



MODULE C

Screening and Treatment for Perinatal
Mental Health and Substance Use
Disorders in the ED





**You can help save
lives in Illinois!**

**86.8% of maternal deaths
related to mental health and
substance use disorders in IL
presented to the ED during
pregnancy or postpartum**



Hi, I'm Jo!

Jo Kim, PhD, PMH-C



Director, Perinatal Depression
Program, NorthShore University
Health System

Clinical Associate Professor,
University of Chicago Pritzker
School of Medicine

Jo Kim has no financial conflict of interests to disclose.



Module C Overview

1

Recognize how to conduct universal screening for depression, anxiety, and suicide risk

2

Understand how to respond to pregnant & postpartum patients with depression, anxiety, and suicide risk

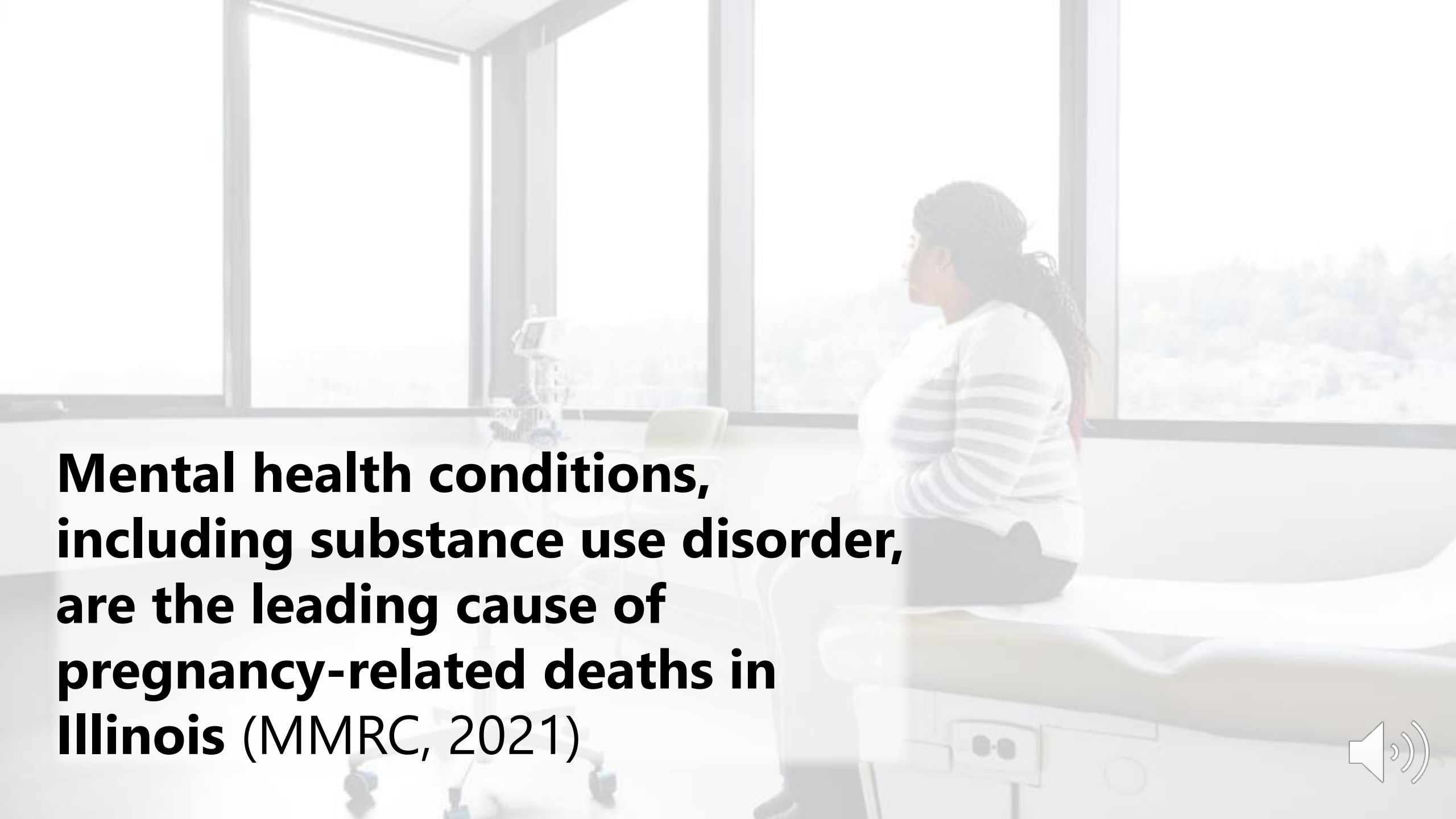
3

Recognize how to conduct universal self-report screening for SUD/OD

4

Understand how to respond to pregnant & postpartum patients with SUD/OD



A pregnant woman with dark hair tied back, wearing a white and grey striped long-sleeved shirt, is sitting on a white hospital bed. She is looking out a large window that fills the room with bright, natural light. The window shows a view of trees and a landscape. In the background, there is a medical monitor on a stand and a white chair. The overall atmosphere is calm and clinical.

**Mental health conditions,
including substance use disorder,
are the leading cause of
pregnancy-related deaths in
Illinois (MMRC, 2021)**





What you need to know to save lives

Mental Health

Opioid Use





What you need to know to save lives

Mental Health



What ED Teams Need to Know



Mental health complications are a leading cause of maternal morbidity and mortality



Pregnant and postpartum patients may experience mental health complications regardless of history or risk factors



ED providers are a key line of defense to identify, and ensure the immediate safety and linkage to follow-up, for pregnant and postpartum patients experiencing mental health complications



With appropriate treatment and follow-up care, patients can recover and return to normal functioning



