OUD SBIRT/Clinical Algorithm

IL PQC
Illinois Perinatal Quality Collaborative

Provide Universal SUD/OUD screening with validated tool

+ Risk factors: provide brief intervention discuss risk reduction

Screen positive SUD/OUD

OB provider to see patient, provide brief intervention to assess diagnosis, counsel risks, assess readiness for treatment (SBIRT Counseling)

Withdrawal symptoms &/or ready to start MAT

Admit to hospital for Fast-Track MAT start

Stabilize MAT and discharge to Recovery Treatment Program

Unclear if MAT indicated, Not ready to start MAT or Outpatient MAT available

Initiate outpatient stabilization with Social Work support

Warm Handoff to Behavioral Health/ Recovery Treatment Program

Inpatient Treatment Program
Intensive Outpatient Treatment
Behavioral Health Treatment Support
Peer Support Program

Document OUD in problem list : *099.320*

Bill for SBIRT:
< 30 min G0396
≥ 30 min G0397

Close OB follow up every 1-2 weeks (pregnancy and postpartum)

IL OUD Hotline
MAT/Recovery Treatment locations:
1-833-2-FINDHELP
IL Doc Assist for free Perinatal OUD Addiction Med Consult:
1-866-986-ASST (2778)

Start OUD Clinical Care Checklist

Hep C screen
Narcan Counseling
Serial Tox screen w/ consent
Neo/Peds consult
Social Work Consult
Anesthesia consult
MFM consult
Contraception counseling

Provide standardized patient education: OUD/NAS, mom's important role in care of opioid exposed newborn (breastfeeding, rooming in, eat-sleep-console)

Illinois Referral Helpline
Opiods & other substances:
1-833-2FINDHELP Helpline.IL.org

IL Doc Assist for free Perinatal OUD Addiction Med Consult:
1-866-986-ASST (2778)

ILPQC OUD Clinical Care Checklist

Checklist Element	Date	Comments
Antepartum Care		
Counsel on MAT, assess readiness for treatment, warm handoff for MAT start		
Counsel and link to behavioral health counseling /recovery treatment services		
Social work consult or navigator who will link patient to care and follow up		
Obtain recommended lab testing- • HIV / Hep B / **Hep C** (if positive viral load & genotype) • Serum Creatinine/ Hepatic Function Panel		
Institutional drug testing policies and plan for testing reviewed		
Urine toxicology testing for confirmation and follow up (consent required)		
Discuss Narcan as a lifesaving strategy **and prescribe** for patient / family		
Neonatology/Pediatric consult provided, discuss NAS, engaging mom in non-pharmacologic care of opioid exposed newborn, and plan of safe care.		
DCFS Reporting system reviewed, discuss safe discharge plan for mom/baby		
Screen for alcohol/tobacco/non-prescribed drugs and provide cessation counseling		
Screen for co-morbidities (ie: mental health & domestic violence)		
Consent for obstetric team to communicate with MAT treatment providers		
Consider anesthesia consult to discuss pain control, L&D and postpartum		
Third Trimester		
Repeat recommended labs (HIV/HbsAg/Gc/CT/RPR)		
Ultrasound (Fluid/Growth)		
Urine toxicology with confirmation (consent required), and review policy		
Review safe discharge care plan and DCFS process		
Patient Education: OUD/NAS, participating in non-pharmacologic care of the opioid exposed newborn, including breastfeeding, and rooming in.		
Comprehensive contraceptive counseling provided and documented		
During Delivery Admission		
Social work consult, peds/neonatology consult, (consider) anesthesia consult		
Verify appointments for support services (MAT/Recovery Treatment Programs)		
Confirm **Hep C**, HIV, Hep B screening completed		
Discuss Narcan as a lifesaving strategy **and prescribe** for patient / family		
Provide patient education & support for non-pharmacologic care of newborn		
Review plan of safe care including discharge plans for mom/infant		
Schedule early postpartum follow-up visit (within 2 weeks pp)		
Provide contraception or confirm contraception plan		

SBIRT Billing Codes:

G0396: Alcohol and/or substance abuse structured screening and brief intervention services; 15 to 30min

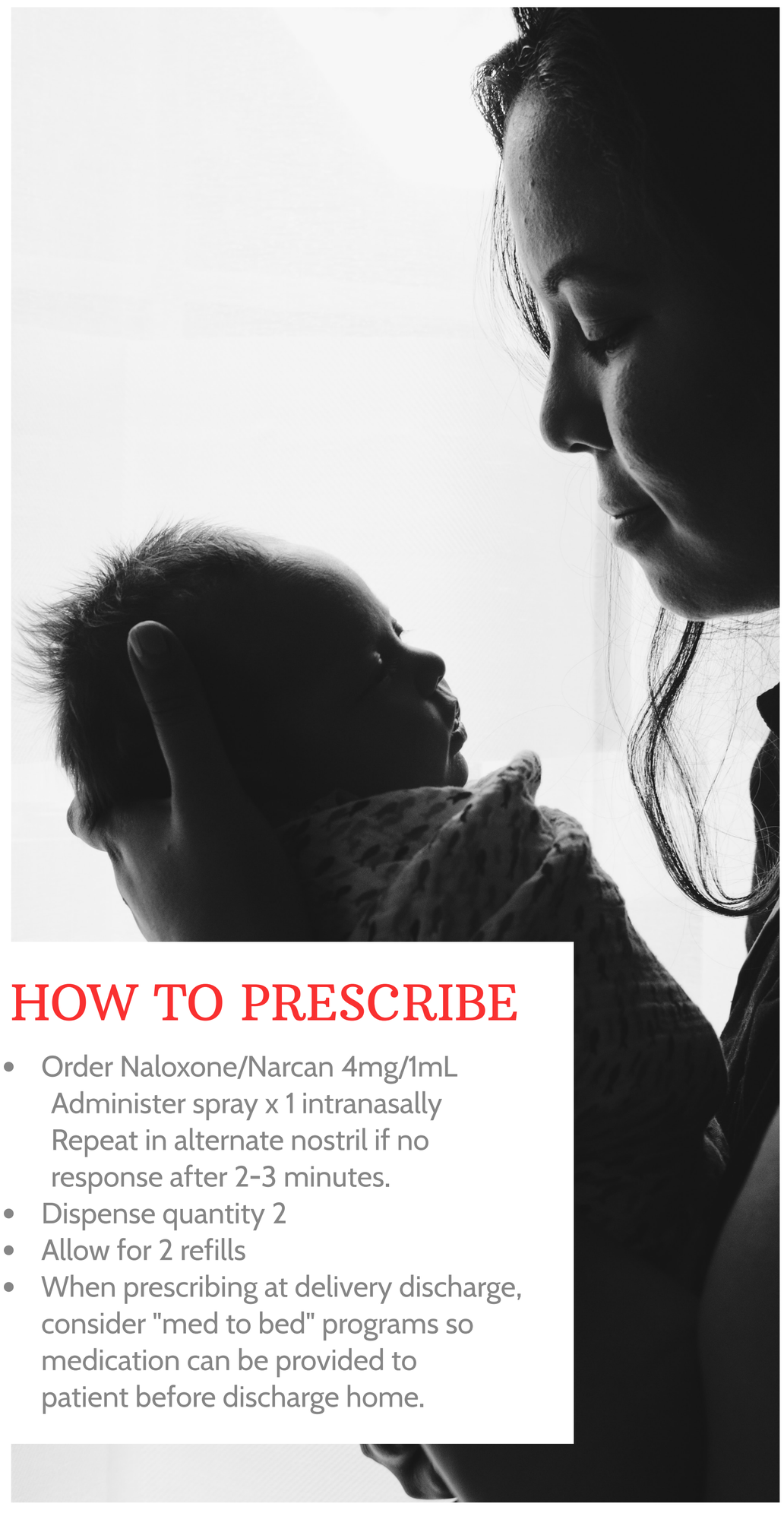
G0397: Alcohol and/or substance abuse structured screening and brief intervention services greater than 30min

