

IU Maternal Recovery Program

Reducing Neonatal Abstinence Syndrome (NAS) and Increasing Breastfeeding in Pregnant Women with Opioid Use Disorder (OUD)



Disclosures

- none

Learning objectives

- Apply key concepts in caring for pregnant women with OUD that promote healing and wholeness
- Understand factors that decrease the risks of infants needing treatment for NAS
- Utilize different care modules to help shore up care for women affected by OUD such as group prenatal care, Circle of Security, in office therapy and psychiatry, Eat Sleep Console

Key concepts in caring for women with OUD

- Prepare the mother and family for a structured postnatal course before it happens.
- Keeping the mother-baby dyad together is of utmost importance during first 5 days.
- Smoking cessation
- Breastfeeding
- Maintain a low stimulation environment with only 1 other person helping to care for the mother and infant. No visitors.
- Requires all providers to be on the same page (it takes a village)

Prepare the mother and family for a structured postnatal course before it happens

- Help mother understand her goals and what you can do to help her attain those goals.
- Describe your program and have them sign a contract regarding rules and expectations.
- Describe her postpartum course (pain management) and what will happen to her baby and how she can control factors that can affect whether her baby goes to the NICU for NAS therapy.
- Discuss and decide of post partum contraception including long-acting reversible contraceptive (LARC) BEFORE she delivers, utilize immediate postpartum LARC insertion.

A close-up photograph of a newborn baby crying. The baby's face is the central focus, with its mouth wide open in a cry and its eyes tightly shut. The baby's skin is pink and wrinkled. The baby is being held in someone's hands, which are visible at the top and right sides of the frame. The baby is wearing a white onesie with yellow polka dots. The background is a soft, out-of-focus blue.

Medication-
Assisted
Therapy with
Psychological
Services

Medication-assisted therapy

- Goal is to maintain safety by using MAT rather than weaning or detoxing patients.
 - Buprenorphine (combination versus solo therapy)
 - Methadone
 - wean benzodiazepine therapy
 - Gabapentin
- Goal is to have urine drug screen positive only MAT at delivery including no THC.

Describe IU Group Prenatal Care program



Group Prenatal Care (Pre-COVID-19)

- Sessions meet every 2 weeks starting around 20 weeks gestation
- Rolling entry into care based on similar gestational age.
- Patients have tummy check individually then go to group session.
- Sessions utilize CenteringPregnancy® model incorporating 2 topics each session: one on SUD and one on pregnancy concerns.
- Sessions last about 1.5 hours and patients at office about 2 hours.
- Incentives to complete include: infant car seat and care bags for mom after she is released but stays in hospital for 5 days.

Keeping the mother-baby dyad together for at least 5 days

The symptoms of withdrawal (NAS) in full-term babies may include:

- **Trembling**
- **Too much crying or high-pitched crying**
- **Sleep problems**
- **Tight muscle tone**
- **Overactive reflexes**
- **Seizures**
- **Yawning, stuffy nose, and sneezing**
- **Poor feeding and sucking**
- **Vomiting or diarrhea**
- **Sweating**
- **Fever or unstable temperature**
- **Inability to regulate temperatures**

How the patient can improve her newborns need for therapy

- Smoking cessation
- Breastfeeding
- Low stimulation environment
- Speak quietly and softly, to all providers
- No outside visitors
- If television is on, low or no sound, room lights off
- Warmer room temp
- SKIN to SKIN as much as feasible, even during NAS scoring

