

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



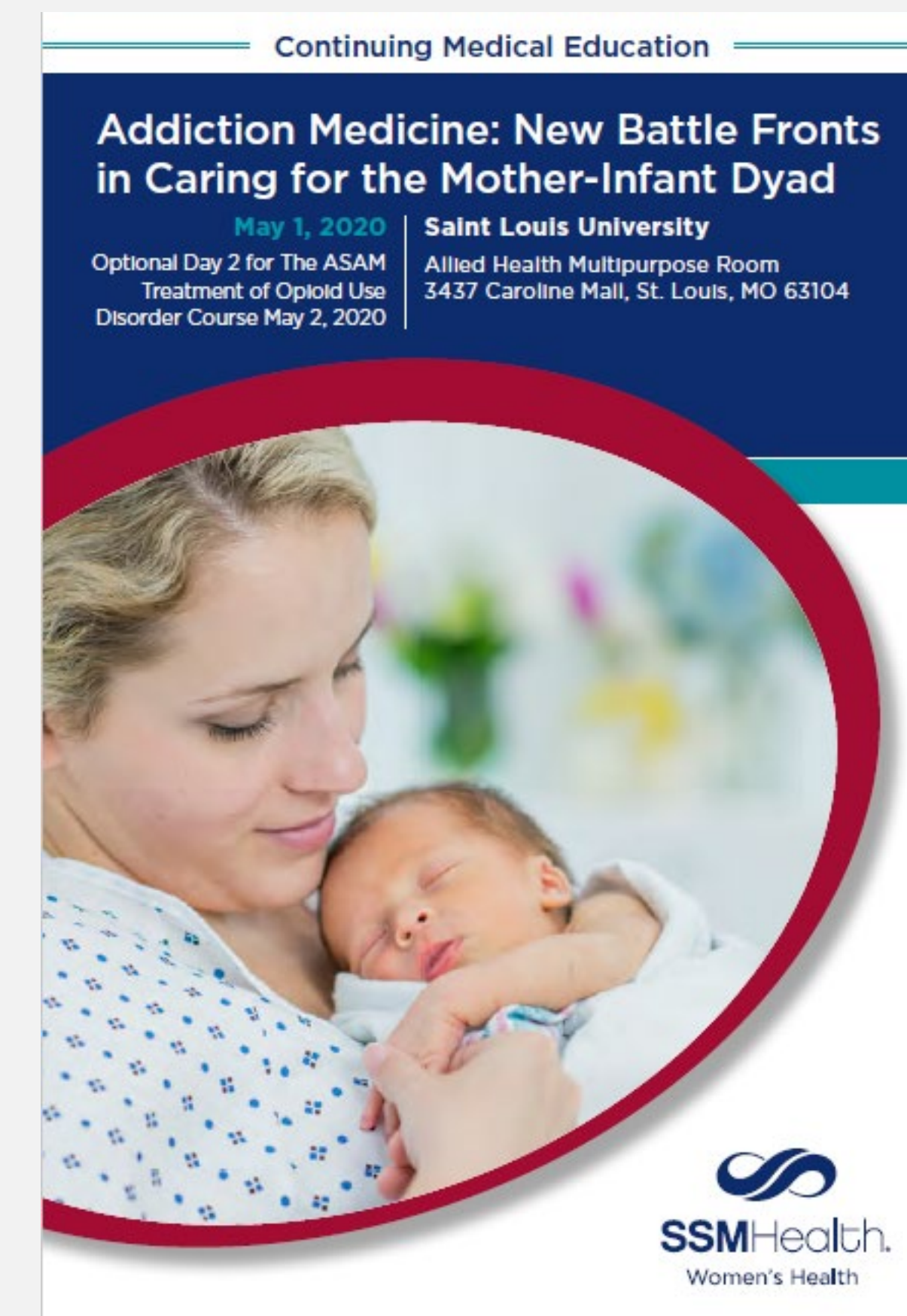
MNO-OB Progress

Screening Process

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

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

IPLARC/IPAC or MNO Overflow

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.
- ✓ Makes the bond with your baby even stronger and makes you want to protect your baby more.
- ✓ All of this leads to a better home-life for you and your baby.

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 lead to less 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

