



# ILPQC MNO Neonatal Workgroup & MNO Neonatal Wave 1 Teams Call

March 19<sup>th</sup>, 2018

1:00 – 2:00 pm

# Conference Line Logistics

If you need to step away:

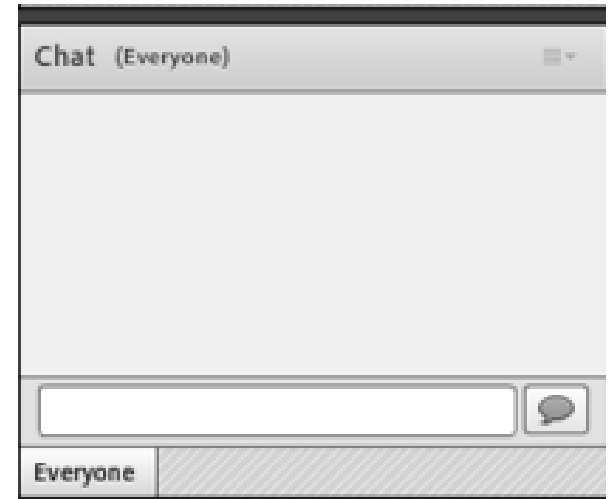
- Use the **MUTE** button on your phone or
- You can use **\*6** to place the call on **MUTE** and **\*6** to come off of **MUTE**



Thank you!

# Introductions

- Welcome to Wave 1 MNO Teams
- Please enter into the chat box your
  - Name
  - Role
  - Institution
- If you are only on the phone line, please be sure to let us know so we can note your attendance



# Overview

- MNO Wave 1 Updates
- MNO Data form Review
- MNO Neonatal Toolkit Team Recruitment
- MNO Wave 1 Team Talks on Data Form and Collection Process
  - Advocate Good Samaritan Hospital
  - Advocate Sherman Hospital
  - Riverside Medical Center
  - Memorial Hospital Belleville

# MNO UPDATES

# Mothers and Newborns Affected by Opioids (MNO)

- Grant from CDC and IDPH
- Ongoing input from IDPH and NAS Advisory Committee
- Participation in national ACOG AIM OB Care for Women with Opioid Use Disorder Bundle Implementation Collaborative
- ILPQC OB and Neonatal Teams both participating and coordinating efforts
- ILPQC Leads
  - Ann Borders, MD, MSc, MPH, NorthShore University HealthSystem, Evanston Hospital
  - Leslie Caldarelli, MD, Lurie Children's and Prentice Women's Hospital
  - Justin Josephsen, MD, SSM Health Cardinal Glennon
- OB Clinical Leads for addiction med expertise
  - Barbara Parilla, MD, Advocate Lutheran General Hospital
  - Jaye Shyken, MD, SSM Health St. Mary's Hospital
- Neonatal Clinical Leads for NAS care expertise
  - Jenny Brandenburg, RN MSN, Carle Foundation Hospital



# MNO Timeline



Jan 2018	Feb	Mar	Apr	May
Wave 1 Starts to test, review and provide input on MNO data collection: measures, tools and strategies	Letter of support from IDPH	Recruit Wave 2 OB and Neo MNO teams	Initiative Launch Webinar with all teams	Face to Face Meeting OB: 5/30, Springfield Neo: 5/31 Springfield

