens

Presentation for Delivery: ***Drug testing <u>prior</u> to her receiving any L&D meds*** – Note prevalence of fentanyl in most street drugs now, and use of IV fentanyl in labor

After Delivery: Drug testing for mother and baby (UDS, CDS, MDS – note home delivery needs)

Interdisciplinary Approach

- Importance for physicians, NP/PA and nursing to discuss with pregnant *and* postpartum patient her drug use, effects on baby and on her own health. Important to focus on drug use and fetal effects *medically,* not just socially (ie medical comorbidities of mothers with addiction – infection, heart, hepatitis, malnutrition for mother, and NAS, prematurity, hepatitis etc for baby)
- Importance of involving multidisciplinary team in all aspects of infant care in the NICU (lactation, Rehab (OT, PT, ST, child life) nutrition, pharmacy AND Social Work, Case Management and Discharge Planning

Coordinate with Outside Agencies to Develop Safety Plan for Infant and Treatment Plan for Family

- DCS
  - When to Involve DCS and When Not To
    - Follow your hospital's policy
    - Illicit/non-prescribed drugs vs medically established treatment plan (prescribed pain meds or MAT)
    - Note limitations of drug testing/results. Balance need to protect infants while also protecting mother's privacy and establishment of her treatment in pregnancy
- Relapse Prevention and Treatment Plan for Mother
  - Address underlying mental health issues (depression, anxiety, PTSD, self-medication), and make referrals as needed for potential counseling or medication needs in addition to addictions treatment.
- Importance of Advocating for your patients and teaching self-advocacy

Facilitate Discharge Plan and Outpatient Follow-up for Infant

- Ensure safe discharge plan and good follow-up for Infant
- DCS may need to determine discharge disposition for newborn (if indicated)
- Discuss discharge plans for baby including when mother is ready vs not ready for treatment
- Advocate parent continual involvement during baby's hospitalization and after discharge if baby not going home with parent
- WIC certification (if desired) – Increased risk of FTT and poor growth for babies with NAS
- Ensure baby is added to Medicaid/insurance plan
- Home care / DME if indicated for baby
- PMP follow-up,
- Referrals for Early Intervention (Infant/Developmental clinic and/or First Steps)
- Ensure PMP and/or clinic social worker / OP providers receive baby's discharge information and plans

Resources/Referrals for mother (and father) of baby

- Indiana Pregnancy Promise Program (importance of Peer Recovery Coach, prenatal nurse and f/u for baby, transportation etc)
  - Or, if not receptive, refer for insurance Case Management referral (HROB, BH) if agreeable
- Addictions and mental health provider
  - Discuss importance of both for achieving and maintaining sobriety
  - Refer for services as needed (IP, OP, IOP, VOA, residential, MAT, 12 step etc)
- Ensure community referrals are in place or contact information is readily available (Healthy Families, Healthy Start, DCS home-based services,) if parent(s) receptive
- Address other needs including housing, transportation, child care, employment, financial which may be barriers to sustained sobriety
- FSSA/Insurance (facilitate on-going coverage for infant and for birth mother)
- Ensure primary and specialty medical care follow-up appointments are in place (PMP, ID, GI (for Hepatitis C), f/u OB and/or PMP (ie preeclampsia, DM, etc)
- Address NICU visitation for parents, advocate communication between DCS and parents
- DCS Mandated services (f/u with DCS on referrals made, ensure parent understands expectations, journaling/calendar documentation)
- Provide resources for future use if not ready now
- Safety plan for relapse (child safety, Narcan)