NEONATAL ABSTINENCE SCORING SYSTEM

SYSTEM	SIGNS AND SYMPTOMS	SCORE	AM					PM					COMMENTS	
CENTRAL NERVOUS SYSTEM DISTURBANCES	Continuous High Pitched (or other) Cry	2												Daily Weight:
	Continuous High Pitched (or other) Cry	3												
	Sleeps <1 Hour After Feeding	3												
	Sleeps <2 Hours After Feeding	2												
	Sleeps <3 Hours After Feeding	1												
	Hyperactive Moro Reflex	2												
	Markedly Hyperactive Moro Reflex	3												
	Mild Tremors Disturbed	1												
	Moderate-Severe Tremors Disturbed	2												
	Mild Tremors Undisturbed	3												
	Moderate-Severe Tremors Undisturbed	4												
	Increased Muscle Tone	2												
	Excoriation (Specific Area)	1												
Myoclonic Jerks	3													
Generalized Convulsions	5													
METABOLIC/VASOMOTOR/RESPIRATORY DISTURBANCES	Sweating	1												
	Fever 100.4°-101°F (38°-38.3°C)	1												
	Fever > 101°F (38.3°C)	2												
	Frequent Yawning (>3-4 times/interval)	1												
	Mottling	1												
	Nasal Stuffiness	1												
	Sneezing (>3-4 times/interval)	1												
	Nasal Flaring	2												
	Respiratory Rate >60/min	1												
	Respiratory Rate > 60/min with Retractions	2												
GASTRO-INTESTINAL DISTURBANCES	Excessive Sucking	1												
	Poor Feeding	2												
	Regurgitation	2												
	Projectile Vomiting	3												
	Loose Stools	2												
	Watery Stools	3												
TOTAL SCORE														
INITIALS OF SCORER														

Postpartum care for the mother

- Maintain MAT at current dose, all other meds
- Make sure she has patches for smoking if needed
- Encourage breastfeeding and help recognize and breastfeeding difficulties using lactation consultant
- Promote a safe and quiet environment for patient and one family member
- Address contraception and provide LARC before discharge
- See patient every 2 weeks at least for the first 6 weeks
- Readdress postpartum MAT provider during and after pregnancy
- Screen for postpartum mood and anxiety disorders.

IT takes a village

- Educate all providers on treatment goals.
- Some best suggestions for mothers come from the nurses taking care of the infants.

Name: _____

The purpose of this form is to standardize peri-partum and post-partum care and expectations for all women with substance use disorders. Nurses, social workers, case managers, and other appropriate hospital staff can use this to aid discharge planning. This checklist is designed to outline recommendations known to help in maintaining or establishing postpartum recovery. Referral to these services and supports should be the standard of care.

Prior to discharge, all new mothers should receive the following education. Please document plan or initial box to indicate education completed.