BOLD Text = elements tracked with monthly data collection for all women with OUD. Also track completion of checklist for all women with OUD.

Illinois Perinatal Quality Collaborative

SAVE A LIFE.

Overdose is now the leading cause of death for pregnant and postpartum women in Illinois.



HOW TO PRESCRIBE

- Order Naloxone/Narcan 4mg/1mL
  Administer spray x 1 intranasally
  Repeat in alternate nostril if no response after 2-3 minutes.
- Dispense quantity 2
- Allow for 2 refills
- When prescribing at delivery discharge, consider "med to bed" programs so medication can be provided to patient before discharge home.

NARCAN/NALOXONE

WHAT

Narcan/Naloxone is an approved medication for the treatment of opioid overdose and is a key risk reduction strategy that reduces overdoses and save lives. It is safe and easy to use.

WHO

OB providers should counsel and prescribe Narcan/Naloxone for all patients with Opioid Use Disorder (OUD) and co-prescribe for all patients taking opioids regularly.

HOW

Share with patients that it is important for all women who are prescribed opiods or have OUD to stay safe because opioid medications can cause slowed breathing and even overdose.
Narcan/Naloxone is an antidote that can reverse an overdose. Having this medication on hand can be life saving for patients and their friends or family.

Scan here for a sample script for Narcan/Naloxone

Visit ilpqc.org MNO initiative or email info@ilpqc.org

January, 2020

NARCAN® (naloxone HCl) NASAL SPRAY

QUICK START GUIDE

Opioid Overdose Response Instructions

Use NARCAN Nasal Spray (naloxone hydrochloride) for known or suspected opioid overdose in adults and children.
Important: For use in the nose only.
Do not remove or test the NARCAN Nasal Spray until ready to use.

1 Identify Opioid Overdose and Check for Response

Ask person if he or she is okay and shout name.

Shake shoulders and firmly rub the middle of their chest.

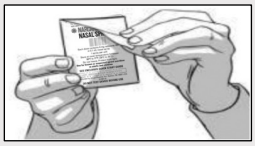
Check for signs of opioid overdose:

- Will not wake up or respond to your voice or touch
- Breathing is very slow, irregular, or has stopped
- Center part of their eye is very small, sometimes called "pinpoint pupils"

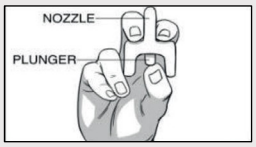
Lay the person on their back to receive a dose of NARCAN Nasal Spray.

2 Give NARCAN Nasal Spray

Remove NARCAN Nasal Spray from the box.
Peel back the tab with the circle to open the NARCAN Nasal Spray.



Hold the NARCAN nasal spray with your thumb on the bottom of the plunger and your first and middle fingers on either side of the nozzle.

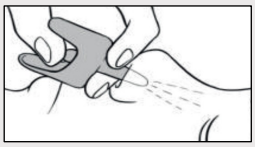


Gently insert the tip of the nozzle into either nostril.

- Tilt the person's head back and provide support under the neck with your hand. Gently insert the tip of the nozzle into **one nostril**, until your fingers on either side of the nozzle are against the bottom of the person's nose.

Press the plunger firmly to give the dose of NARCAN Nasal Spray.

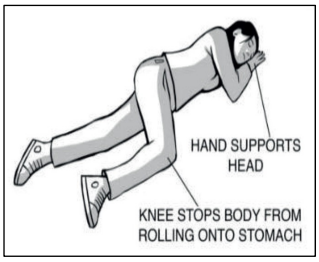
- Remove the NARCAN Nasal Spray from the nostril after giving the dose.



3 Call for emergency medical help, Evaluate, and Support

Get emergency medical help right away.

Move the person on their side (recovery position) after giving NARCAN Nasal Spray.



Watch the person closely.

If the person does not respond by waking up, to voice or touch, or breathing normally another dose may be given. NARCAN Nasal Spray may be dosed every 2 to 3 minutes, if available.

Repeat Step 2 using a new NARCAN Nasal Spray to give another dose in the other nostril. If additional NARCAN Nasal Sprays are available, repeat step 2 every 2 to 3 minutes until the person responds or emergency medical help is received.

For more information about NARCAN Nasal Spray, go to www.narcannasalspray.com, or call 1-844-4NARCAN (1-844-462-7226).