# Wave 1 and Wave 2 Tasks



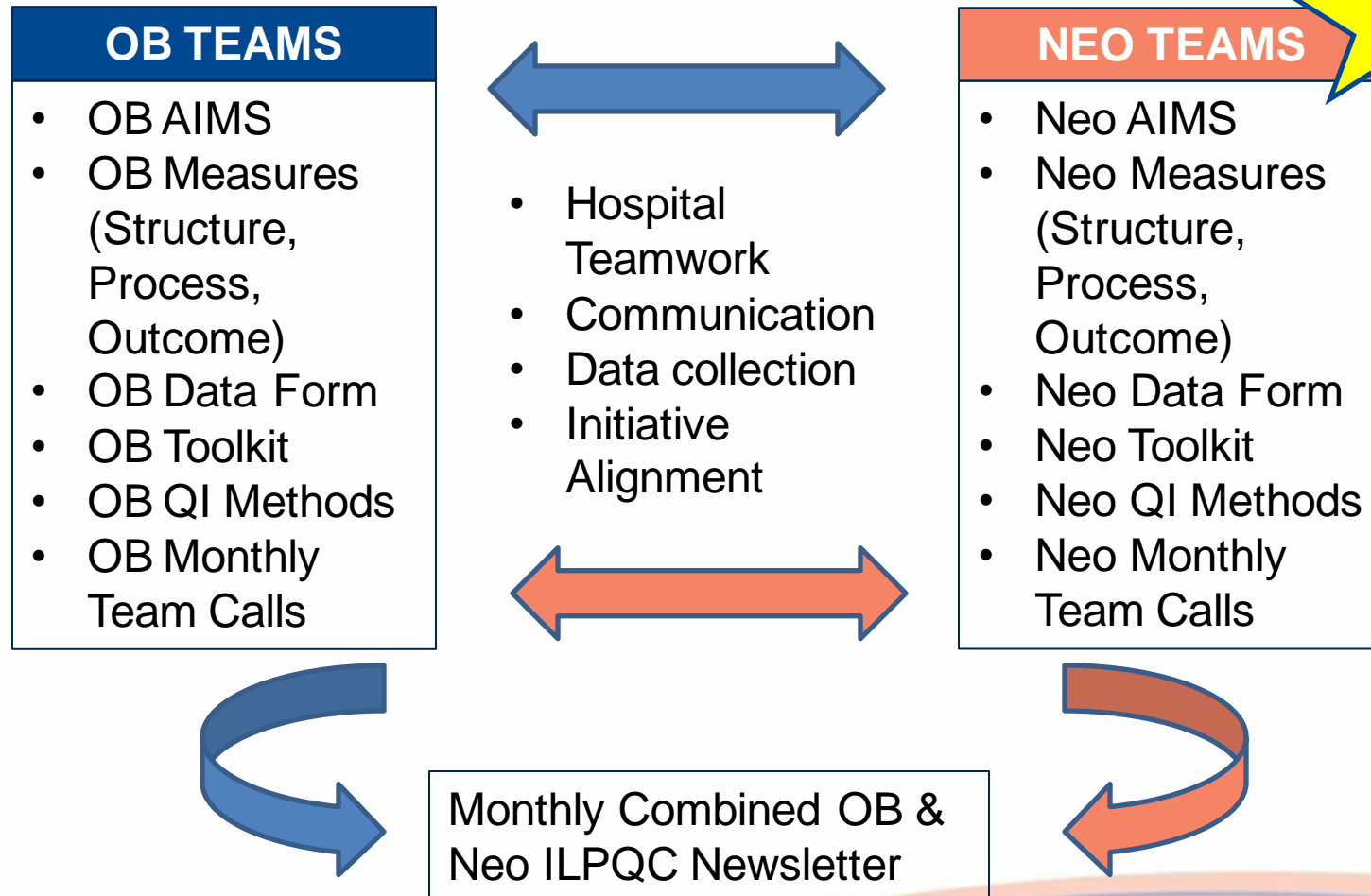
- MNO Wave 1 Team tasks (January 2018 – April 2018):
  - Review MNO data form to solicit feedback and discuss solutions to collecting data with entire team
  - Test the MNO data form and data collection process with prospective / retrospective data collection at hospital
  - Participate in monthly Wave 1 calls to share their teams unique experience and feedback
- MNO Team tasks Wave 1 & 2 (April 2018 – 2019)
  - Participate in MNO Launch Webinar (April 23)
  - Participate in OB & Neonatal Face-to-Face Meetings (May 30<sup>th</sup> & 31<sup>st</sup>)
  - Participate in monthly collaborative webinars, QI support, and a real-time ILPQC data system to provide hospitals with reports to monitor progress across time and compare to other hospitals (April 2018 – Dec 2019)