What ED Teams Can Do



Screen every pregnant or postpartum patient for Mental Health Concerns



Initiate follow-up assessment for those who screen at-risk



Link with appropriate level of mental health care & resources

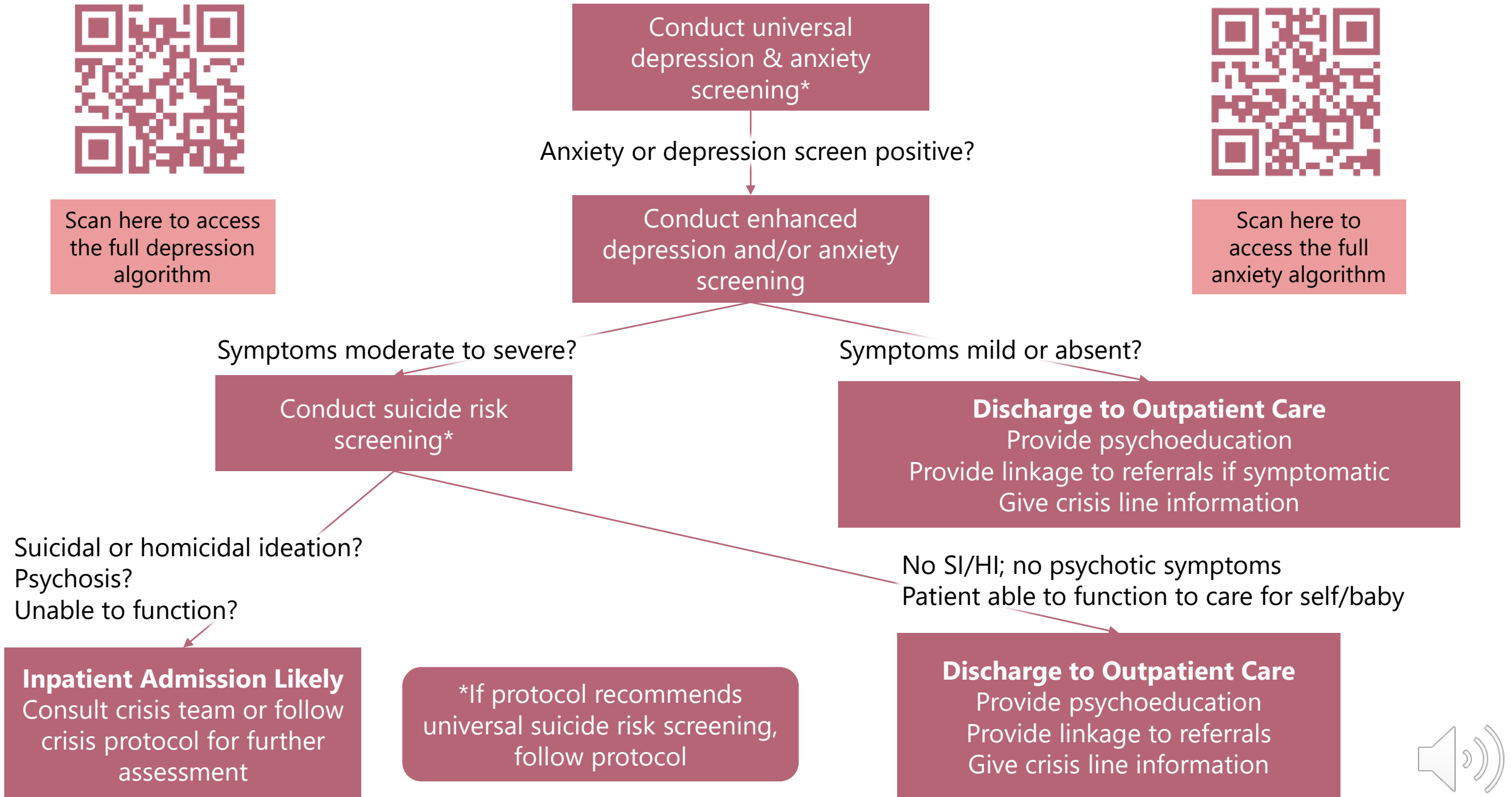




Scan here to access
the full depression
algorithm



Scan here to
access the full
anxiety algorithm





Depression and Anxiety Screening Tools



PHQ-4

PHQ-4: THE FOUR-ITEM PATIENT HEALTH QUESTIONNAIRE FOR ANXIETY AND DEPRESSION

Over the last two weeks, how often have you been bothered by the following problems?	Not at all	Several days	More than half the days	Nearly every day
Feeling nervous, anxious or on edge	0	1	2	3
Not being able to stop or control worrying	0	1	2	3
Feeling down, depressed or hopeless	0	1	2	3
Little interest or pleasure in doing things	0	1	2	3
TOTALS				

Reprinted with permission from Kroenke K, Spitzer RL, Williams JB, Löwe B. An ultra-brief screening scale for anxiety and depression: the PHQ-4. Psychosomatics. 2009;50(6):613-21. From Principles of Neuropathic Pain Assessment and Management, November 2011

Use as **universal depression & anxiety screening tool** for pregnant and postpartum patients

If Q1+Q2 score > 3 → Perform enhanced **Anxiety** Screening

If Q3+Q4 score >3 → Perform enhanced **Depression** Screening



GAD-7

GAD-7

Over the <u>last 2 weeks</u> , how often have you been bothered by the following problems? (Use "✓" to indicate your answer)	Not at all	Several days	More than half the days	Nearly every day
1. Feeling nervous, anxious or on edge	0	1	2	3
2. Not being able to stop or control worrying	0	1	2	3
3. Worrying too much about different things	0	1	2	3
4. Trouble relaxing	0	1	2	3
5. Being so restless that it is hard to sit still	0	1	2	3
6. Becoming easily annoyed or irritable	0	1	2	3
7. Feeling afraid as if something awful might happen	0	1	2	3

Reprinted with permission from Kroenke K, Spitzer RL, Williams JB, Löwe B. An ultra-brief screening scale for anxiety and depression: the PHQ-4. Psychosomatics. 2009;50(6):613-21. From Principles of Neuropathic Pain Assessment and Management, November 2011

Enhanced Anxiety Screening with the

General Anxiety Disorder-7: GAD-7

Measures symptoms of anxiety and the extent to which the respondent has experienced them during the previous two weeks

Scoring range of each item = 0-3, with 3 being the highest level of severity

The following severity ranges are commonly used:

- 0-5: Mild anxiety
- 6-10: Moderate anxiety
- 11-15: Moderately severe anxiety
- 15-21: Severe anxiety



Options for Enhanced Depression Screening

PHQ-9 vs EPDS

Patient Health Questionnaire-9: PHQ-9

- Can be used with all patients
- Items linked to DSM V criteria
- No specific questions related to anxiety

Edinburg Postnatal Depression Screening: EPDS

- Used for pregnant & postpartum patients
- Cross culturally validated & available in 21 languages
- 3 questions related to anxiety (items 4, 5 and 6)



PHQ-9

PATIENT HEALTH QUESTIONNAIRE-9 (PHQ-9)				
Over the last 2 weeks, how often have you been bothered by any of the following problems? (Use "✓" to indicate your answer)	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself — or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed? Or the opposite — being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead or of hurting yourself in some way	0	1	2	3

For office coding: ____ * ____ + ____ * ____
-Total Score: ____

Enhanced Depression Screening
with the

Patient Health Questionnaire-9: PHQ-9

>9: positive screen

10-14: moderate

15-19: moderate-severe

20-27: Severe

Item 9: thoughts of self-harm



EPDS

In the past 7 days:

- | | |
|---|--|
| 1. I have been able to laugh and see the funny side of things
<input type="checkbox"/> As much as I always could
<input type="checkbox"/> Not quite so much now
<input type="checkbox"/> Definitely not so much now
<input type="checkbox"/> Not at all | *6. Things have been getting on top of me
<input type="checkbox"/> Yes, most of the time I haven't been able to cope at all
<input type="checkbox"/> Yes, sometimes I haven't been coping as well as usual
<input type="checkbox"/> No, most of the time I have coped quite well
<input type="checkbox"/> No, I have been coping as well as ever |
| 2. I have looked forward with enjoyment to things
<input type="checkbox"/> As much as I ever did
<input type="checkbox"/> Rather less than I used to
<input type="checkbox"/> Definitely less than I used to
<input type="checkbox"/> Hardly at all | *7. I have been so unhappy that I have had difficulty sleeping
<input type="checkbox"/> Yes, most of the time
<input type="checkbox"/> Yes, sometimes
<input type="checkbox"/> Not very often
<input type="checkbox"/> No, not at all |
| *3. I have blamed myself unnecessarily when things went wrong
<input type="checkbox"/> Yes, most of the time
<input type="checkbox"/> Yes, some of the time
<input type="checkbox"/> Not very often
<input type="checkbox"/> No, never | *8. I have felt sad or miserable
<input type="checkbox"/> Yes, most of the time
<input type="checkbox"/> Yes, quite often
<input type="checkbox"/> Not very often
<input type="checkbox"/> No, not at all |
| 4. I have been anxious or worried for no good reason
<input type="checkbox"/> No, not at all
<input type="checkbox"/> Hardly ever
<input type="checkbox"/> Yes, sometimes
<input type="checkbox"/> Yes, very often | *9. I have been so unhappy that I have been crying
<input type="checkbox"/> Yes, most of the time
<input type="checkbox"/> Yes, quite often
<input type="checkbox"/> Only occasionally
<input type="checkbox"/> No, never |
| *5. I have felt scared or panicky for no very good reason
<input type="checkbox"/> Yes, quite a lot
<input type="checkbox"/> Yes, sometimes
<input type="checkbox"/> No, not much
<input type="checkbox"/> No, not at all | *10. The thought of harming myself has occurred to me
<input type="checkbox"/> Yes, quite often
<input type="checkbox"/> Sometimes
<input type="checkbox"/> Hardly ever
<input type="checkbox"/> Never |

Source: Cox, J.L., Holden, J.M., and Sagovsky, R. 1987. Detection of postnatal depression: Development of the 10-item Edinburgh Postnatal Depression Scale. *British Journal of Psychiatry* 150:782-786

Enhanced Depression Screening with the

Edinburg Postnatal Depression Screening: EPDS

10 or above: possible depression

13 or above: Likely depression

Item 10: thoughts of self-harm



**It is important
to assess the risk
of self-harm**





Suicide Risk Screening Tools





Scan here to access
the full depression
algorithm



Scan here to
access the full
anxiety algorithm

Conduct universal
depression & anxiety
screening*

Anxiety or depression screen positive?

Conduct enhanced
depression and/or anxiety
screening

Symptoms moderate to severe?

Conduct suicide risk
screening*

Symptoms mild or absent?

Discharge to Outpatient Care

Provide psychoeducation
Provide linkage to referrals if symptomatic
Give crisis line information

Suicidal or homicidal ideation?
Psychosis?
Unable to function?

Inpatient Admission Likely

Consult crisis team or follow
crisis protocol for further
assessment

*If protocol recommends
universal suicide risk screening,
follow protocol

No SI/HI; no psychotic symptoms
Patient able to function to care for self/baby

Discharge to Outpatient Care

Provide psychoeducation
Provide linkage to referrals
Give crisis line information

Suicidal or homicidal ideation?
Psychosis?
Unable to function?

Inpatient Admission Likely
Consult crisis team or follow
crisis protocol for further
assessment

*If protocol recommends
universal suicide risk screening,
follow protocol

Columbia- Suicide Severity Rating Scale (C-SSRS)

COLUMBIA-SUICIDE SEVERITY RATING SCALE <small>Screen Version - Recent</small>	
SUICIDE IDEATION DEFINITIONS AND PROMPTS	Past month
Ask questions that are bolded and <u>underlined</u> .	YES NO
Ask Questions 1 and 2	
1) <u>Have you wished you were dead or wished you could go to sleep and not wake up?</u>	<input type="checkbox"/> <input type="checkbox"/>
2) <u>Have you actually had any thoughts of killing yourself?</u>	<input type="checkbox"/> <input type="checkbox"/>
If YES to 2, ask questions 3, 4, 5, and 6. If NO to 2, go directly to question 6.	
3) <u>Have you been thinking about how you might do this?</u> <small>E.g. "I thought about taking an overdose but I never made a specific plan as to when where or how I would actually do it...and I would never go through with it."</small>	<input type="checkbox"/> <input type="checkbox"/>
4) <u>Have you had these thoughts and had some intention of acting on them?</u> <small>As opposed to "I have the thoughts but I definitely will not do anything about them."</small>	<input type="checkbox"/> <input type="checkbox"/>
5) <u>Have you started to work out or worked out the details of how to kill yourself? Do you intend to carry out this plan?</u>	<input type="checkbox"/> <input type="checkbox"/>

Suicide Crisis Syndrome Screeners (SCS)

Question	Some of the time	Most of the time	Almost all the time
Do you feel trapped with no good options?			
Do you feel overwhelmed, with negative thoughts filling your head?			





Additional Safety Concerns



Postpartum Psychosis

What ED Teams Need to Know

RARE

1-2 in 1000 births

RISK

Personal or family history of bipolar illness is 1 in 5
Risk of recurrence is 1 in 2

SYMPTOMS

May include sleeplessness, disorganized thoughts/speech/behaviors, paranoia, delusions, hallucinations

Can wax and wane quickly, remitting entirely at times

Collateral reports are KEY

CRISIS

Life of patient & baby at risk

Requires inpatient hospitalization



A grayscale photograph of a pregnant woman with long braids, wearing a striped shirt and skirt, sitting on a medical examination table. She is looking towards the right. In the background, there are medical cabinets, a desk with a computer, and anatomical charts on the wall. A large red rectangular box is overlaid in the center of the image, containing the text "Take Action" in white.

Take Action



A grayscale photograph of a pregnant woman with long braids, wearing a striped shirt and skirt, sitting on a medical examination table. She is looking towards the right. In the background, there is a desk with a first aid kit, a stack of papers, and a small potted plant.