ADAPT PHARMA

AMA Opioid Task Force

AMA AMERICAN MEDICAL ASSOCIATION

Help save lives: Co-prescribe naloxone to patients at risk of overdose

Naloxone saves lives

The nation's opioid epidemic claimed more than 33,000 lives in 2015, but that figure would have been even higher if it wasn't for the life-saving opioid overdose antidote naloxone. For more than 40 years, naloxone has been used to reverse the effects of opioid overdose. Timely administration of naloxone has saved thousands of lives:

- From 1996 through June 2014, organizations that provide community-based overdose prevention services, including provision of naloxone to laypersons, recorded more than 26,000 opioid overdose reversals in the United States.[1]
- In the first 8-weeks of 2017, the number of naloxone prescriptions written by physicians increased 340 percent compared to the same 8-week period in 2016. The number of physicians prescribing naloxone has also increased 475 percent over the same time period.[2]
- When states enact laws to increase access to naloxone, there is "a 9 to 11 percent reduction in opioid-related deaths."[3]
- More than 1,200 law enforcement programs in the United States now supply naloxone to their personnel– resulting in thousands of lives saved.[4]

Co-Rx naloxone when clinically appropriate

The AMA Opioid Task Force encourages physicians to consider co-prescribing naloxone when it is clinically appropriate to do so. This is a decision to be made primarily between the patient and physician.[5] Factors that may be helpful in determining whether to co-prescribe naloxone to a patient, or to a family member or close friend of the patient, include:

- Does the patient history or prescription drug monitoring program (PDMP) show that my patient is on a high opioid dose?
- Is my patient also on a concomitant benzodiazepine prescription?
- Does my patient have a history of substance use disorder?
- Does my patient have an underlying mental health condition that might make him or her more susceptible to overdose?
- Does my patient have a medical condition, such as a respiratory disease, sleep apnea or other co-morbidities, which might make him or her susceptible to opioid toxicity, respiratory distress or overdose?
- Might my patient be in a position to aid someone who is at risk of opioid overdose?

Co-prescribing naloxone is supported by a broad range of stakeholders including the World Health Organization[6], U.S. health agencies (CDC, SAMHSA)[7], state departments of health[8], and many patient, consumer and other advocacy groups[9].

[1] Wheeler, Jones et al, "Opioid Overdose Prevention Programs Providing Naloxone to Laypersons — United States, 2014" CDC Morbidity and Mortality Weekly Report, 19 June 2015.
[2] Symphony Health Solutions—2016/17 Practitioner Level Data
[3] Rees, Daniel I., et al. "With a little help from my friends: The effects of naloxone access and Good Samaritan laws on opioid-related deaths," National Bureau of Economic Research. February 2017 February 2017. http://www.nber.org/papers/w23171
[4] North Carolina Harm Reduction Coalition. U.S. Law Enforcement Who Carry Naloxone. Available at http://www.nchrc.org/law-enforcement/us-law-enforcement-who-carry-naloxone/
[5] Many states also have enacted "standing order" legislation that allows a patient to obtain naloxone without a patient-specific prescription.
[6] World Health Organization, "Community Management of Opioid Overdose", 2014.
[7] CDC, Guideline for Prescribing Opioids for Chronic Pain, Recommendation 8; SAMHSA, Opioid Overdose Prevention Toolkit, p.12-13.
[8] E.g.: Vermont Department of Health, Maryland Department of Health and Mental Hygiene, Rhode Island Department of Health.
[9] E.g.: Harm Reduction Coalition, Caregiver Action Network, Young People in Recovery, Facing Addiction.

Additional considerations when co-prescribing naloxone

Determining whether to co-prescribe naloxone raises many issues, including initiating a discussion about the risk of overdose; the potential stigma a patient may experience; engaging the patient in broader discussions about treatment for a substance use disorder, if applicable; and how to ensure the patient (or close friend/family member) has the appropriate training in case of an overdose. Though co-prescribing naloxone is not a guarantee for an overdose reversal, it does provide a tangible option for care that otherwise may not be available in a timely manner. In addition:

- Co-prescribing naloxone has been found to reduce emergency department visits, and may help patients become more aware of the potential hazards of opioid misuse. [10]
- Patients often find the offer of a naloxone prescription acceptable.[11]
- Primary care providers have found co-prescribing naloxone to be acceptable.[12]
- Co-prescribing naloxone does not increase liability risk.[13]

Practical resources for more information

- **Prescribing Naloxone to Patients for Overdose Reversal** - http://pcssmat.org/wp-content/uploads/2016/08/Prescribing-Nalxone-to-Patients-for-Overdose-Reversal.pdf (Providers' Clinical Support System for Medication Assisted Treatment)
- **Putting Naloxone Into Action!** - http://pcss-o.org/event/putting-naloxone-into-action/ (Providers' Clinical Support System for Opioid Therapies)
- **Naloxone Distribution from the ED for patients at-risk for Opioid Overdose** - https://www.acep.org/uploadedFiles/ACEP/memberCenter/SectionsofMembership/trauma/ACEP_ONDCP%20Naloxone%20Distribution%20Webinar.pdf (American College of Emergency Physicians)
- **When Seconds Count: "Opioid Overdose Resuscitation" card** - https://www.asahq.org/WhenSecondsCount/resources.aspx (American Society of Anesthesiologists)
- **Public Policy Statement on the Use of Naloxone for the Prevention of Drug Overdose Deaths** - http://www.asam.org/docs/default-source/public-policy-statements/use-of-naloxone-for-the-prevention-of-opioid-overdose-deaths-final.pdf?sfvrsn=4 (American Society of Addiction Medicine)
- **Overdose prevention tools and best practices** - http://harmreduction.org/issues/overdose-prevention/tools-best-practices/ (Harm Reduction Coalition)
- **Naloxone product comparison chart for brand and generic injectable and intranasal formulations** - http://prescribetoprevent.org/wp2015/wp-content/uploads/Naloxone-product-chart.16_01_21.pdf (Prescribe to Prevent)

Task Force organizations

American Academy of Addiction Psychiatry
American Academy of Family Physicians
American Academy of Hospice and Palliative Medicine
American Academy of Orthopaedic Surgeons
American Academy of Pain Medicine
American Academy of Pediatrics
American Academy of Physical Medicine and Rehabilitation
American Association of Neurological Surgeons and Congress of Neurological Surgeons
American College of Emergency Physicians
American College of Occupational and Environmental Medicine
American College of Physicians
American College of Obstetricians and Gynecologists
American Dental Association
American Medical Association
American Osteopathic Association
American Psychiatric Association
American Society of Addiction Medicine
American Society of Anesthesiologists
Arkansas Medical Society
California Medical Association
Massachusetts Medical Society
Medical Society of the State of New York
New Mexico Medical Society
Ohio State Medical Association
Oregon Medical Association
Utah Medical Association

[10] Coffin, Behar et al, "Nonrandomized intervention of Naloxone Coprescription for Primary Care Patients Receiving Long Term Opioid Therapy for Pain", Annals of Internal Medicine, 20 August 2016. For patients who received a prescription for naloxone, there was a reduction in emergency department visits by 47 percent after 6 months and 63 percent after one year.
[11] Behar, Rowe et al, "Primary Care Patient Experience with Naloxone Prescription", Annals of Family Medicine, September 2016.
[12] Behar, Rowe et al, "Acceptability of Naloxone Co-Prescription Among Primary Care Providers Treating Patients on Long-Term Opioid Therapy for Pain", Journal of General Internal Medicine, November 2016.
[13] Davis, Burris et al, "Co-prescribing Naloxone Does Not Increase Liability Risk", Journal of Substance Abuse, October 2016.