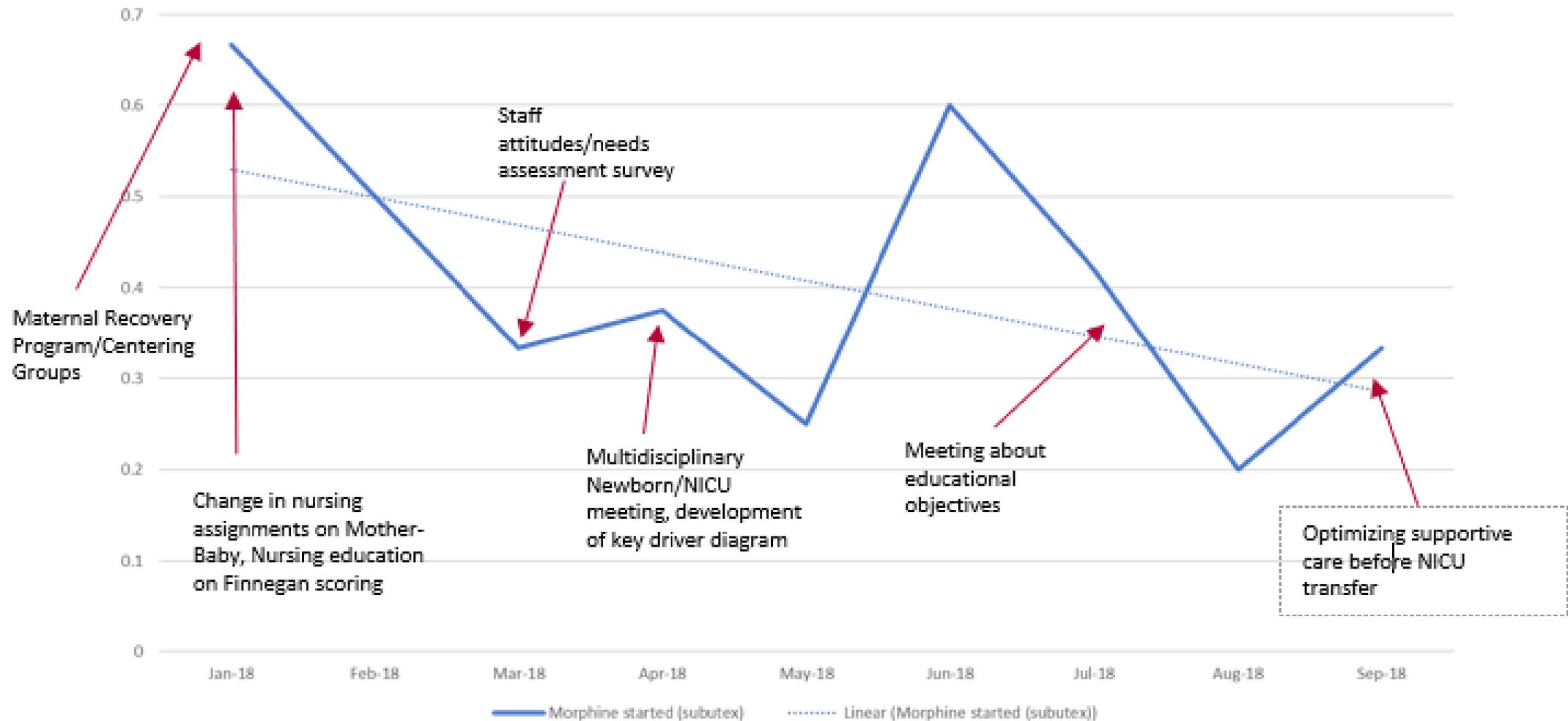
	Date Provided	Notes
Outpatient pediatric follow-up plan		
Newborn safe sleep ed.		
Family Planning/ Contraception plan		
DCS process letter (weblink)		
Caregiver Manual (weblink)		

For the best chance of success in getting healthy and parenting their child, all women with substance use need a plan for ongoing social and mental health support as well as treatment for substance use disorder. The plan will vary depending on the patient's circumstances, local resources and the mother's stage of her treatment. Please document plan or indicate N/A.