Suicide risk positive?

Possible psychotic symptoms?

**Engage your system's
crisis intervention team or follow
established crisis assessment protocol.**



What action should I take?

High Risk  **Inpatient
Psychiatric
Hospitalization**

- Suicide risk
- Infanticide/homicide risk
- Psychosis
- Severe functional impairment (unable to care for baby or self)

Low Risk  **ED Discharge**

- ED-based suicide prevention interventions
- Referral to appropriate level of care depending on acuity
- Have patient call from ED to link to care before discharge

**ALWAYS PROVIDE CRISIS CENTER/HOTLINE
INFORMATION**



Key resources to connect patients to Mental Health Treatment

Illinois Perinatal Depression Hotline

Please call us. We can help.
1-866-364-MOMS (6667)

Help navigate patients to mental health treatment; 24/7 & should be provided to patients upon discharge

866-364-6667

Illinois**DocAssist**

Answering primary care behavioral health questions about children, adolescents, and perinatal patients

Warmline for free perinatal mental health technical/clinical support for **clinicians**
(not a patient line)

866-986-2778



Illinois MOMS Line



Scan QR
code to
access flyer
PDF

- Available 24 hours a day, 7 days a week
- Staffed by licensed mental health clinicians
- Free and confidential
- Access to Language Line for interpretive services to serve callers in any language

**Stressed or worried during pregnancy?
Heartbroken by infertility or loss?
Overwhelmed by a new baby?**



Trouble sleeping even when you have the chance?
Overwhelmed?
Wondering if what you're feeling is normal?
Sad or crying?
Can't talk to family or friends about this?
Irritable?
Feeling guilty, or like you're not good enough?
Struggling to make decisions?
Not enjoying things you used to enjoy?
Anxious?
Feeling like it's never going to get better?

You are not alone.
Many women have these feelings. With support, you can feel better.

Please call us. We can help.
1-866-364-MOMS (6667)

We offer support 24 hours a day, 365 days a year. Interpreters available in any language. Our free and confidential hotline is answered by caring, professional counselors. We can listen, answer questions, offer support and find referrals for you.

The NorthShore University HealthSystem Perinatal Depression Program is a partnership between the Departments of Obstetrics & Gynecology, Psychiatry, Pediatrics and Nursing. Founded in memory of Jennifer Mudd Houghtaling.





How Can the MOMS Line Help?

Patients

- Can call anytime for:
 - Support
 - Psychoeducation
 - Referrals
 - Crisis Intervention
- Family Members & other support people may also be encouraged to call
- Suggest programming the number into their cell phone so it's there when they need it **(866-364-6667)**

Providers

- May call if a patient is *physically present* and there are concerns for:
 - Safety of patient, baby or others
 - Acuity of symptoms/functional status
- A mental health professional will assess the patient by phone, determine whether it is safe to let her leave and help determine a plan.



DOCUMENT ALL Screening & Follow-Up Actions

"If you didn't document it, it didn't happen"

Example Documentation:

Step 5: Documentation	
<u>Risk Level :</u>	<input type="checkbox"/> High Suicide Risk <input type="checkbox"/> Moderate Suicide Risk <input type="checkbox"/> Low Suicide Risk
<u>Clinical Note:</u>	<div><input type="checkbox"/> Your Clinical Observation</div> <div><input type="checkbox"/> Relevant Mental Status Information</div> <div><input type="checkbox"/> Methods of Suicide Risk Evaluation</div> <div><input type="checkbox"/> Brief Evaluation Summary<ul style="list-style-type: none"><input type="checkbox"/> Warning Signs<input type="checkbox"/> Risk Indicators<input type="checkbox"/> Protective Factors<input type="checkbox"/> Access to Lethal Means<input type="checkbox"/> Collateral Sources Used and Relevant Information Obtained<input type="checkbox"/> Specific Assessment Data to Support Risk Determination<input type="checkbox"/> Rationale for Actions Taken and Not Taken</div> <div><input type="checkbox"/> Provision of Crisis Line 1-800-273-TALK(8255)</div> <div><input type="checkbox"/> Implementation of Safety Plan (if Applicable)</div>



Hi, I'm Ann!

Ann Borders, MD, MSc, MPH



Ian Bernard Horowitz Chair of
Obstetrics, NorthShore
University HealthSystem,
Maternal-Fetal Medicine,
Evanston Hospital

Clinical Associate
Professor University of
Chicago

Executive Director, Illinois
Perinatal Quality Collaborative,
led the Mothers and Newborns
affected by Opioids (MNO) state
initiative

Ann Borders has no financial conflict of interests to disclose.



A woman with long dark hair and glasses, wearing a white lab coat, is shown in profile looking upwards with a thoughtful expression. The image is faded and serves as a background for the left side of the slide.