patient sticker

MNO Nursing Workflow

When an obstetric patient screens positive for Opioid Use Disorder (OUD) during an L&D admission, an MNO Folder (stored on L&D/triage) should be obtained by the patient's nurse. The folder should have (1) *OUD/SBIRT Clinical Algorithm and the OUD Clinical Care Checklist to give to the OB provider* to complete, (2) *Naloxone (Narcan ®) quick start guide* to help providers complete Naloxone counseling / prescription and (3) has *MNO patient education material to give to the patient* to provide information on OUD / Neonatal Abstinence Syndrome (NAS) and the importance of moms engaging in the care of the opioid exposed newborn with breastfeeding, skin to skin, and rooming in. The L&D nurse should hand off and review this form with the pp nurse.

The patient's nurse should work with the rest of the obstetric clinical team to make sure the OUD Clinical Algorithm and OUD Checklists are completed prior to discharge. Reminding the clinical team that OUD is the leading cause of maternal death in Illinois may help the team understand why these clinical steps matter.

Labor and Delivery/Admission Nurse:

√	Nursing task	Comments/Notes
	Report positive OUD screen to OB provider and give the OB provider the OUD/SBIRT Clinical Care Algorithm and OUD Clinical Care Checklist to complete, remind them these items need to be completed for every patient with OUD during the hospital admission.	
	Request a neonatology consult for positive OUD screen to counsel on NAS, and how moms engage in opioid exposed newborn care.	
	Confirm **Hep C**, HIV, Hep B screening completed or draw appropriate lab orders as indicated.	
	Ensure patient has received the OUD/NAS education materials in the MNO folder, review materials with the patient and document.	
	Confirm OB Provider assessed patient's readiness for Medicated Assisted Treatment (MAT) and plan for treatment is documented before hospital discharge. Remind providers that help with clinical management of OUD / MAT is available through the *IL Doc Assist Hotline 1-866-986-2778* with a free addiction med phone consult.	
	Confirm the patient is linked to behavioral health services / recovery treatment program and has follow up **or** work with a social work consult to confirm a warm hand off and close follow up to establish linkage to services before discharge. Local OUD treatment program options are available through the *IL OUD Hotline 1-833-2-FINDHELP*.	
	Confirm the provider has the Naloxone (Narcan ®) quick start guide from the MNO folder (to assist with Naloxone counseling/prescription as a risk reduction strategy for all patients who use opioids regularly).	
	Remind all members of the care team that reducing stigma and treating patients with empathy and compassion improves outcomes for moms with OUD.	
	Handoff MNO folder and MNO nursing workflow to postpartum nurse and review completed tasks.	

patient sticker

Postpartum / Delivery Discharge Nurse:

√	Nursing task	Comments/Notes
	Review MNO patient education material (found in the MNO folder or www.ilpqc.org website) with the patient / family and confirm understanding of important role of mom/family in the care of opioid exposed newborns including breastfeeding, skin to skin, and rooming in. Provide education on safe sleep. Document education provided.	
	Work with neonatology / pediatric team to engage and support mom / family providing non-pharmacologic care as appropriate: breastfeeding, skin to skin, rooming in, eat-sleep-console.	
	Review OUD Clinical Care Checklist with OB Provider to determine next steps for incomplete checklist elements before discharge.	
	Confirm patient's MAT plan with the clinical team and patient's understanding of next steps for MAT follow-up as indicated. Document appropriately.	
	Confirm Behavioral Health/Recovery Treatment Program appointment made before discharge for close postpartum follow-up.	
	Confirm Naloxone (Narcan ®) counseling has been provided by the clinical team and a prescription has been provided before discharge. If possible, encourage having the prescription filled prior to discharge. Document counseling / prescription received.	
	Confirm Hepatitis C screening completed and results provided to the patient, follow up plan established by OB for all positive screens.	
	Ensure all appropriate elements in the OUD Clinical Care Checklist are complete before discharge.	
	Confirm patient has an early postpartum follow up visit with OB for 1-2 weeks postpartum scheduled before hospital discharge.	
	Ensure the OB clinical team is in communication with neonatology / pediatrics to confirm a coordinated discharge plan checklist has been or will be completed for the newborn and make sure the patient / family is engaged in and understands the discharge plan process.	
	Remind all members of the care team that reducing stigma and treating patients with empathy and compassion improves outcomes for moms with OUD.	

State of Illinois
Illinois Department of Public Health

Prescription Pain Medicine, Opioids, and Pregnancy:
What All Pregnant Women Need to Know

What are opioids?

Opioids are a class of drugs that includes prescription pain relievers such as oxycodone and hydrocodone, the illegal drug heroin, and dangerous synthetic opioids such as fentanyl, carfentanil, and other analogues. Opioids work in the brain to reduce pain and can also produce feelings of relaxation and euphoria.

Prescribed opioids include:

- Buprenorphine (Belbuca, Butrans, Subutex, Suboxone)
- Codeine
- Fentanyl (Actiq, Duragesic, Sublimaze)
- Hydrocodone (Lorcet, Lortab, Norco, Vicodin)
- Hydromorphine (Dilaudid, Exalgo)
- Meperidine (Demerol)
- Methadone (Dolophine, Methadose)
- Morphine (Astramorph, Avinza, Duramorph, Roxanol)
- Oxycodone (OxyContin, Percodan, Percocet)
- Oxymorphone (Opana)
- Tramadol (ConZip, Ryzolt, Ultram)

Your doctor may prescribe an opioid for you if you've had surgery, dental work, an injury, or after you deliver your baby. Prescription opioids are important pain medications that can provide relief for acute or chronic pain. Unfortunately, they can also be prescribed inappropriately and misused. Misuse or chronic use of prescription opioids increases the risk of developing opioid use disorder (OUD) and may lead to overdose. If you take opioids during pregnancy they can also cause serious problems for your baby.

What is opioid use disorder?

Opioids can be dangerous and addictive. Symptoms of opioid use disorder include developing a need for higher doses in order to feel the same effect; using more than the amount of the drug that is prescribed; taking non-prescribed opioids such as heroin; having work, school, of family problems caused by your opioid use; feeling a strong urge or desire ("craving") to use the drug; and experiencing painful withdrawal symptoms if you abruptly stop taking opioids. Taking higher doses of opioids or using opioids for extended periods of time increases the risk of developing OUD.