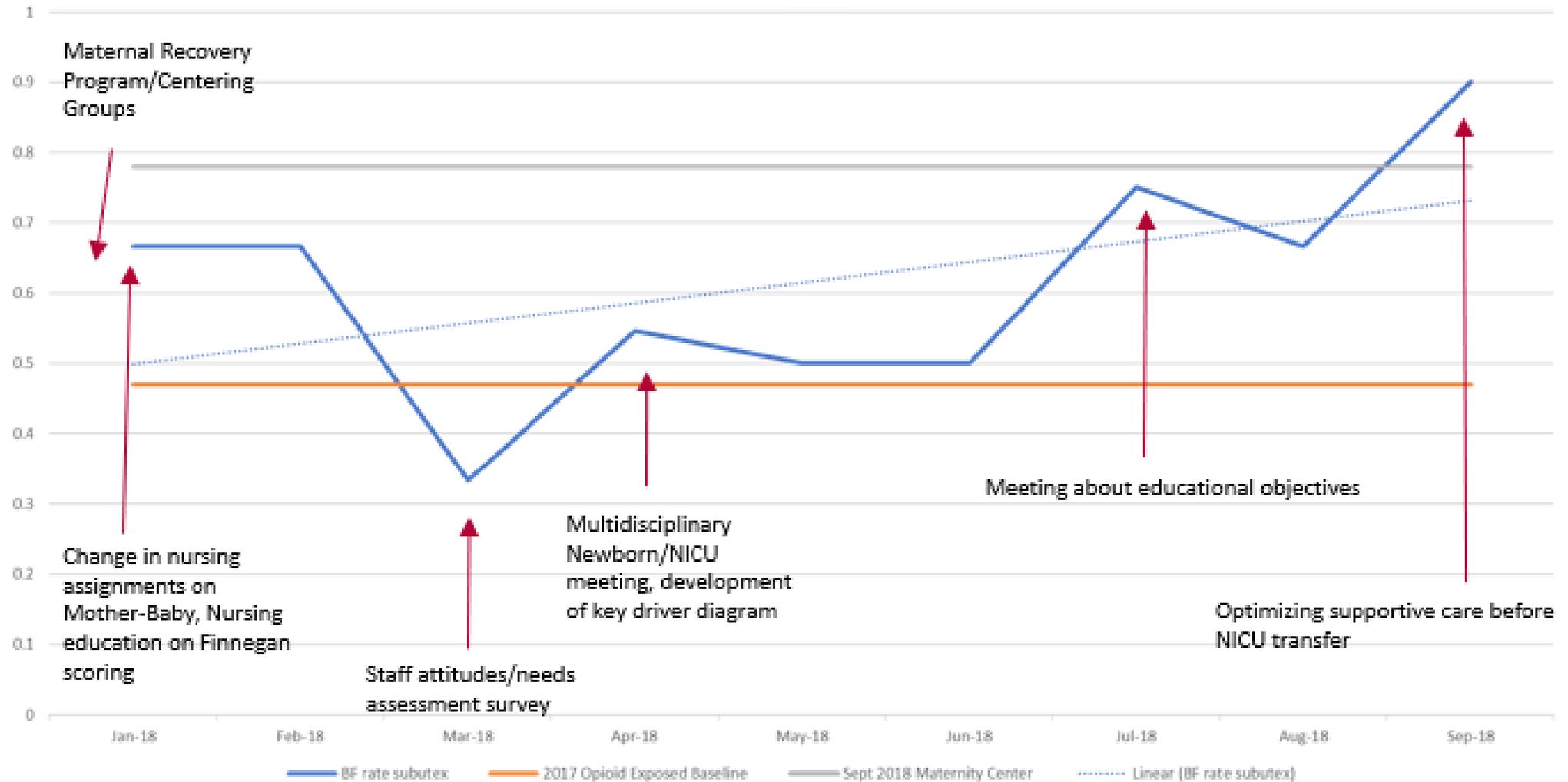
	Resource Identified
Smoking cessation assistance	
Inpatient rehabilitation	
Evaluation by mental health or addiction specialist	

	Resource Identified
Intensive outpatient program	
Counseling	
Outpatient addiction counseling	
MAT (Medication Assisted Treatment) provider	
Plan to attend community support group meetings	
Recovery coach	
Relapse prevention plan	
Home health	
Parenting classes	
Transportation assistance	
Housing assistance	
Lactation assistance	
Legal aid	
Other	

Opioid exposed newborns requiring medication (Subutex)



Breastfeeding Rates (Any) - Subutex



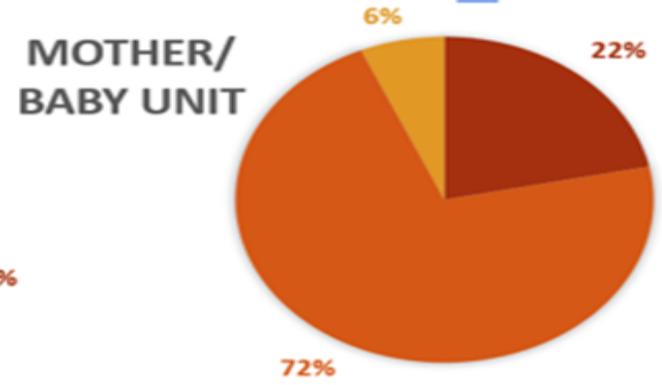
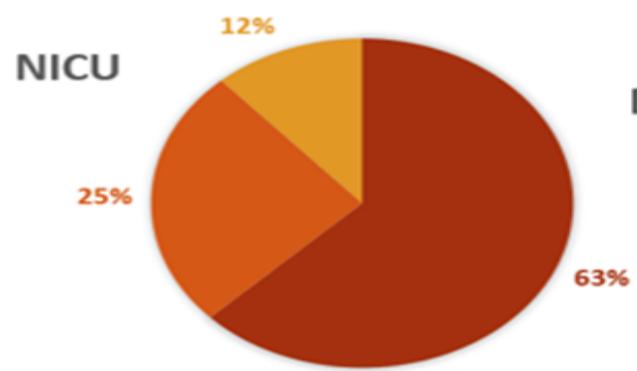
Participant Demographics	N=96
Nurses	57
Residents	28
Attending Physicians	6
Lactation consultants	4
Patient care technician	1
Mother-Baby	54%
NICU Step-Down	51%

