

MNO – OB Team

Dr. Jaye Shyken – Maternal Fetal Medicine
 Meredith Meyer – Labor and Delivery Nurse Manager
 Beth Collins – Labor and Delivery Nurse
 Pam Lesser – Director Women's Services
 Judy Wilson-Griffin – Perinatal Nurse Specialist



MNO-OB Progress

Screening Process

- NIDA Quick Screen on Admission - in EMR
- Urine Drug Screening Policy
- Urine Drug Screen checklist paper

IPLARC/IPAC or MNO Overflow

Opioid Exposed Patients	
<input checked="" type="checkbox"/>	Medication Instructions to Nursing Avoid narcotics if possible for pain mgmt during postpartum stay. Discuss with provider if narcotics are necessary. Postpartum, Sign & Hold
<input checked="" type="checkbox"/>	Patient to Remain in Labor Department Routine CONTINUOUS, starting today at 1800, Unit Specified, Patient must stay in labor department for 24 hours. Postpartum, Sign & Hold
<input checked="" type="checkbox"/>	Hold/Avoid Medication EVERY 12 HOURS (08 and 20), First Dose today at 2000, Unit Discontinued Sedation/Anesthesia
<input checked="" type="checkbox"/>	Hold/Avoid Medication EVERY 12 HOURS (08 and 20), First Dose today at 2000, Unit Discontinued Controlled Substances/Narcotics
<input checked="" type="checkbox"/>	Hold/Avoid Medication EVERY 12 HOURS (08 and 20), First Dose today at 2000, Unit Discontinued Anticoagulants
<input checked="" type="checkbox"/>	Non Epidural Patients
<input checked="" type="checkbox"/>	Medication Instructions to Nursing Avoid narcotics if possible for pain mgmt during postpartum stay. Discuss with provider if narcotics are necessary. Postpartum, Sign & Hold
<input checked="" type="checkbox"/>	Hold/Avoid Medication EVERY 12 HOURS (08 and 20), First Dose today at 2000, Unit Discontinued Sedation/Anesthesia
<input checked="" type="checkbox"/>	Hold/Avoid Medication EVERY 12 HOURS (08 and 20), First Dose today at 2000, Unit Discontinued Controlled Substances/Narcotics
<input checked="" type="checkbox"/>	Hold/Avoid Medication EVERY 12 HOURS (08 and 20), First Dose today at 2000, Unit Discontinued Anticoagulants

Order Sets

- All OB Admission Order Sets have optional section to select orders specific for opioid exposed patients



CONGRATULATIONS
 WE ARE HAPPY TO
 WELCOME YOU AND YOUR
 BABY

You are the most important
 person in your baby's life – right
 from the start!

Your baby will experience a period of withdrawal after delivery. The good news is – YOU are what your baby needs during this time. Your baby may have symptoms like irritability, tremors, sleep problems and tight muscle tone. We know that when babies are with their mothers, they do better. If your baby can eat, sleep, and be consoled, he or she will stay with you. So, plan ahead and be ready to stay with your baby for the first week.

What you can do

Plan to stay in the hospital with your baby for 5-7 days after delivery

Breastfeed or pump milk for your baby if you can

Limit visitors to keep things cozy and quiet

Take this time to learn the best ways to care for your baby

AFTER YOU GO HOME

Take your baby to all scheduled appointments
 Following up is important so you and baby can stay healthy and happy

Prenatal Handouts

- Information to give to opioid exposed expectant mothers



THE SCOOP ON BREASTFEEDING

BREASTFEEDING IS BETTER FOR YOU AND YOUR BABY

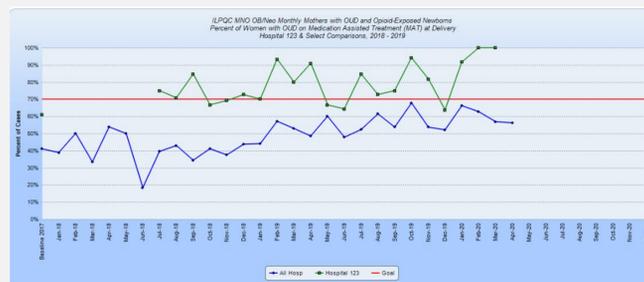
For You:
 Your body makes hormones when you make milk. These hormones help you to feel relaxed, calm, less anxious, and may even lower your risk for postpartum depression. Babies who get their mom's milk usually spend less time in the hospital and have to take less medicine than those who don't.
For Your Baby:
 Your baby will get the perfect infant food. Your milk is easier on baby's tummy, so he feels better. Babies who get their mom's milk usually spend less time in the hospital and have to take less medicine than those who don't. Your milk gives your baby benefits for life. It helps build a strong immune system and can help to ease ear infections, colds, and other more serious illnesses. It helps with brain development.