What are health risks of using opioids?

Opioids can be deadly. One of the biggest risks is overdose. Higher doses, not taking opioids as prescribed, or mixing opioids with some other medications or drugs can cause people to pass out, stop breathing, and die. Nationally, the number of deaths involving opioids, has quadrupled since 1999, and drug overdoses are now the **leading cause of death in the United States for people under the age of 50**. Among Illinois women of childbearing age, the number of opioid-related deaths nearly tripled between 2008 and 2017. **Naloxone** (brand name Narcan) is a drug that stops the effects of opioids, and it can save your life if you overdose. It comes in the form of a nasal spray. Ask your doctor about naloxone. You should always have a supply of naloxone with you if you have an opioid use disorder, or if you have friends or relatives with this disorder.

Are opioids safe for my baby?

If you take opioids during pregnancy, your baby can be exposed to them in the womb and have symptoms of withdrawal after birth. In newborns, this is called neonatal abstinence syndrome or NAS. Even if you use an opioid exactly like your provider says to, it still may cause NAS in your baby. The symptoms of NAS can range from mild to severe, and may include excessive crying, poor feeding or sucking, fever, vomiting and diarrhea, tremors and irritability, and/or low birthweight. In Illinois, the rate of NAS in newborns increased more than 50% in the 5 years between 2011 and 2016.

NAS usually lasts days or weeks. If a baby is showing signs of withdrawal, loving and caring may be some of the best medicine. The combination of swaddling, cuddling, breastfeeding, skin-to-skin contact, and in some cases, medicine can help your baby. A pediatrician will check in on your baby after birth in the hospital and decide if medication is needed and how long your baby will need to stay in the hospital. On average, babies in Illinois with NAS stay in the hospital five times longer after delivery than babies without NAS.

What is the best way to treat opioid use disorder during pregnancy?

Medication-assisted treatment (MAT) is the best course of action during pregnancy and after the baby is born. These medications, called methadone and buprenorphine, are long-acting opioids that, in the right doses, stop withdrawal, reduce cravings, and block effects of other opioids. Receiving treatment with MAT makes it more likely the baby will grow normally and have fewer NAS symptoms after birth. In addition to medication, treatment involves counseling, social support, and prenatal care, to help women have a healthier pregnancy and start on the road to recovery.

What about breastfeeding?

Women without HIV who are already taking opioid pain medications regularly as prescribed (and not using illicit drugs) are generally encouraged to breastfeed. Be sure to ask your health care provider about breastfeeding when taking any medications. During breastfeeding, avoid opioids, like codeine, whenever possible, or ask your doctor for the lowest possible dose because of the possible risks to your baby.

If you're pregnant and taking opioids

- Don't start or stop taking any opioid until you talk to your health care provider
- Talk to your prenatal care provider about all opioids, pain medicines, or other medicines you take, even if they're prescribed by another health care provider
- Make sure every health provider you see knows you are pregnant before they prescribe any medication, particularly prescriptions for any opioid
- Ask your provider about other kinds of pain medications you can take instead of opioids or alternative non-medication strategies for pain control

If you are no longer pregnant and you're using opioids

- Use effective birth control until you've stopped taking the opioid or have discussed plans for a healthy pregnancy with your doctor
- Talk to your provider about taking a safer pain medicine or an alternative non-medication strategy for pain control

Resources

Illinois Helpline for Opioids and Other Substances:
1-833-2FINDHELP

ILLINOIS HELPLINE
for Opioids & Other Substances
833-2FINDHELP

ILLINOIS DEPARTMENT OF PUBLIC HEALTH
IDPH
PROTECTING HEALTH, IMPROVING LIVES

IL PQC
Illinois Perinatal
Quality Collaborative

Printed by Authority of the State of Illinois
P.O. #6018581 160M 5/18

IOCI 18-580

Are You in Treatment or Recovery?

Birth Control Gives You the Time to Heal and Take Care of Yourself

"When you're going through treatment, you are working through a lot, you don't always think about the possibility of getting pregnant…but you should. Birth control is so easily accessible and can help you." - CLARA

You have taken a big step by getting treatment for addiction. You are taking control of your life. It is important to keep that control so you can get healthy and make plans for your future. Sticking to your treatment plan and staying sober are the keys to reaching your goals in life.

During treatment and recovery, it's important to think about birth control if you are having sex. Birth control gives you time to take care of yourself. And it gives you the power to choose when you will have a baby. The best gift you can give your baby is a strong start in life—and that begins with a healthy mother and a healthy pregnancy at the right time.

I am in recovery and feel good. Why not get pregnant?

As a woman in recovery, you have what it takes to make the right choices and the determination to stick to them. You are more likely to have a healthy pregnancy, and a healthy baby, after you have completed treatment, have been in recovery for some time without relapsing, and have a healthy balance. You do not want to risk a relapse while pregnant because your baby could have health problems. Take time to heal completely. Recovery is a journey.

What health problems do babies have when their moms used opioids while they were pregnant?

- Feeding difficulties
- Tremors and irritability
- Vomiting and Diarrhea
- Low birth weight
- Breathing problems
- Seizures

Why should I use birth control?

More than half of pregnancies are not planned

Birth control works and is one of the best ways to prevent pregnancy. It will help you stay on track with your recovery. A baby could make your recovery harder. It will be more difficult to focus on yourself, your needs, and your health. Recovery is your most important job right now.

You may qualify for free birth control:

- Birth control is free if you have Medicaid.
- Based on changing rules under the Affordable Care Act (Obamacare), most insurance companies now cover the cost of birth control.

"I am so grateful someone urged me to get birth control. I came into treatment and witnessed other women having to deal with unintended pregnancies and the worries that their baby would be okay. Then watching the babies struggle was awful." - LINDSEY

What birth control is right for me?

Talk to your doctor about the best choice for you.

Both the IUD and implant work very well, are safe, last for several years, and can be removed at any time.

- The Pill works well when taken every day, but most women forget to take it sometimes. It is important to learn about other kinds of birth control.
- The IUD (short for intrauterine device) is a tiny piece of plastic that goes in your uterus (womb).
- The birth control implant is a tiny rod that goes in your upper arm.

You and your partner should always use condoms too, because none of the above options will protect you from diseases and infections that can pass between people during sex.

I am pregnant or thinking about trying to get pregnant. What should I do?