70% of residents and attendings were not trained or did not feel that they needed to be able to assign a MFS

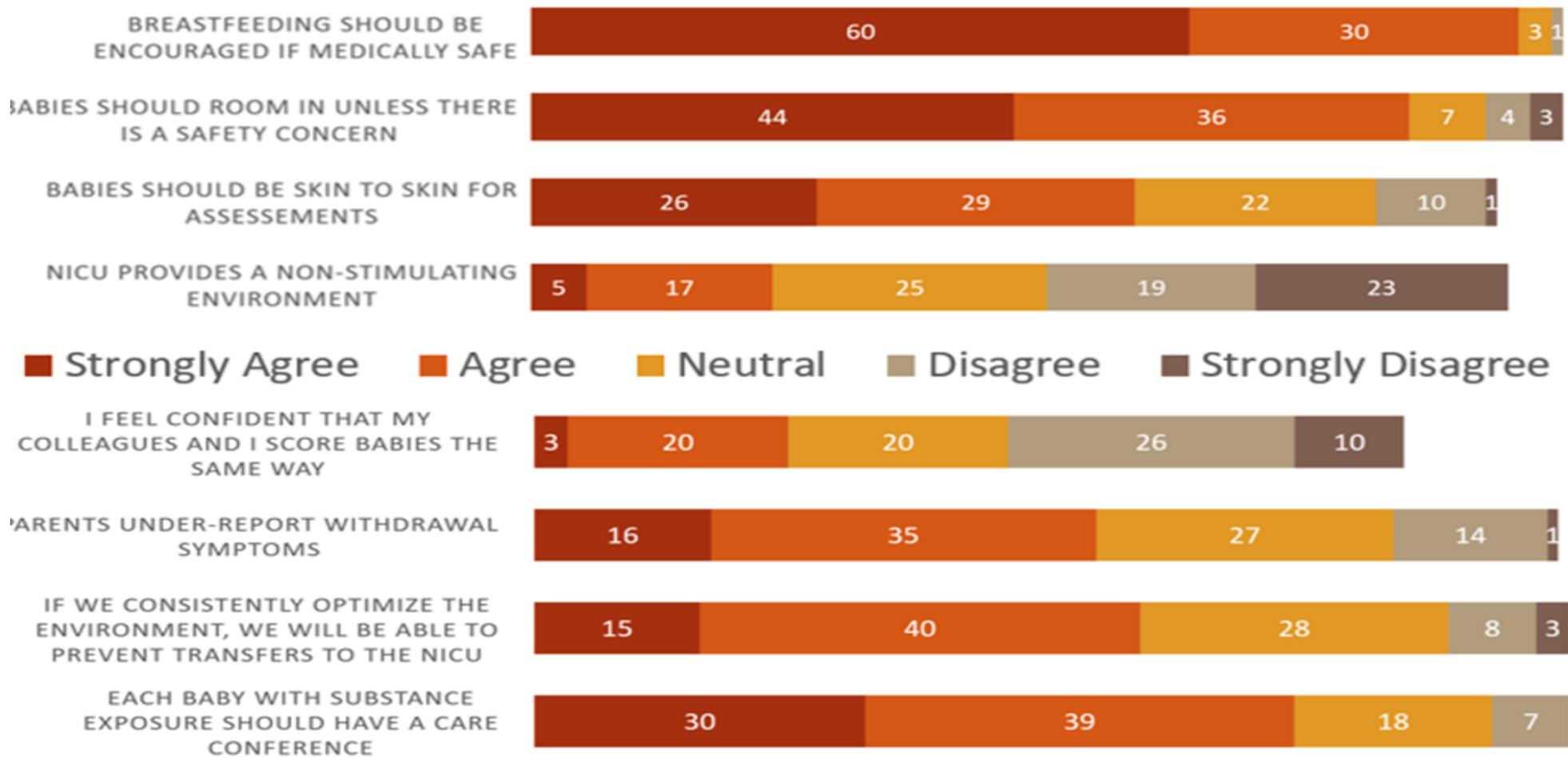