IF YOU CAN:
 Stay in a treatment program
 Get regular prenatal care
 Have no relapses within at least a month of delivery
 Have a clean urine drop at the time of delivery
 THEN LET'S TALK ABOUT BREASTFEEDING!!

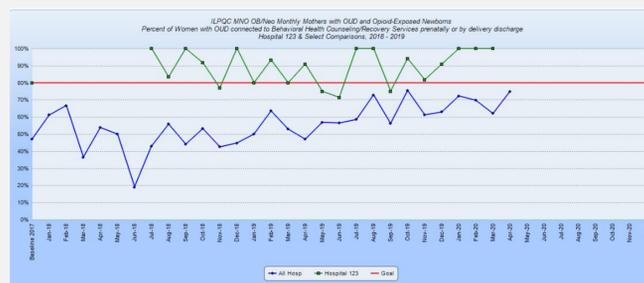
THERE IS NOT ENOUGH BUPRENORPHINE OR METHADONE IN YOUR MILK TO HAVE ANY EFFECT ON YOUR BABY
 IT CANNOT PREVENT WITHDRAWAL OR KEEP BABY FROM BREASTFEEDING

MNO-OB Data

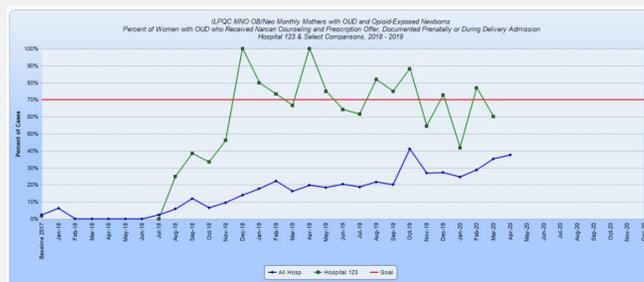
MAT



Recovery Program/Services

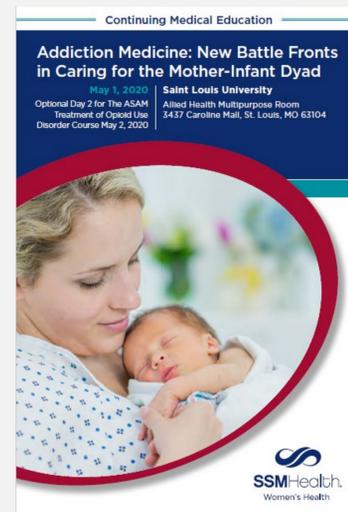


Narcan Counseling



Outreach Efforts

- Plan and host yearly Addiction Medicine Conference*
- Offer Buprenorphine Waiver Class the day after Addiction Medicine Conference*
- Video produced reviewing the importance of MAT for pregnant women with OUD
- Video produced preparing the mother prenatally for what to expect and how to care for baby



* 2020 Addiction Medicine and Buprenorphine training postponed due to COVID-19

PVB

Team Members

Malissa Durell - Labor and Delivery Nurse Manager
 Dr. Jennifer Goldkamp - Maternal Fetal Medicine
 Shannon Waller Davis - Certified Nurse Midwife
 Jennifer Moeller - Labor and Delivery Nurse
 Beth Collins - Labor and Delivery Nurse
 Kelley Feeman - Labor and Delivery Nurse
 Jennifer Abate-O'Dell - Labor and Delivery Nurse
 Kelly Winkler - Labor and Delivery Nurse



30 - 60 - 90 Day Plan

- Create Pre-C-Section Huddle sheets
- Call a multidisciplinary huddle before each C-Section to review options/appropriateness of moving forward with surgery
- Provide labor support education in-services to include Peanut Ball positioning