Talk to your doctor about ways to have a healthy pregnancy and the best treatment plan for you. This includes making sure you are taking the correct amount of your maintenance drug (such as methadone or buprenorphine, also known under brand names like Subutex or Suboxone). It is very important to stay in treatment. Getting and staying sober will help you stay in control of your life and take good care of yourself and your baby.

"When I was using, I still had the ability to know I did not want to get pregnant. I got the IUD and then, thankfully, got into treatment. I've been clean now for two years and have a beautiful, healthy one year old."

- ANNA

For more information or to talk to someone about birth control:

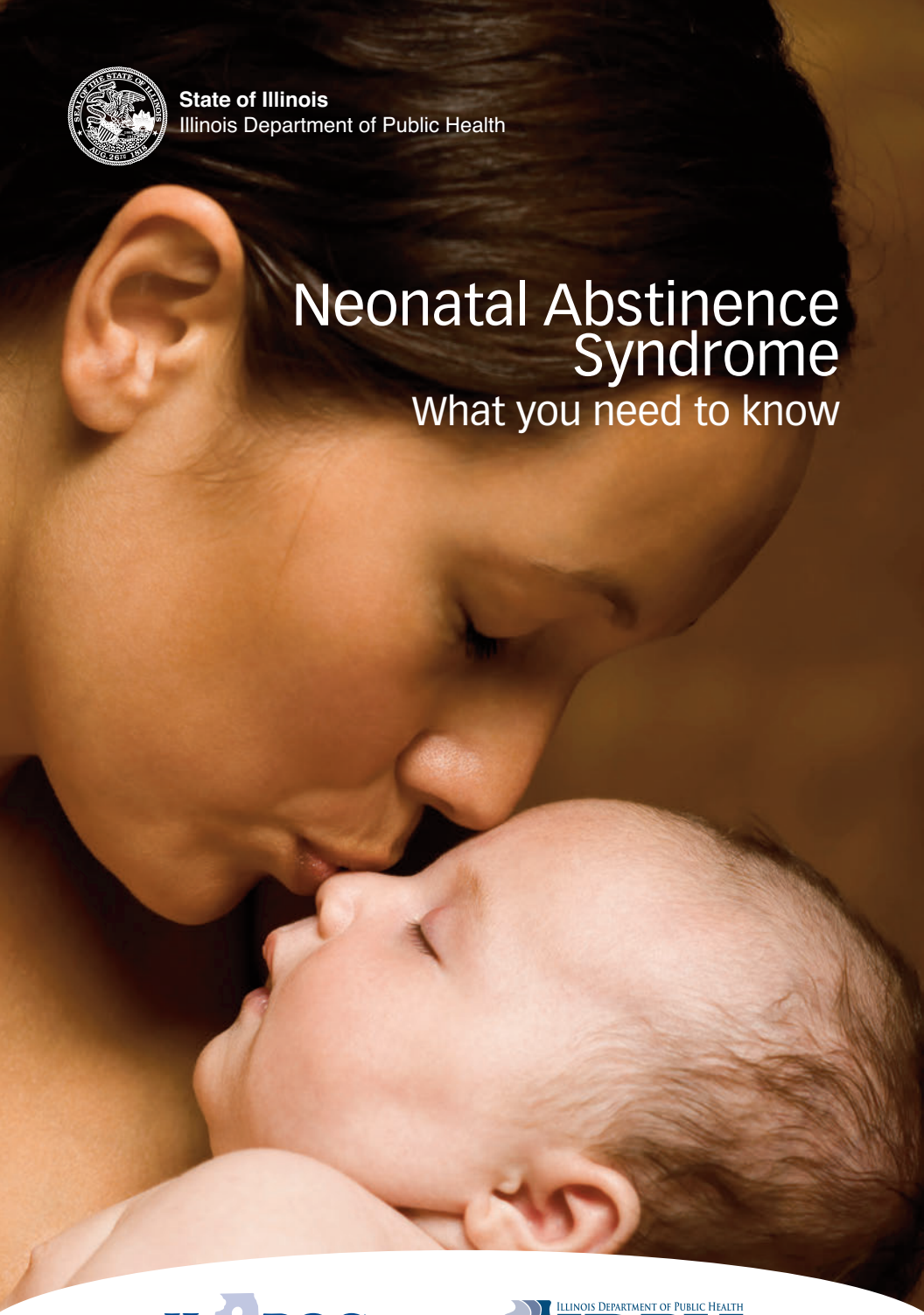
- For questions about birth control please call: Illinois Women's Health Line: 1-888-533-1282
- For questions about health care coverage please call 1-800-843-6154 or visit https://abe.illinois.gov/abe/access/
- Or you may contact your doctor's office, recovery center, neighborhood health center, local health department, family planning clinic, or local hospital.

ILPQC
Illinois Perinatal Quality Collaborative

The Illinois Perinatal Quality Collaborative (ILPQC) is a stateide network of perinatal clinicians, nurses, hospitals, and public health leaders and policymakers that aims to improve outcomes for mothers and babies across Illinois.

ILPQC Collaborates with the Illinois Department of Public Health (IDPH), the IDPH Regionalized Perinatal System and State Quality Council, Illinois Department of Healthcare and Family Services, Illinois Department of Human Services, Illinois Chapter of March of Dimes, Illinois Hospital Association ACOG, AAP, AWHONN, ACNM, AFP, EverThrive Illinois and additional stakeholders.

OPQC Ohio Perinatal Quality Collaborative



State of Illinois
Illinois Department of Public Health

Neonatal Abstinence Syndrome

What you need to know

IL PQC
Illinois Perinatal Quality Collaborative

Illinois Department of Public Health
IDPH
Protecting Health, Improving Lives

Table of Contents

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Neonatal Abstinence Syndrome (NAS)

Congratulations on the birth of your new baby! This is a happy time for you, but all parents face challenges in their baby's first year. Some babies need extra attention, including those born with neonatal abstinence syndrome (NAS). NAS occurs when a baby experiences withdrawal symptoms similar to withdrawal symptoms that adults can have. This happens when the baby is born and is suddenly cut off from the medicines or drugs in the mother's body. Within 1 to 5 days, the baby may start to show signs that something is wrong.

It's hard to know which babies will have NAS. Some babies will have it even though their mothers only took small doses of medicines for a brief time during pregnancy. Others may show signs because their mothers took large amounts of drugs for a long time while pregnant. No matter the reason, this guide was written to help you learn about NAS and how to help your baby be healthy.

You play an important role in helping your baby get better. Pay attention to your baby's needs. Helping your baby stay calm and comfortable is some of the best medicine he or she will ever receive. If possible, room with or stay as close to your baby as possible so you can help participate in your baby's care.