Riley Provider Survey Results



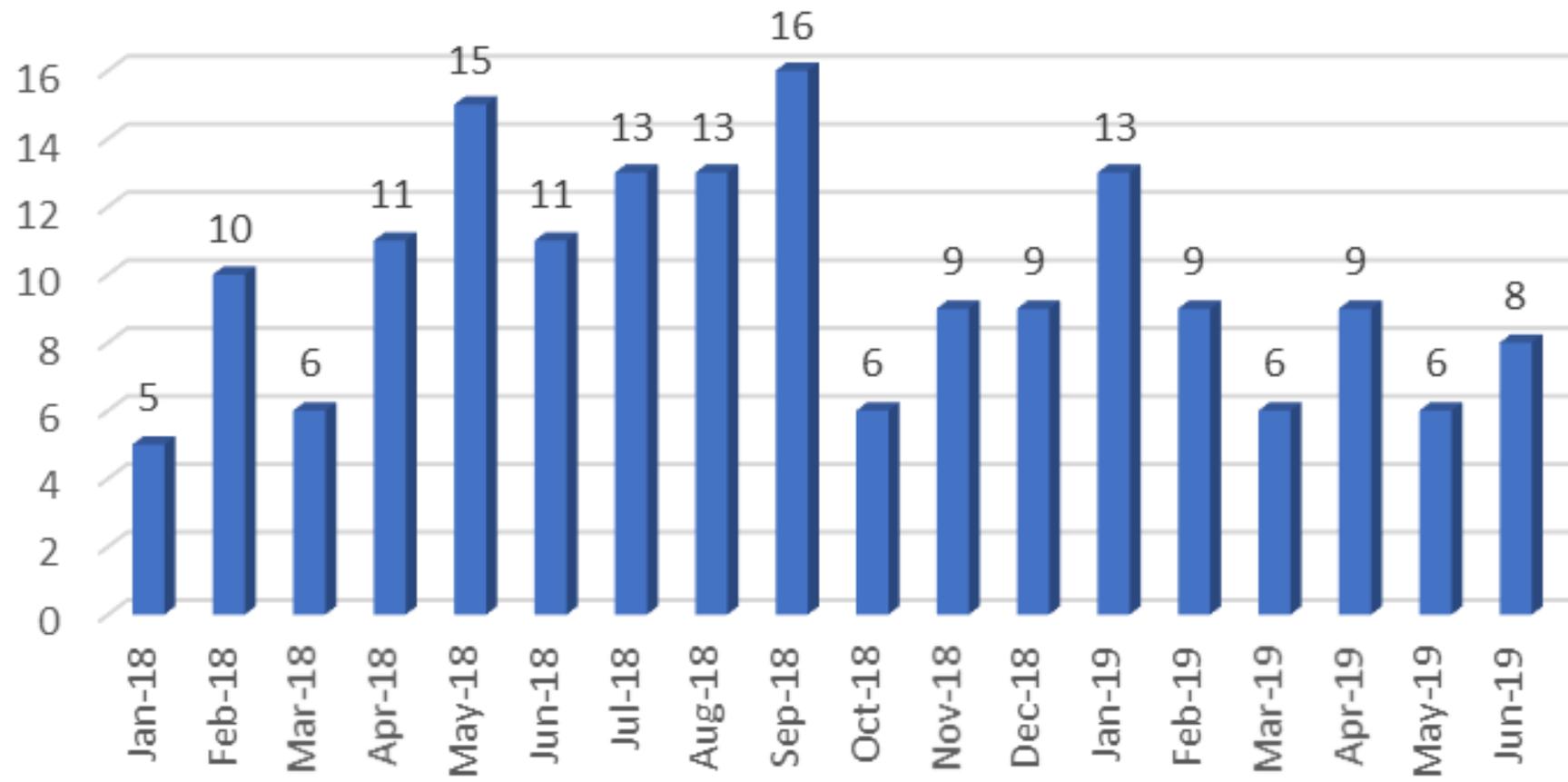
Where is the ideal location for a MFS to be completed?



