



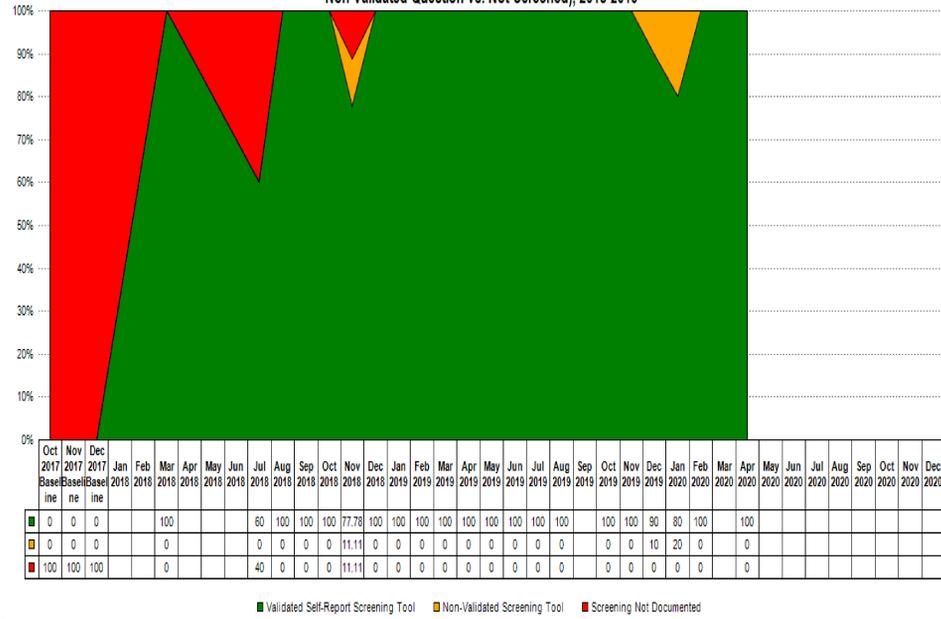
2. Hospital & QI Team Overview

- Dr. Kevin Madsen, MD – MFM Physician Champion
- Dr. Maliha Sayla, MD-OB Physician Champion
- Pat Bradley, MSN, RNC, C-EFM – System Director of EEHealth-Team Facilitator
- Diane Fitzpatrick BSN, RNC, C-EFM- Director of Patient Services, BSN, RNC, C-EFM
- Danielle LaBarre, BSN, RNC, C-EFM, Jill Zuleg, BSN, CLC, Bridget Hlad BSN, C-EFM -Nurse Champions
- Jennifer Malnati, MSN, RNC, C-EFM & Asta Savickas, BSN, CLC – Nursing Educators
- Brandi Northrup, MSW and Clarissa Crombie, MSW – Social Work Care Coordinators and Discharge Planners

3. MNO-OB Data

Screening

ILPQC MNO Initiative: Percentage of Sampled Deliveries with Substance Use/ODU Screening Documented on Labor & Delivery (Validated Screening Tool vs. Non-Validated Question vs. Not Screened), 2018-2019

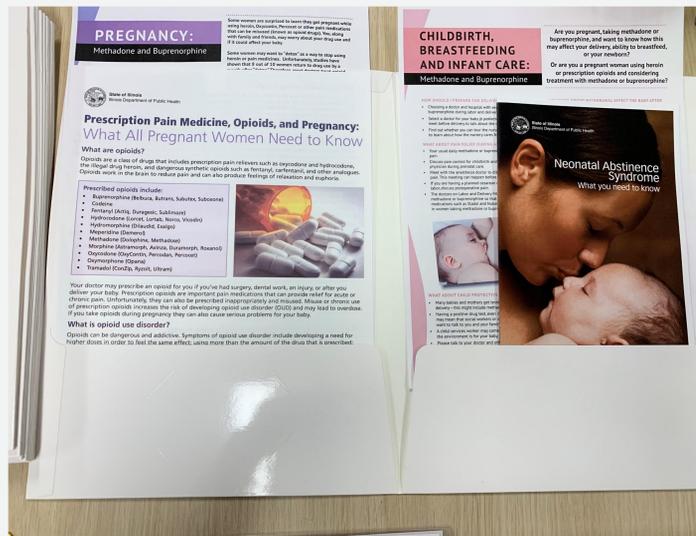


4. MNO-OB Progress

Screening Tools

Our team chose the 5P OUD screening tool for use in the outpatient prenatal care offices and in the inpatient hospital setting. Our Nurse Champions presented educational PowerPoints on-site to the outpatient prenatal office teams regarding the ILPQC MNO initiative including the 5P screen.

MNO-OB Folders



Every OUD patient receives a folder in the prenatal office and inpatient. All patients receive Prescription Pain Medication, Opioids, and Pregnancy education.