When will my baby show signs of NAS?

The time it takes to show symptoms can depend on the following:

- How long the medication or drug is active in the mother
- The dose of the medicine
- Whether other drugs or substances were used at the same time, such as nicotine, opiates or narcotics that were not prescribed to the mother

What are the signs of NAS?

- High-pitched cry / crankiness
- Shaking / jitters
- Trouble sleeping
- Stuffy nose / sneezing
- Yawning
- Difficulty feeding due to problems sucking
- Stiff arms, legs and back
- Vomiting / diarrhea
- Poor weight gain after the 4th day of life
- Fast breathing
- Skin breakdown, particularly in the diaper area or on the face

Your nurse will be collecting your baby's first bowel movement (called meconium) for testing in the lab. A sample of the baby's urine or umbilical cord may also be collected.

Where will my baby and I be while he or she is being monitored?

It is important to stay in the same room with your baby in the hospital if possible. This will help make sure you can be close by when your baby cries or is fussy so you can hold and comfort your baby. If your baby only needs to be monitored for 2 days, you and your baby may be cared for in your room. If your baby needs to be monitored for longer, we will try our best to have you and your baby room together.

If your baby has signs of withdrawal, and needs treatment with medication, he or she will stay in the hospital. We will try our best to have you and your baby stay together and we will encourage you to stay as close to your baby as possible. This will help you care for your baby during his or her withdrawal.

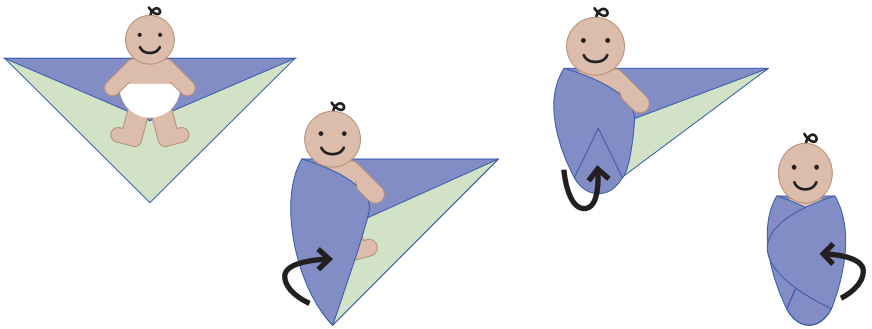
How can I help my baby?

Whether or not your baby needs medicine, you can help your baby by:

- Staying close to your baby
- Continually holding and swaddling your baby
- Making skin-to-skin contact with your baby
- Feeding your baby whenever he or she looks hungry
- Keeping things quiet and calm around your baby (few visitors, no noise, no bright lights)
- Breastfeeding

Your nurse can help you learn how to swaddle your baby if you want to practice or do not know how. If you have any questions at all, please ask.

How to swaddle your baby



Does my baby need medicine to get better?

If your baby has many strong signs of withdrawal, your doctor may give him or her medicine to help. The medicines that babies with NAS are given most often are morphine and methadone. Sometimes other medicines may be added to help your baby during this time. Your doctor or nurse can explain your baby's medication in more detail.

What happens if my baby is given medicine for NAS?

- Medicines like morphine or methadone will help your baby be more comfortable.
- Your baby may receive medicines on an as needed basis, or they may be scheduled every few hours.
- As your baby starts to get better, the dose of medicine will slowly be lowered, and then stopped.

How long will my baby need treatment?

NAS can last from one week up to many weeks. It is hard to know how long it will last. The length of withdrawal depends on the medicines or drugs — and the amounts — your baby was exposed to during pregnancy.

How long will my baby have symptoms?

NAS can last from one week to a few months. It is difficult to know how long it will last. The length of the withdrawal symptoms depends on what medicines or drugs the baby was exposed to. It also depends on how much of these the baby got while you were pregnant. It is important to let your baby's health care provider know what drugs and medicines your baby was exposed to during the pregnancy.

Can I breastfeed my baby?

If advised by your physician, breastfeeding may help your baby. It is generally safe for mothers to breastfeed if they are in a stable treatment program, even if you are taking medicine given to you by a doctor or nurse — and even if the medicine is for drug withdrawal. Breastfeeding is not safe for mothers who are not in a treatment program, or who are using alcohol or illegal drugs. Talk to your doctor about breastfeeding and the medicines you may be taking. Talk to your doctor about treatment options for opiate addiction.

It is very important that you not take any other medications while breastfeeding unless your baby's doctor says the medicines are safe. If you are or will be using any drugs or illegal medicines (medicines prescribed to someone else), it is best that you do not breastfeed. This is because the dangers are too great for your baby.

What do I do if my baby experiences NAS?

Your baby will need a lot of attention in the beginning. He or she may be fussy and hard to calm, but don't give up on comforting your baby. You have everything your baby needs.

It can be stressful for parents to have a baby who cries a lot. Many parents describe the time their baby spends in withdrawal as an emotional roller coaster. We understand that this is a very stressful and emotional time for you. Take comfort in knowing that we all have the same goal: to help you and your baby through the withdrawal so you can go home as soon as possible. Ask friends and family for help so that you get the breaks and the support you need.

When can I take my baby home?

Your baby's medical team will help decide when it is safe for your baby to go home and will help you learn about caring for your baby.

Your baby is ready to go home when he or she:

- Has had monitoring completed depending on the medicine you were on during the pregnancy.
- Is no longer needing medicine, if it was started.
- Is feeding without difficulty.
- Is able to maintain a stable heart rate, breathing rate, and temperature.
- Has referrals in place for community support such as a home visiting nurse.
- Has a primary care provider (PCP) and a follow-up appointment.
- Has completed all the newborn health care (hearing screen, hepatitis B shot, newborn blood screening).

If your baby needed to stay in the NICU, it will be especially important for you to spend as much time as possible taking care of your baby on your own before you go home. This will help you feel comfortable and confident in caring for your baby at home.

Will my baby have problems after we go home?

The symptoms of NAS may continue for more than a week and possibly up to several months. Over this time, the symptoms will start to fade. Your baby will be discharged when there is little risk for serious problems at home.

Once at home, your baby may continue to experience the following:

- Problems feeding.
- Slow weight gain.
- Poor sleeping patterns.
- Sneezing or stuffy nose.