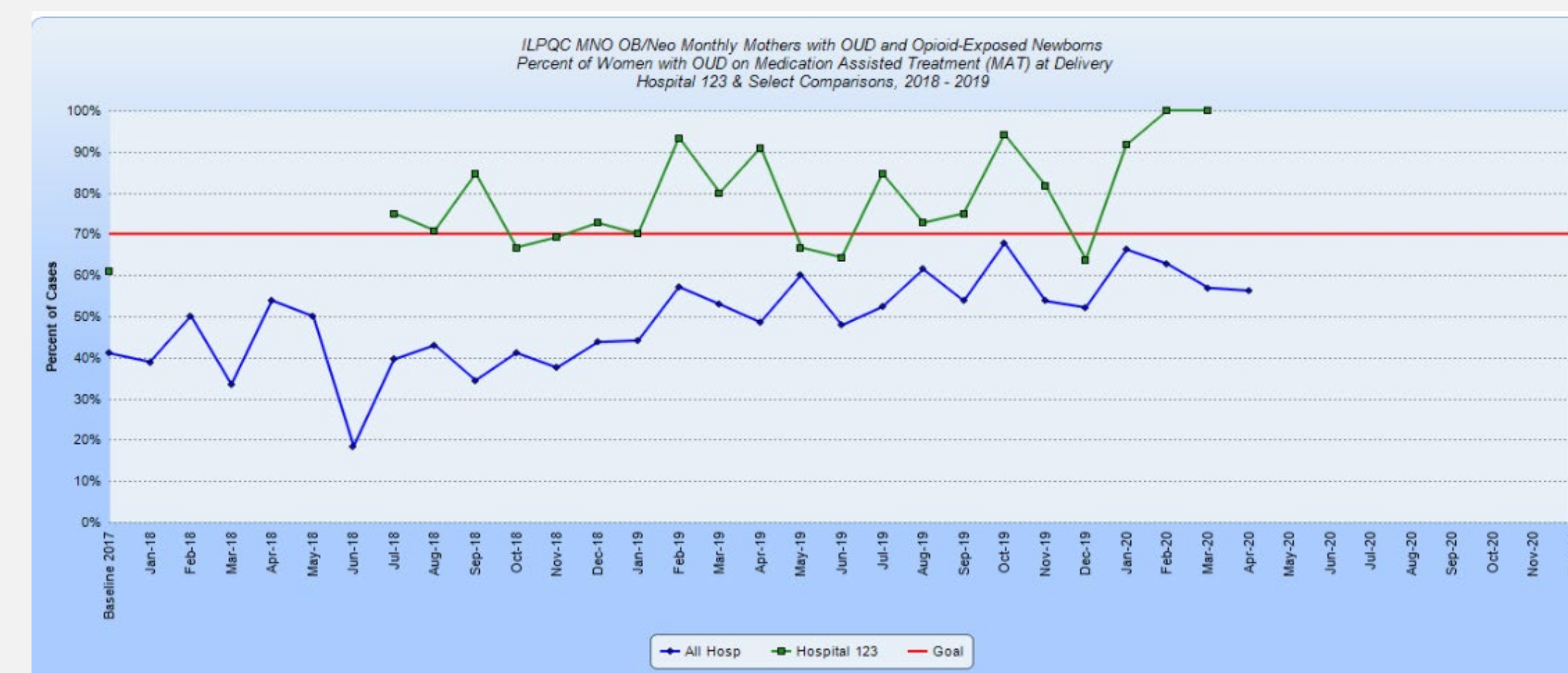
THEN LET'S TALK ABOUT BREASTFEEDING!!