Monthly Review of all OUD Cases

All cases are reviewed and missed opportunities are discussed at OB Departmental meetings and staff meetings.

5. IPLARC/IPAC or MNO Overflow

CLINICAL CARE CHECKLIST

Checklist Element	Date	Comments
PRENATAL OUTPATIENT CARE - INITIAL VISIT		
Discuss the impact of opioid use on pregnant women's health and health of baby including the importance of Medication Assistance Therapy (MAT)		
Include Jagg C, Ab, CWP to prenatal labs		
Check IL Prescription Monitoring System		
Screen for co-morbidities including behavior health and domestic violence.		
Add OUD and co-morbidities to problem list		
ROI obtained and referral sent to Linda Heufler		
Consider MFM consult		
Obtain urine toxicology with confirmation		
Provide OUD education folder		
Discuss Narcan and provide a prescription if needed		
Sign release for OB provider to communicate with MAT provider/addiction counseling/recovery support program		
PRENATAL OUTPATIENT CARE - SECOND/THIRD TRIMESTER CARE		
Co-Manage with MAT provider, verify and document medication and dosages, assess tolerance (constipation) and relapse at each visit. Verify plan for MAT doses while inpatient at the hospital.		
Ensure second trimester anatomy scan completed and provide growth/fluid scan		
Consider Neonatology consult		
Repeat Urine toxicology and labs		
Provide or review contraceptive plan and document		
Confirm selection of Fentanyl		
Review standardized education - OUD in pregnancy/NAS/ODU and breastfeeding/maternal participation in newborn care of NAS		
Discuss patient's pain management plan in labor/postpartum and document.		
Encourage regional anesthesia and consider anesthesia consult.		
LABOR AND DELIVERY (HOSPITAL ADMISSION)		
Social work consult, neonatology and anesthesia consult if needed		
Verify MAT dose and plan for dosing while at hospital and discuss pain management plan		
Provide education regarding NAS and Finnegan scoring		
Avoid partial agonists or antagonists such as Stadol, Rubain, or Narcan (unless needed for OD)		
Obtain urine toxicology screen with confirmation		
Immediately send cord tissue after delivery for testing		
POSTPARTUM MATERNAL DISCHARGE		
Discuss Narcan and provide prescription if needed		
Discuss need for close follow up with pediatrician		
Ensure and document aggs is scheduled for ongoing support services (ie MAT/ counseling/recovery support services)		
Verify contraceptive plan and documentation		
Early postpartum visit within 1-2 weeks, sooner if medically indicated		
(Please fax to labor and delivery 630-527-3231 or if patient is admitted prior to 36 weeks)		

6. PVB

2019 Primary Cesarean Rate 18.2%

2019 Total Cesarean Rate 33.5%

Looking forward to the PVB initiative!!

Administer the 5Ps Prenatal Risk Assessment for Substance Use Disorder. All patients receive the IDPH pregnancy/opioid education handout and an educational handout regarding any other identified substances the patient is using i.e. tobacco, marijuana etc. **Review IL PMP on all patients.**

If **No** to all the 5Ps questions and *Antenatal Risk Factors

Routine prenatal care. Reinforce continued abstinence of substances during the pregnancy.

If **Yes** to any of the 5ps questions and/or *Antenatal Risk Factors present

Discuss result of 5P screen and verbally administer the Substance Use Follow-Up Questions.

NO to Substance Use Follow-up Questions. Consider a urine drug screen (UDS) and monitor for signs/symptoms of substance use during prenatal care.

YES to either of the follow up questions and/or the patient has used prescribed opioids for longer than a month is a **positive screen**. All positive screens are followed by a brief face-face intervention, UDS, signed [redacted] Huelke [redacted] patient is exhibiting S&S of withdrawal or any other medical/mental condition that requires immediate medical attention the patient should be evaluated in the ER and Linda Heulke should be contacted [redacted] Obstetricians should consider shorter interval follow up visits, a MFM consult, Neonatology consult and regular UDS at follow-up visits.
*Linda Huelke will f/u with all faxed referrals within 24-48h.

- *Antenatal Risk Factors**
No or Inadequate Prenatal Care, Exhibits Signs and Symptoms of Drug And/or Alcohol Use or Withdrawal, Drug Seeking Behavior, Repeated use of Prescription Narcotics, Personal History of Domestic Violence, Incarceration, or Previous DCFS Referral, Hepatitis B/C, HIV-Positive Status, or Active STDs, Unexplained Preterm Labor, Placenta Abruption, IUGR, Hypertension.
- *Signs and Symptoms of acute Opiate Withdrawal**
- Early: agitation, muscle aches, tearing, insomnia, runny nose, sweating, yawning
 - Late: abdominal cramping, diarrhea, dilated pupils, goose flesh, nausea, vomiting