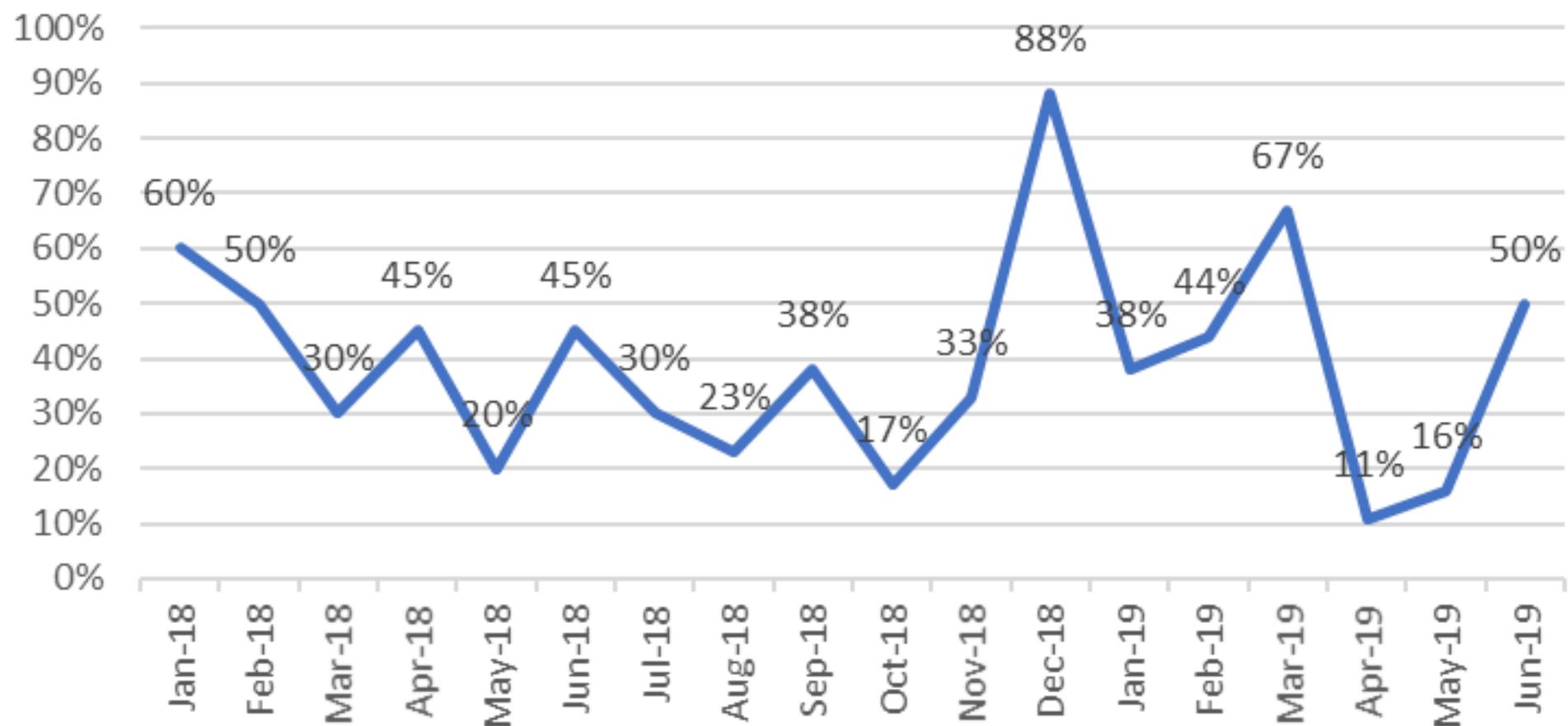
- In the bassinet
- On parent's chest
- I don't know