What you need to know to save lives

Opioid Use



**OUN is a leading cause
of maternal death in IL
(IDPH 2021).**

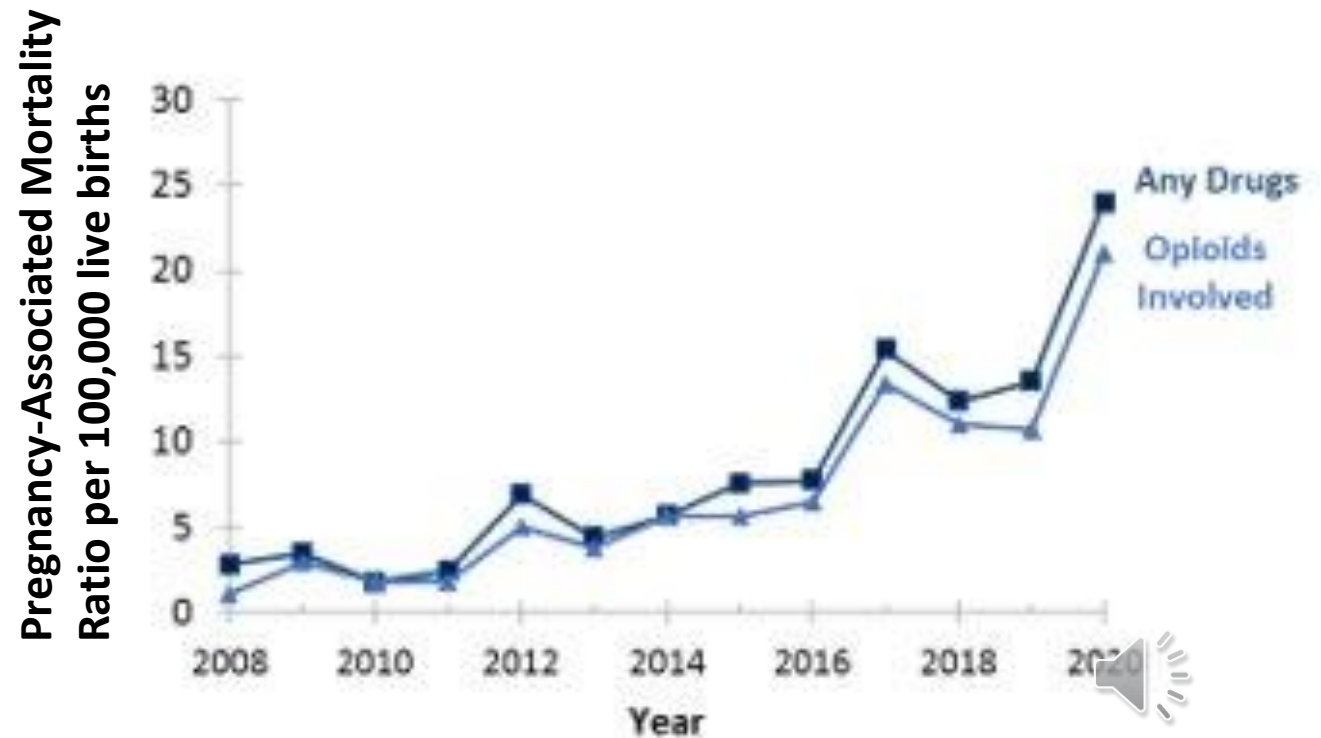


Maternal Deaths Due to Opioids in IL

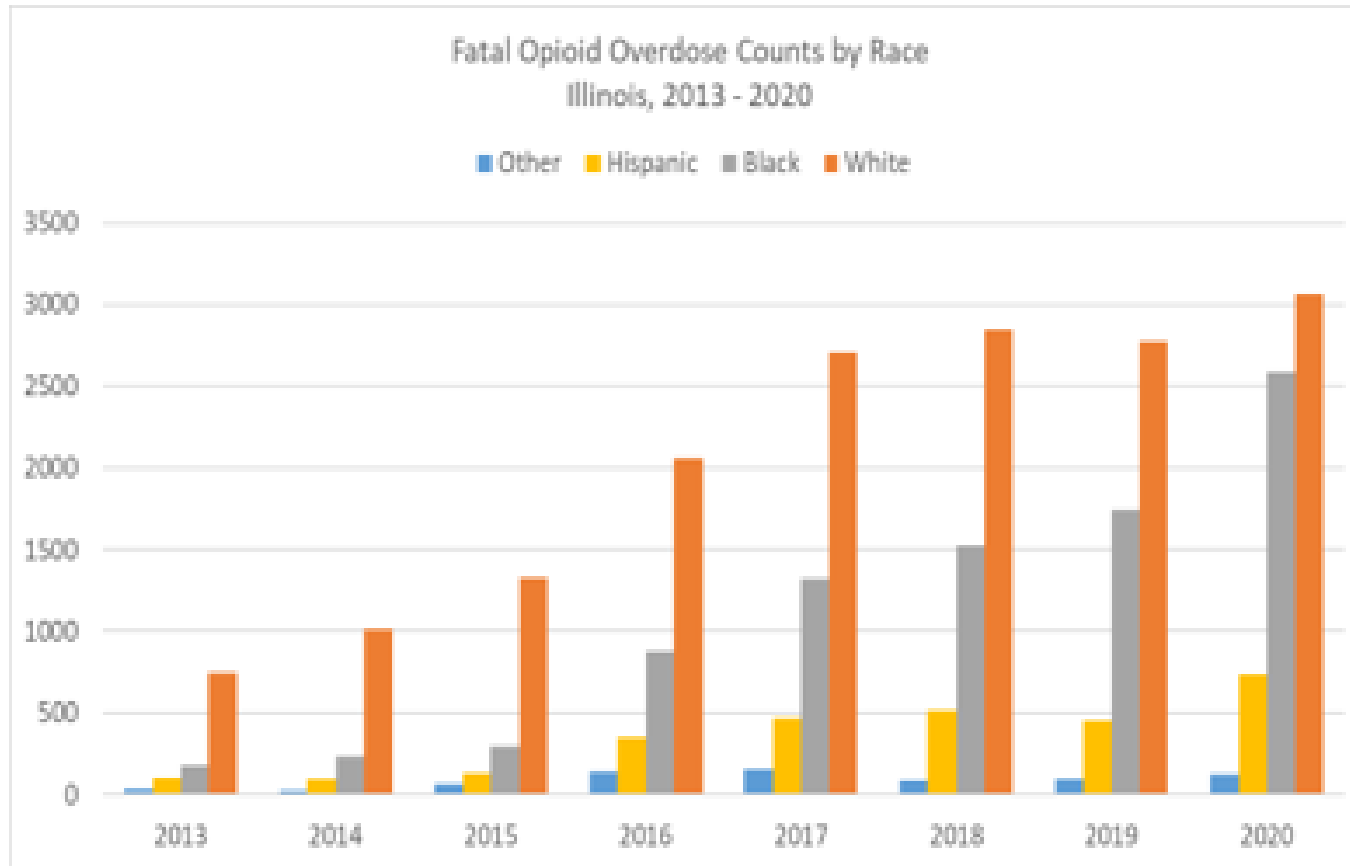
In Illinois between 2019 – 2020:

The pregnancy associated mortality ratio for unintentional drug poisonings involving opioids increased from **10.7 to 21.0** per 100,000 live births

Pregnancy-Associated Mortality Ratio for Unintentional Drug Poisoning Deaths among Illinois Residents



The Opioid Epidemic – Illinois Impact



Opioid overdoses in Illinois increased 33% from 2019 to 2020.

In 2020, there were 2,944 opioid overdose fatalities.

Opioid overdose deaths have increased disproportionately for Black individuals.