THERE IS NOT ENOUGH BUPRENORPHINE OR METHADONE IN YOUR MILK TO HAVE ANY EFFECT ON YOUR BABY

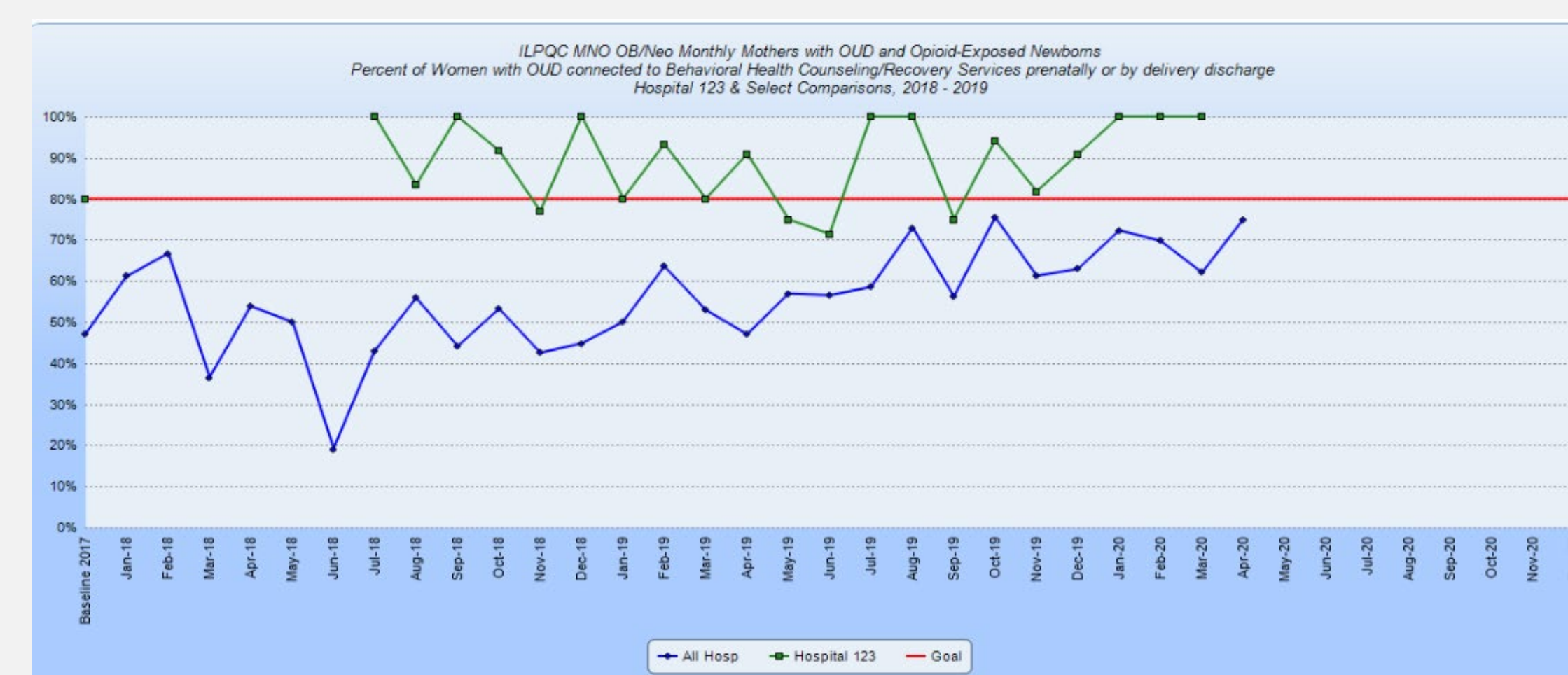
IT CANNOT PREVENT WITHDRAWAL OR KEEP BABY DEPRESSED

MNO-OB Data

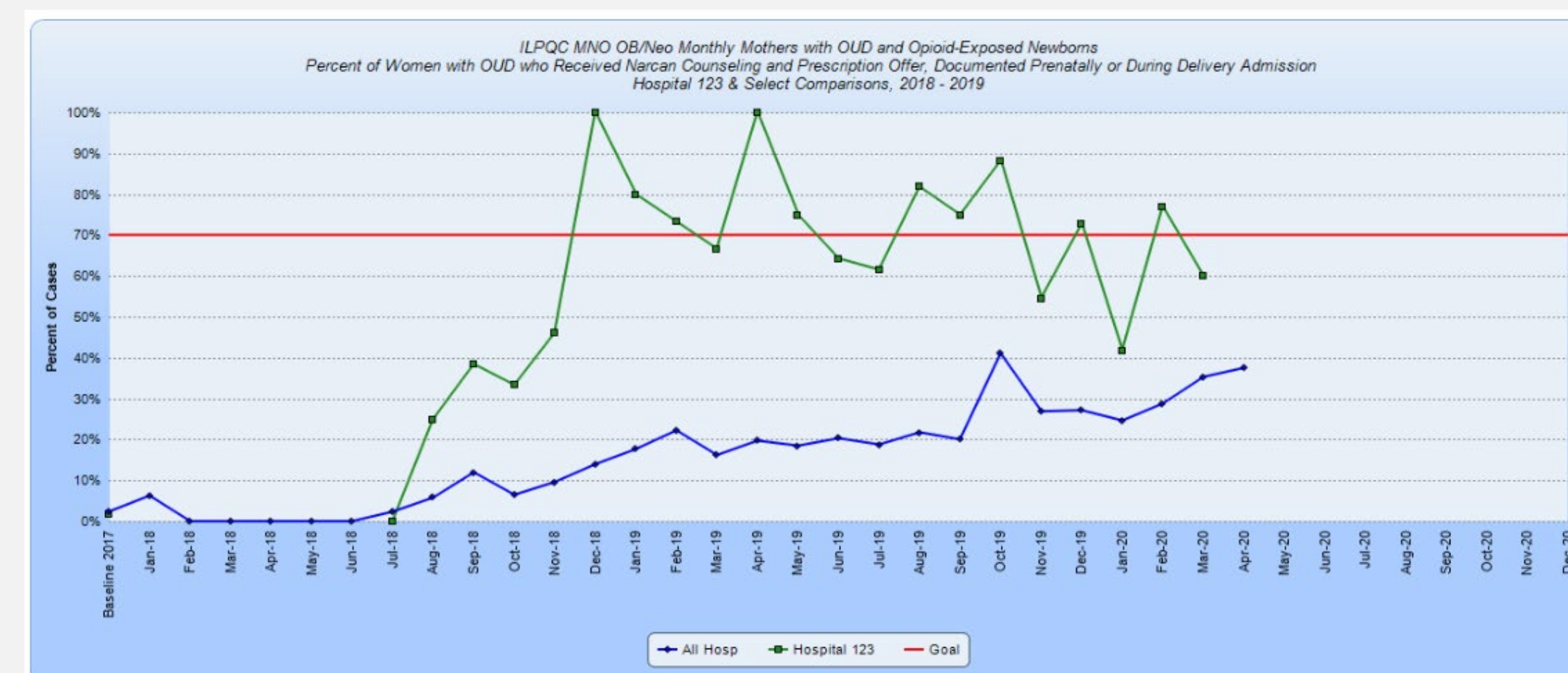
MAT



Recovery Program/Services



Narcan Counseling



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**