Opioid Exposed Newborns admitted to Methodist Well Newborn

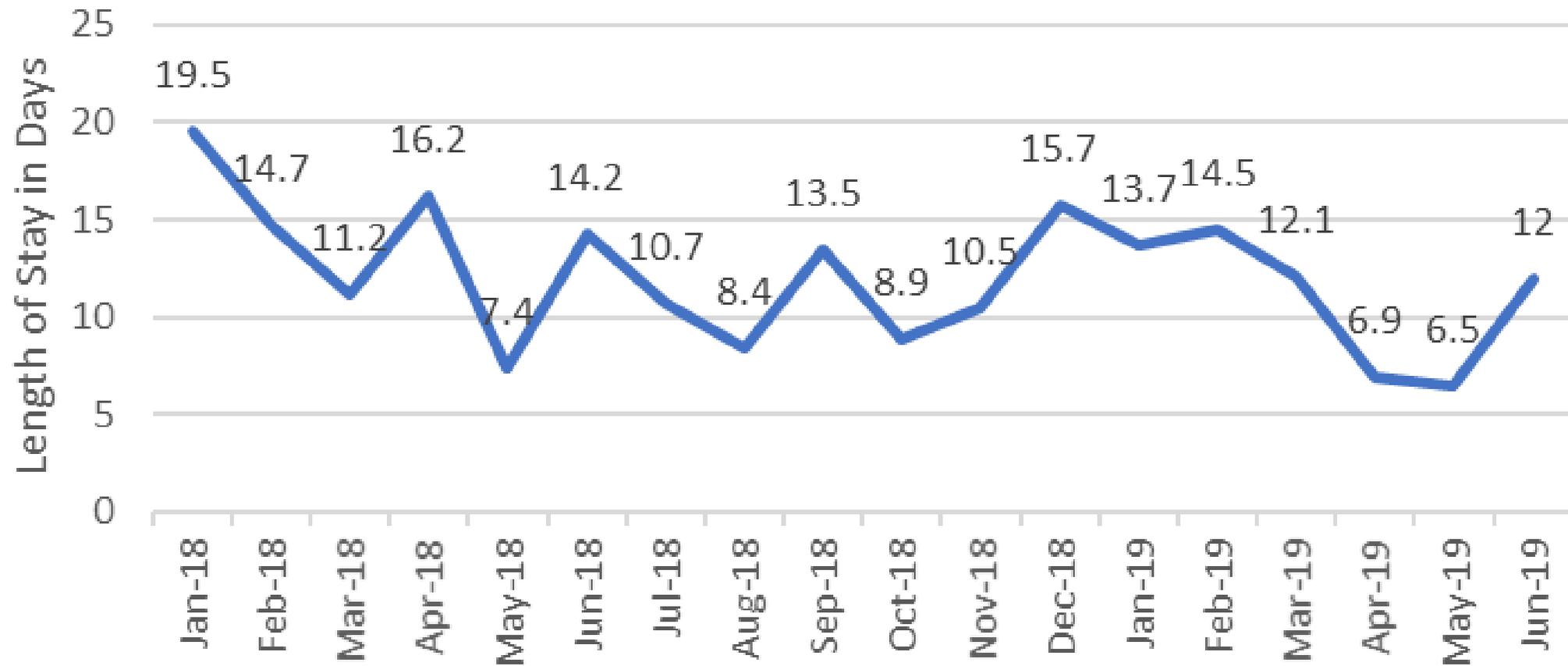


Percentage of Opioid Exposed Newborns admitted to Well Newborn requiring morphine



Length of Stay

Opioid Exposed Newborns admitted to Well Newborn



A close-up photograph of a newborn baby sleeping peacefully in a hospital bed. The baby is lying on its back, with its eyes closed and a calm expression. It is being held by a person wearing a light blue hospital gown. The background is softly blurred, showing the white and blue tones of the hospital room. A black circular graphic with white text is overlaid on the left side of the image.

Mother-
Newborn Baby
Dyad Reduces
NAS & Increases
Breastfeeding