

2. Hospital & QI Team Overview

Maternal Physician Lead: Rachel Dalton, MD
 Maternal Nurse Lead: Jessica Baker, BSN, RNC
 Clinical Manager: Stephanie Wollenberg, MSN, RNC
 Educator: Keli Sidebottom, MSN, RNC, CBC
 Bedside Nurses: Teresa Boyle, BSN, RNC, CBC
 Holly Massey, BSN, RNC

Ad Hoc Members: Clinical Information Systems, Social Work Support
 Specialist, Quality Care Coordinator, Coding/Health Information,
 Pharmacy

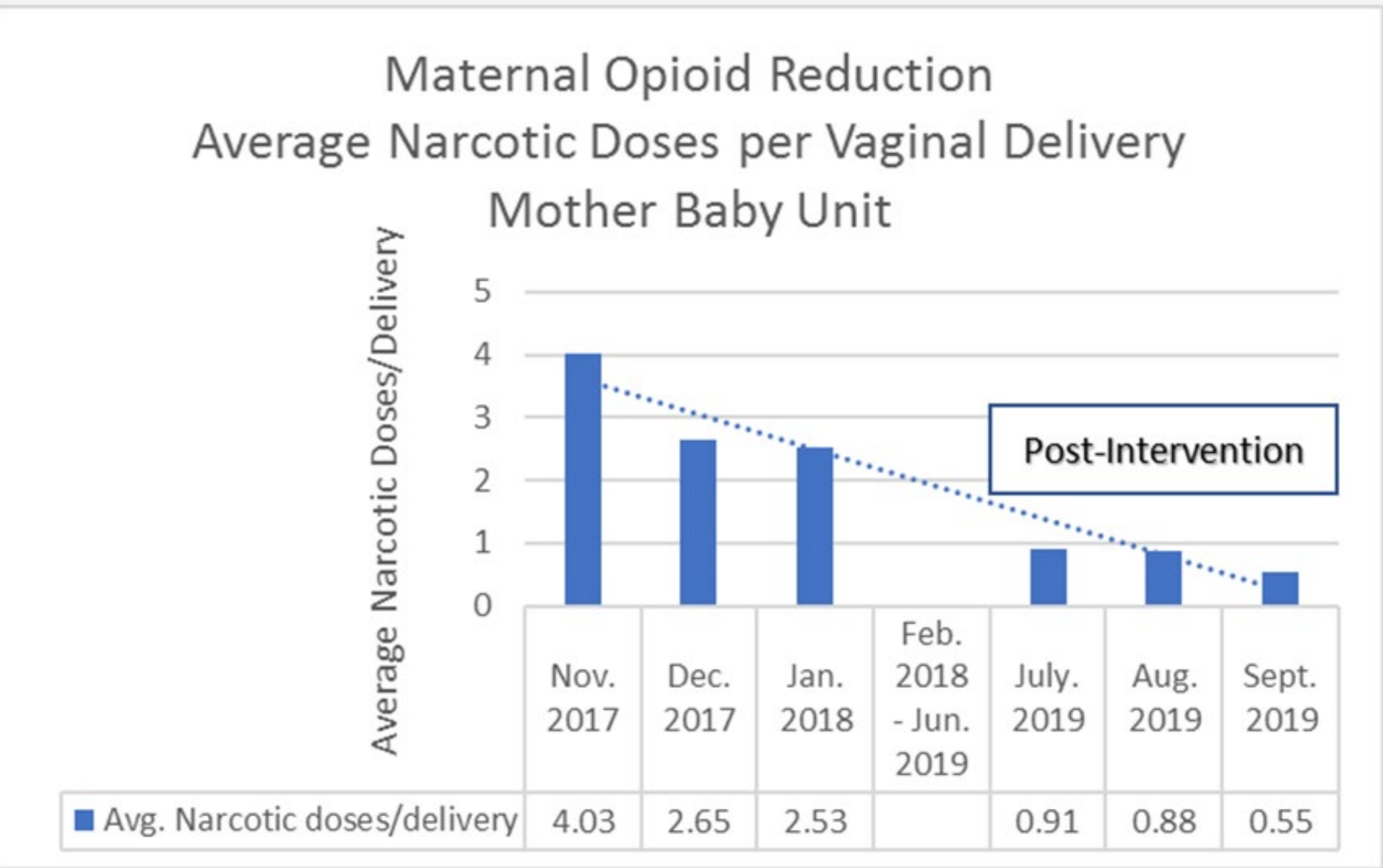


3. MNO-OB Data

Revised postpartum standing orders for pain management

The pain management process included:

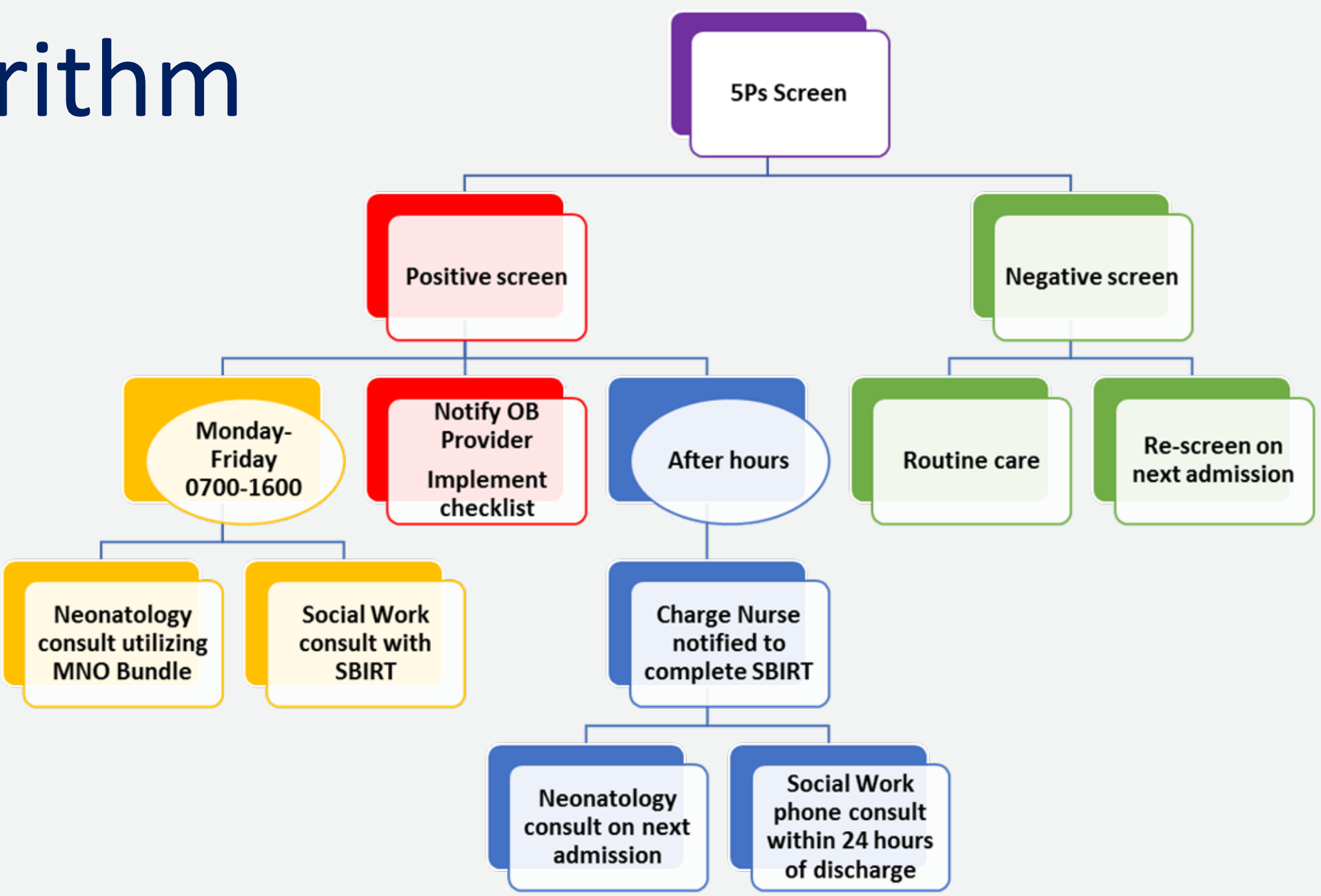
- ❖ first line treatment: non-pharmacological pain treatment options such as massage, cold, heat, and ambulation
- ❖ second line treatment: non-opioid drugs (combination of Motrin and Tylenol)
- ❖ third line treatment: opioid drugs in moderation (Norco- starting with one tablet)
- ❖ decreased number of narcotic tablets prescribed upon discharge



Through collaboration with the medical staff and nurses, the implementation of non-pharmacological pain treatment options, and the use of non-opioid medications, the Mother Baby Unit was able to reduce the average number of narcotic doses per vaginal delivery for routine postpartum pain management from 4.03 to 0.55 doses.