Your baby's doctor and nurse will help teach you ways to take care of your baby. They will also teach you how to help your baby if he or she is having any of the problems listed above. Practice different ways of caring for your baby while in the hospital. You will learn what works best for your baby. Ask your baby's doctor or nurse if you have any questions. We feel that any question you have is an important one. We want you to feel comfortable taking care of your baby in the hospital and when going home.

How can I care for my baby and me at home?

Remember, babies cry a lot and babies with NAS tend to cry more often and easily. Helping yourself and managing your stress will help you care for your baby.

- Settle into a quiet, low-lit room to feed your baby.
- Gently rock or sway your baby to calm him or her. (Do not walk or sway your baby while feeding).
- If you feel upset, walk away and take deep breaths for a few minutes.
- Never shake your baby or put anything over your baby's face to quiet your baby.
- Call a family member, friend, or your baby's doctor or nurse if you feel upset, angry, scared, or just need help. Everyone needs help sometimes.

Asking questions helps you help your baby

If you have any questions or concerns about your baby when you are at home, or if something just does not seem right, talk to your baby's doctor or nurse. It is important to feel comfortable taking care of your baby, and asking questions — any questions help you help your baby.

Ways to support and care for your baby

Parents and caregivers of a baby with NAS can help the baby get better.

Here are some things you can do:

Make your baby comfortable by setting up a routine, letting few people visit, talking softly, keeping the room quiet and dim (turn off the TV or radio, turn your phone down or off, and turn down the lights).

Let your baby sleep as long as needed and without being woken up suddenly.

Make feeding time quiet and calm, and burp your baby often.

Learn to spot your baby's "I am upset" signs, whether he or she is yawning, sneezing, shaking, crying, or frowning. Also know the signs that say your baby is happy, hungry, or relaxed.

When your baby is upset, stop what you are doing, hold your baby skin-to-skin or gently swaddle him or her in a blanket on your chest. Let your baby calm down before trying anything new, or gently sway or rock your baby.

Gently and slowly introduce new things to your baby one at a time.

As your baby becomes calmer for longer periods of time, start checking to see if he or she might like to have the blanket wrapped more loosely or taken off sometimes.

Extra ways to calm and help your baby

Behavior	Calming Suggestions
Prolonged or high-pitched crying (crying that lasts a long time or is louder than normal)	■ Hold your baby close to your body, skin-to-skin or swaddled in a blanket. ■ Decrease loud noises, bright lights, and any excessive handling. ■ Gently rock or sway your baby while humming or singing.
Sleeplessness (problem sleeping)	■ Reduce noise, bright lights, patting, or touching your baby too much. ■ Play soft, gentle music. ■ Gently rock or sway your baby while humming or singing. ■ Change your baby's diaper if wet or dirty. ■ Check for and treat diaper rash with a lotion or ointment, such as Vaseline®, A&D®, or Desitin®.
Excessive sucking of fists (sucking on fists a lot)	■ Feed your baby when hungry and until content. ■ Offer a pacifier or finger if your baby wants to suck but isn't hungry. ■ Cover hands with mittens or sleeves if skin becomes raw. ■ Keep areas of damaged skin clean. ■ Avoid lotions or creams on the hands as the baby may suck on them and swallow these products.
Difficult or poor feeding (problems feeding)	■ Feed your baby when hungry and until content. ■ If your baby is having problems with spitting up, feed smaller amounts and more often. ■ Feed in a calm and quiet area. ■ Limit visitors so that your baby does not get handled too much. ■ Feed your baby slowly. ■ Allow your baby to rest a little during and after the feedings. ■ Help your baby feed by supporting his or her cheeks and lower jaw (if needed).

Extra ways to calm and help your baby

Behavior	Calming Suggestions
Sneezing, stuffy nose	■ Keep baby's nose and mouth clean with a soft washcloth.
Breathing troubles	■ Avoid over dressing or wrapping your baby too tightly. ■ Always have your baby sleep on his or her back, never on the tummy. ■ Call your baby's provider if your baby is having trouble breathing (breathing is fast, labored, noisy, and/or there is a bluish tinge to the skin).
Spitting up	■ Burp your baby each time he or she stops sucking. ■ Hold your baby upright for a period of time after feeding. ■ Keep your baby's bedding and clothes free of spit up.
Trembling	■ Keep your baby in a warm quiet room. ■ Avoid excessive handling of your baby during care routines or when people come to visit.
Fever	■ Do not over dress or over bundle your baby. ■ Report a temperature greater than 100° F to your baby's doctor.

Key Contacts

My doctor's name and contact information:

_____

_____

_____

_____

_____

Other contacts:

_____

_____

_____

_____

_____

Taking care of your baby also means taking care of yourself, from following your doctor's orders to keeping up with your treatment plan. Please remember, we are here to help you and your family!

Notes

Babies use their bodies and voices to communicate all the time. Write down the things that seem to make your baby happy and unhappy. Also, note the best ways to calm your baby.

How do I know when my baby is unhappy?

How do I know when my baby is happy?

What seems to relax my baby?

How else can I help my baby?

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State of Illinois
Illinois Department of Public Health

Neonatal Abstinence Syndrome (NAS):
What You Need to Know

Be with your baby:
You are the treatment!

IL PQC Illinois Perinatal Quality Collaborative

Illinois Department of Public Health IDPH Protecting Health, Improving Lives

1. **Hold your baby:** When your baby is fussy or upset, hold your baby. Your family can help too.

2. **Practice these calming techniques:**
   - Swaddle or tightly wrap your baby in a blanket to help soothe him or her. Ask your nurses to show you how to swaddle your baby.
   - Pacifier for non-nutritive sucking
   - Shooshing
   - Slow, rhythmic up and down movements

3. **Feed on demand:** If you can, feed your baby breast milk. Feed your baby on demand by watching your baby for feeding cues instead of the clock.

4. **Skin-to-skin:** Holding your baby skin-to-skin can help calm your baby. Be careful though - if you are feeling sleepy, place your baby in a bassinet.

5. **Room-In:** Stay in the same room with your baby in the hospital if possible. This will help make sure you will be close by when your baby cries or is fussy, so you can hold and comfort your baby.

6. **Quiet room:** Keep the noise level as low as possible by limiting visitors, asking your family, friends, and hospital staff to speak softly, keeping the TV volume low, and talking on the phone quietly.

7. **Dim the lights** in your room.

8. **Cluster care:** Ask your doctors and nurses to group their care visits together when possible to help limit disruptions for your baby.

9. **Medications:** Some babies with NAS require medication to help with their symptoms of withdrawal, to allow them to sleep, eat, and be comfortable.

IDPH and ILPQC gratefully acknowledge Boston Medical Center for its contributions to this brochure.

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