What ED Teams Need to Know



Opioid Use Disorder is a leading cause of maternal death and an urgent obstetric issue



Opioid Use Disorder is a chronic disease with life saving treatment available



There are key clinical steps ED providers must take to optimize care for pregnant and postpartum patients with Opioid Use Disorder



Starting medication treatment for pregnant/postpartum patients with OUD:

- Reduces overdose deaths
- Improves pregnancy outcomes
- Increases # parent / baby dyads kept intact



What ED Teams Can Do



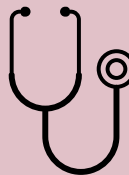
Scan here for the
Pregnant/Postpartum
OUD Algorithm for EDs



Screen pregnant/postpartum patients for OUD with a validated screening tool



Provide naloxone (Narcan) counseling / prescription



Assess readiness for Medication Assisted Treatment (MAT)



Provide warm hand-offs for MAT/recovery services (Opioid Helpline) and close OB follow up



Start MAT and/or link to MAT and Recovery Treatment Services



Reduce stigma, promote trauma informed, respectful care across clinical team



Pregnant/Postpartum Patient OUD Algorithm for Emergency Departments

Provide universal SUD/OUD screening for
with validated self-report screening tool
(e.g. *NIDA Quick Screen, Integrated 5-Ps*)



Scan here to
access this
algorithm



Scan here to
access OUD
Resources

**ED provider: assess diagnosis,
counsel risks, assess readiness for
treatment
(SBIRT Counseling)**

**Screen positive
OUD**

Withdrawal symptoms
&/or ready to start
MOUD

Unclear if MOUD
indicated, or Not ready
to start

Refer for OB follow up in
the next 1-2 week with
warm hand-off

**Start OUD Clinical
Care Checklist**

Admit for Fast-Track
MOUD start or consider
ED Initiation Protocol or
Home Initiation Protocol
**Can call **IL Opioid
Helpline** will initiate
MOUD start within 48 hrs
and coordinate care

Warm Handoff to
Recovery Services
**Can call **IL Opioid
Helpline** for help with
linkage to services,
care coordination and
recovery follow up

Call for help linking pts. to
treatment and follow up:
IL Opioid Helpline (24/7)
1-833-234-6343
*MAR NOW will provide
OUD treatment start within
48 hrs and care coordination
IL DocAssist (9a-5p)
1-866-986-ASST (2778)
*free addiction medicine
support consult (providers)

**Narcan/naloxone
counseling**
Provide free kit or Rx
Contact OB / MFM
Social Work consult
Tox screen w/consent

Provide patient education
resources on OUD in pregnancy
/ postpartum and treatment
options



Scan here to access video
explaining a perinatal OUD
algorithm



NIDA Quick Screen

Modified NIDA Quick Screen (Modified NIDA)					
Ask: "In the <u>past three months</u> , how often have you used:"					
Alcohol (four or more drinks a day)	<input type="checkbox"/> Never	<input type="checkbox"/> Once or twice	<input type="checkbox"/> Monthly	<input type="checkbox"/> Weekly	<input type="checkbox"/> Daily
Tobacco products	<input type="checkbox"/> Never	<input type="checkbox"/> Once or twice	<input type="checkbox"/> Monthly	<input type="checkbox"/> Weekly	<input type="checkbox"/> Daily
Prescriptions drugs not used as prescribed or any marijuana	<input type="checkbox"/> Never	<input type="checkbox"/> Once or twice	<input type="checkbox"/> Monthly	<input type="checkbox"/> Weekly	<input type="checkbox"/> Daily
Illegal drugs	<input type="checkbox"/> Never	<input type="checkbox"/> Once or twice	<input type="checkbox"/> Monthly	<input type="checkbox"/> Weekly	<input type="checkbox"/> Daily
Any answer other than "never" is a positive screen and should prompt follow-up questions to further characterize which substance(s) are being used, the amount, and the time course (see SUD1).					
Adapted from the NIDA Quick Screen					

Behaviors that may warrant clinical suspicion for a substance use disorder (SUD)		
<ul style="list-style-type: none"> • Dose escalation • Very focused on controlled substances • Substantial effort/time/resources spent on obtaining controlled substances • Requests early refills of controlled substances • Evidence of tolerance • History of withdrawal 	<ul style="list-style-type: none"> • Loses prescriptions for controlled substances • Requesting specific agent, route, frequency • Purchasing illicit drugs • Taking diverted opioids (taking others' prescriptions) • Multiple providers prescribing controlled substances • Mood or personality changes • Emotional lability 	<ul style="list-style-type: none"> • Clinical signs of intoxication (confused, sedated or hyperactive, rapid or slurred speech) • Withdrawal • Evidence of tampering with IV or hoarding pills while inpatient • Crushing/injecting/snorting pills • Seeing drug use paraphernalia (syringes or pipes) • Physical signs of injection, stigmata of chronic alcohol use, intranasal irritation
Gather more history	Monitor closely	Intervene

The 5 Ps

1. Did any of your *Parents* have problems with alcohol or drug use?
___ No ___ Yes
2. Do any of your friends (*Peers*) have problems with alcohol or drug use?
___ No ___ Yes
3. Does your *Partner* have a problem with alcohol or drug use?
___ No ___ Yes
4. Before you were pregnant did you have problems with alcohol or drug use? (*Past*)
___ No ___ Yes
5. In the past month, did you drink beer, wine or liquor, or use other drugs? (*Pregnancy*)
___ No ___ Yes



Institute for Health & Recovery Integrated Screening Tool

**Institute for Health and Recovery
Integrated Screening Tool**

Women's health can be affected by emotional problems, alcohol, tobacco, other drug use, and domestic violence. Women's health is also affected when those same problems are present in people close to us. By "alcohol," we mean beer, wine, wine coolers, or liquor.

Parents Did any of your parents have a problem with alcohol or other drug use?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Peers Do any of your friends have a problem with alcohol or other drug use?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Partner Does your partner have a problem with alcohol or other drug use?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Violence Are you feeling at all unsafe in any way in your relationship with your current partner?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Emotional Health Over the last few weeks, has worry, anxiety, depression, or sadness made it difficult for you to do your work, get along with people, or take care of things at home?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Past In the past, have you had difficulties in your life due to alcohol or other drugs, including prescription medications?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Present In the past month, have you drunk any alcohol or used other drugs? 1. How many days per month do you drink? _____ 2. How many drinks on any given day? _____ 3. How often did you have 4 or more drinks per day in the last month? _____	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Smoking Have you smoked any cigarettes in the past three months?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

Review
Risk

Review
Domestic
Violence
Resources

Review
Substance
Use,
Set Healthy
Goals

Consider
Mental
Health
Evaluation

A grayscale photograph of a pregnant woman with long braids, wearing a striped shirt and skirt, sitting on a medical examination table. She is looking towards the right. In the background, there is a medical office with shelves, a first aid kit on a counter, and a desk with a computer. The text "Maternal death from overdose is preventable!" is overlaid on the right side of the image.

**Maternal death
from overdose
is preventable!**





**Assess for readiness to start
treatment and provide Narcan**



Key resources to connect patients with OUD to Treatment and Recovery Services



Help navigate patients with OUD to treatment and recovery services 24/7 through MAR NOW, should be available on L&D and ER.