4. MNO-OB Progress

Screening Algorithm



MNO-OB Folders

- Neonatal Abstinence Syndrome: What you need to know (provided by ILPQC)
- BE with your baby: You are the treatment (provided by ILPQC)
- Childbirth, Breastfeeding and Infant Care: Methadone and Buprenorphine/Pregnancy: Methadone and Buprenorphine (provided by ILPQC)
- Prescription Pain Medicine, Opioids, and Pregnancy: What All Pregnant Women Need to Know (provided by ILPQC)
- Marijuana and Breastfeeding (provided by CDC)
- Counseling Services in Bloomington/Normal (provided by BroMenn Social Services)
- Illinois Institute for Addiction Recovery Referral List (provided by BroMenn Addiction Recovery)



Checklist

Advocate BroMenn Medical Center Patient Sticker

Checklist Element	Date	Comments
Antepartum Care		
Routine ultrasounds and lab work (include HIV, STIs, Hep C, drug screen)		
Care management/social work referral		
Discuss need for Narcan at home/Narcan Rx		
Neonatology consult/Pediatric Consult		
Consent for obstetric team to communicate with treatment center (sign release of information)		
Consider anesthesia consultation if difficult IV access		
Patient education (NAS screening, extended stay, rooming-in, breastfeeding, Ear-Sleep-Console)		
MMV consult if appropriate		
Discuss pain management plan during and after delivery		
Discuss safe discharge plan for mom/baby		
Admission to Hospital		
Confirm lab results (draw initial OB labs if needed)		
Place social work consult		
Neonatology/Pediatric Consult (if not done prior to admission)		
Consider anesthesia consultation if difficult IV access		
Patient education (if not given antenatally)		
Confirm Methadone dosage		
-Sign release of information from clinic if not already done		
-Discuss continuation of Methadone during hospital stay		
Discuss pain management plan during labor and post-partum (if not done)		
Do not give Nubain-can cause acute withdrawal		
Post-Partum		
Perform post-partum depression screening		
Connect with primary care doctor for follow-up		
Discuss methadone clinic hours for follow-up and timing of discharge		
Schedule early post-partum follow-up with Obstetrician (within 2 weeks)		
Discuss need for Narcan at home/Narcan Rx		
Tylenol and NSAIDs should be scheduled, not as needed		
Social work/DOTs to follow up with patient		

Adapted from ILPQC Toolkit

Debrief

OBSTETRIC EVENT DEBRIEFING

Call CHARGE RN 49-3979 to Initiate Debrief

Event: ☐ OB Hemorrhage ☐ Neonatal Resuscitation ☐ Precipitous Delivery ☐ Other _____

Members of Team Present: ☐ Care Provider ☐ Primary RN ☐ Charge RN ☐ Anesthesia Provider ☐ Neonatal Provider ☐ Nurse Manager ☐ OB/OR tech ☐ Secretary ☐ Other _____

Briefly describe event: _____

	WENT WELL	OPPORTUNITY	PERSON RESPONSIBLE (if action needed)
COMMUNICATION			
ROLE CLARITY			
TEAMWORK			
ASSESSING THE SITUATION			
DECISION-MAKING			
EQUIPMENT			
MEDICATION			
BLOOD PRODUCT AVAILABILITY (if applicable)			
SUPPORT STAFF (N, ASSISTING UNITS)			
DELAYS			
OTHER			

COMPLETE FOR PRECIPITOUS DELIVERY: ☐ P _____ ☐ By of fast labors < 6 hrs, ☐ epidural ☐ other _____

Time of last vaginal exam: _____

24/7 physician notified at _____

THIS IS NOT A PART OF THE MEDICAL RECORD

5. IPLARC/IPAC or MNO Overflow

MNO Unit Storyboard



6. PVB

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 Bedside Nurses: Teresa Boyle, BSN, RNC, CBC
 Katherine Doubet, BSN, RNC
 Holly Massey, BSN, RNC