833-234-6343

Illinois**DocAssist**

Answering primary care behavioral health questions about children, adolescents, and perinatal patients

Warmline for free perinatal substance use technical/clinical support for **clinicians** caring for patients with OUD (not a patient line)

866-986-2778



MAR NOW is now statewide: a phone call can navigate your patients to OUD treatment

Individual calls 24/7 IL
Helpline for OUD
treatment, withdrawal
support

Individual calls
existing 24/7 IL
Helpline

833-234-6343

MAR-NOW provides low-barrier, rapid access to buprenorphine, methadone, and naltrexone to all callers regardless of insurance status, income, ability to pay, or documentation status within 48 hours of first call.



Scan here to
access MAR
NOW resources

6am-10pm

Connected to Care
Manager & Provider

10pm-6am

Leave message,
receive callback next
day from Care
Manager

Patient Options:

1. Buprenorphine home induction
2. Same or next-day MAR appointment at FGC (methadone, buprenorphine, naltrexone)
3. Connection to other SUD care in the community (withdrawal management, residential treatment)

Care Managers provide **free transportation**, insurance enrollment, assistance with pharmacy access, and follow up to ensure patient is connected to long-term care



Scan here to
access MAR flyer



Where to initiate MAR treatment via MAR NOW? Everywhere!

In the Emergency Department:

Ask patient if they are interested in starting medication, re-starting medication or being connected to services for opioid use disorder

- If yes, have a team member give the patient access to a phone and help them call MAR NOW **833-234-6343**
- The MAR (Medication-Assisted Recovery) team will take it from there including case management
- ED Team can start MAR if medically appropriate and MAR NOW case management team will coordinate follow-up and continuation



Why initiate MAR treatment via MAR NOW?

Get help linking your patient to OUD treatment and recovery services from anywhere in the state with warm hand-off to care and follow up.

Ease of use can decrease work burden for staff.

The Joint Commission has a requirement that hospitals have a mechanism for referral for patients with OUD – utilizing the MAR NOW hotline meets that quality standard.

Most important: Reduce overdose deaths.



Scan here to
access MAR
NOW website,
and resources



Recovery is possible.

Overdose is a leading cause of death in pregnant women. And there's no better time than pregnancy for a woman to begin treatment for opioid use disorder.

Medication assisted recovery (MAR) is an evidence-based treatment proven to improve outcomes, decrease the risk of relapse, and reduce maternal death. And it's perfectly safe for a pregnant woman and her unborn child.

To help your patient find the recovery, treatment, and services that she needs, connect with the IL Helpline.

Call **833-234-6343**

Text **833234**

Visit **HelplineIL.org**



Help is here.



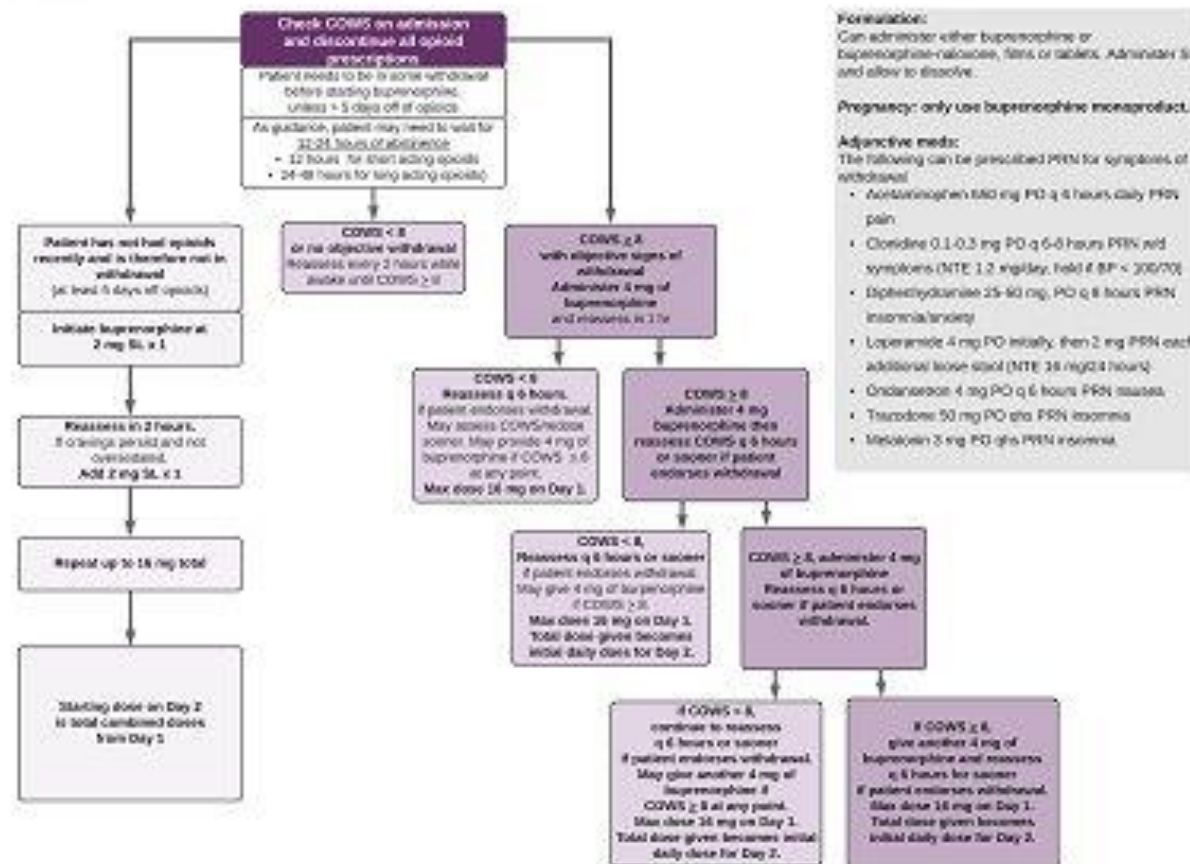
Kelsi
In recovery (and in love) since 2019



ED Buprenorphine Initiation Protocol

Appendix B

Quick Guide: Buprenorphine Starts in the Hospital



For clinical questions:
 UCSF Substance Use Warm-Line: 855-300-3395 or <https://tinyurl.com/yd4ymw65> (M-F 9am-8pm ET)

SHOUT
 SHOUT is a confidential, 24/7, toll-free helpline for people who are struggling with substance use.



Provide Narcan for Overdose Risk Reduction

Illinois Perinatal Quality Collaborative- Mothers and Newborns Affected by Opioids Initiative- Toolkit and Clinical Quick Start Resources: <https://ilpqc.org/mothers-and-newborns-affected-by-opioids-ob-initiative/>

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

HOW TO PRESCRIBE NARCAN

1. Order naloxone/Narcan 4mg/0.1mL
2. Administer spray x 1 intranasally
3. Repeat in alternate nostril if no response after 2-3 minutes.
4. Dispense quantity 2 (patient and family)
5. Allow for 2 refills
6. When prescribing in ER, consider "med to bed" / point of care programs so kit can be provided to patient before discharge home

Mothers and Newborns affected by Opioids

IL PQC
Illinois Perinatal
Quality Collaborative

SAVE A LIFE.

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



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.

Share with patients that it is important for all women who are prescribed opioids 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

HOW TO PRESCRIBE

- Order Naloxone/Narcan 4mg
- 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 consider "med to bed" program; medication can be provided to patient before discharge home



Scan for prescription aid

Visit ilpqc.org/MINO initiative or email info@ilpqc.org

March, 2020

Scan here to access flyer
on prescription aid

Patient Education for Narcan


Illinois Perinatal Quality Collaborative

Mothers and Newborns Affected by Opioids Initiative- Toolkit and Clinical Quick Start

Resources: <https://ilpqc.org/mothers-and-newborns-affected-by-opioids-ob-initiative/>



Scan here to access flyer

**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.

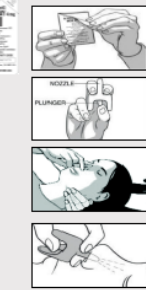
Hold the NARCAN nasal spray with your thumb on the bottom of the plunger and your first and middle fingers on either side of the nozzle.

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).

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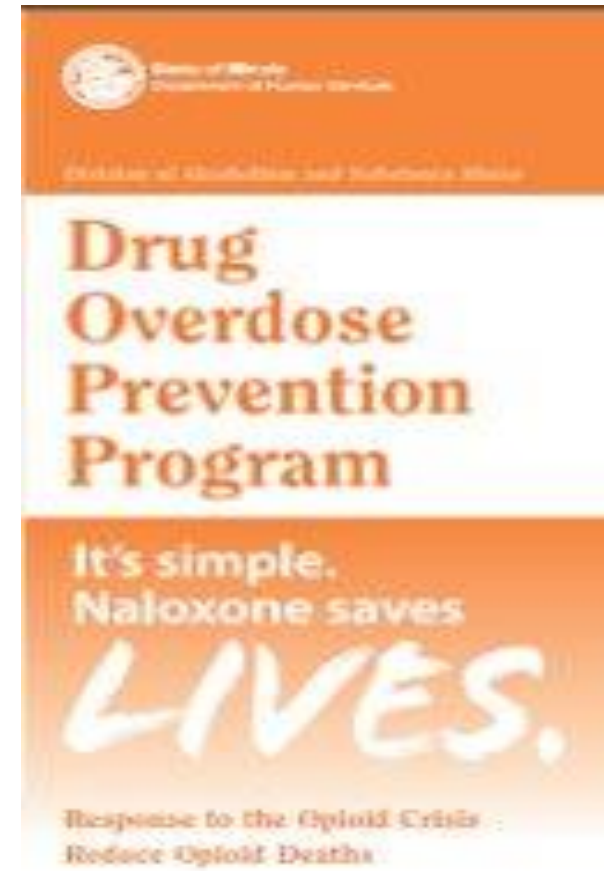
IL DHS/SUPR Drug Overdose Prevention Program (DOPP): free Narcan kits

Apply now to receive regular shipments of free Narcan kits to hand out on L&D, Emergency Department, Outpatient sites

NEVER has there been an easier way to get patients point of care Narcan/naloxone kits... and for free!



Scan here to
access flyer



Patient Education Resource: OUD and Pregnancy

Illinois Perinatal Quality Collaborative

Mothers and Newborns Affected by Opioids Initiative- Toolkit and Clinical Quick Start

Resources: <https://ilpqc.org/mothers-and-newborns-affected-by-opioids-ob-initiative/>



Scan here to access
flyer



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)
- Hydromorphone (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, or 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.



Angel's Story

ILPQC short provider education video (10 minutes) to promote optimal OUD care

An inspiring patient story that touches on the importance of SBIRT, reducing stigma and providing Narcan to all at-risk patients

Find this video on the ILPQC youtube channel or ilpqc.org

<https://www.youtube.com/channel/UCCLkAFcrsbMIQUFjF9CgVZw>



Updated Resources for ED Providers



Scan to access
the Toolkit
resource
library

ILLINOIS HELPLINE (FOR SUBSTANCE USE DISORDERS)



Opioid Use Disorder (OUD) Screening Methods and Resources for Emergency Department Providers

Visit this website to access screening and treatment guidelines, flowcharts, warm handoffs, explanatory video, and more support for ED providers caring for patients with OUD.

Look for the video explaining MAR flowchart for ED providers.




Opioid Use Disorder (OUD) Screening Methods and Resources for Perinatal Providers

Visit this website to access screening and treatment guidelines, flowcharts, explanatory video, and more support for perinatal providers caring for patients with maternal OUD (MOUD).

Look for the video explaining MOUD flowchart for perinatal patients.



Module C: Summary

- **Use universal screening** for depression, anxiety, and SUD/ODU
- **Assess risk** of suicide, need for crisis intervention / admission
- **Use warm handoffs** to refer patients for mental health treatment and follow up
- Provide crisis hotline and other resources
- **Start OUD treatment or use IL Opioid Helpline** to link to MAR-NOW for treatment within 48 hours & coordinated follow up
- **Provide Narcan/naloxone** as a life-saving overdose risk reduction strategy **for all patients using opioids or with a history of OUD** 



Modules Completed

- ✓ Module A: Introduction to Maternal Mortality in Illinois: How EDs can Help
- ✓ Module B1-6: Acuity Assessment and Management of Perinatal Emergencies
- ✓ Module C: Screening and Treatment for Perinatal Mental Health and Substance Use Disorder Issues in the ED

What's Next

Module D: Trauma and Resuscitation in Pregnancy

- Module E: Best Practices for Pregnant and Postpartum Patients being Discharged from the ED



Contributors

The following individuals contributed to the development of this module:

- Ann Borders, MD, MSc, MPH, Illinois Perinatal Quality Collaborative, NorthShore University Health System
- Rachel Caskey, MD, MAPP, University of Illinois at Chicago, I-PROMOTE IL
- Stacie Geller, PhD, MPA, University of Illinois at Chicago, I-PROMOTE IL
- Jo Kim, PhD, PMH-C, NorthShore University Health System
- Emilie Glass-Riveros, MA, CNP, University of Illinois at Chicago
- Alexis Braverman, MD, FACOG, University of Illinois at Chicago



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