# Wave 2 Recruitment

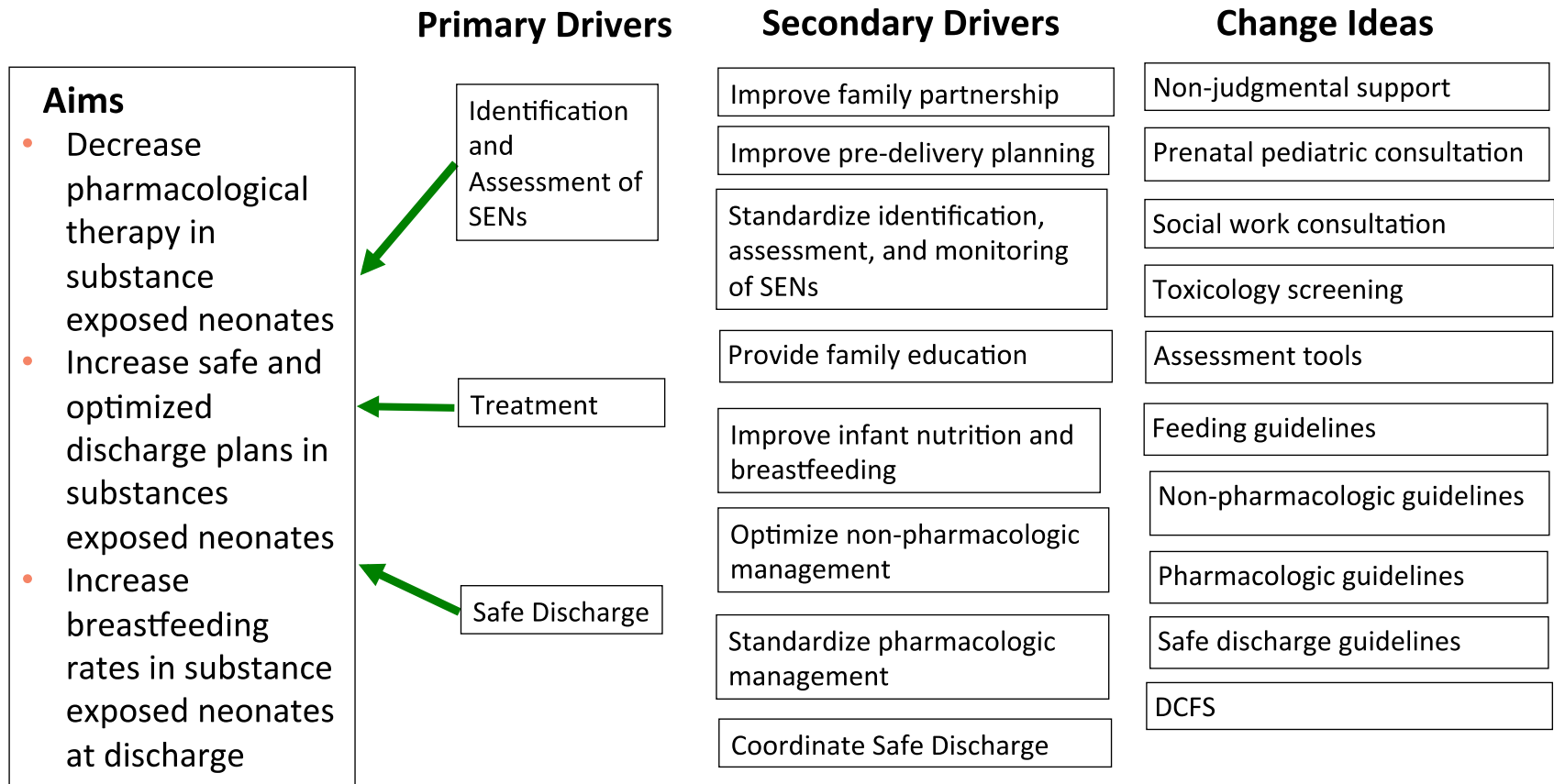


- Distribute letter with IDPH (currently in review) announcing statewide quality initiative
- ILPQC will send recruitment email to:
  - Perinatal Network Administrators to share with their network hospitals
  - MNO Wave 1 Teams to share with other hospitals / colleagues

# MNO OB & Neo Teams



# MNO Neonatal Driver Diagram



# AIMS, STRUCTURE MEASURES, AND DATA FORM UPDATES

Prevention

Screening and  
Linkage to  
Care

Optimizing  
Care for  
Moms/Babies

- **Improve care of women with OUD with standardized protocol / checklists for clinical care and support services during prenatal care, delivery and postpartum**
  - Percent of women with OUD received Narcan counseling / offer documented prenatally or prior to maternal discharge
  - Percent of women with OUD contraception counseling / plan documented prenatally or prior to maternal discharge
  - Percent of women with OUD receiving behavioral health / social work consult documented prenatally or prior to maternal discharge
- **Improve care of opioid-exposed newborns (OEN) by improving non-pharmacological care**
  - Percent of women with OUD receiving prenatal education on OUD and NAS infant care prenatally or prior to maternal discharge
  - Percent of women with OUD receiving prenatal pediatric consult
  - Percent of women with OUD/OEN who roomed together during hospitalization
  - Percent of OEN receiving maternal breastmilk at **maternal** discharge

Prevention

Screening and  
Linkage to  
Care

Optimizing  
Care for  
Moms/Babies

- **Improve care of opioid-exposed newborns (OEN) by improving non-pharmacological care**
  - Percent of OENs receiving a toxicology screen (urine/cord/meconium) for NAS
  - Percent of OEN receiving maternal breast milk at **neonatal** discharge
  - Percent of OENs requiring pharmacologic therapy for NAS
  - Number of days of pharmacological treatment for OENs
  - Percent of OENs discharged with plan of safe care in place

# MNO Neonatal Structure Measures



## **Optimizing Care for Newborns**

- Increase use of standardized non-pharmacological care for OENs
- Increase use of standardized pharmacological care for OENs
- Increase use of standardized discharge planning for OENs
- Increase family engagement in care of OENs

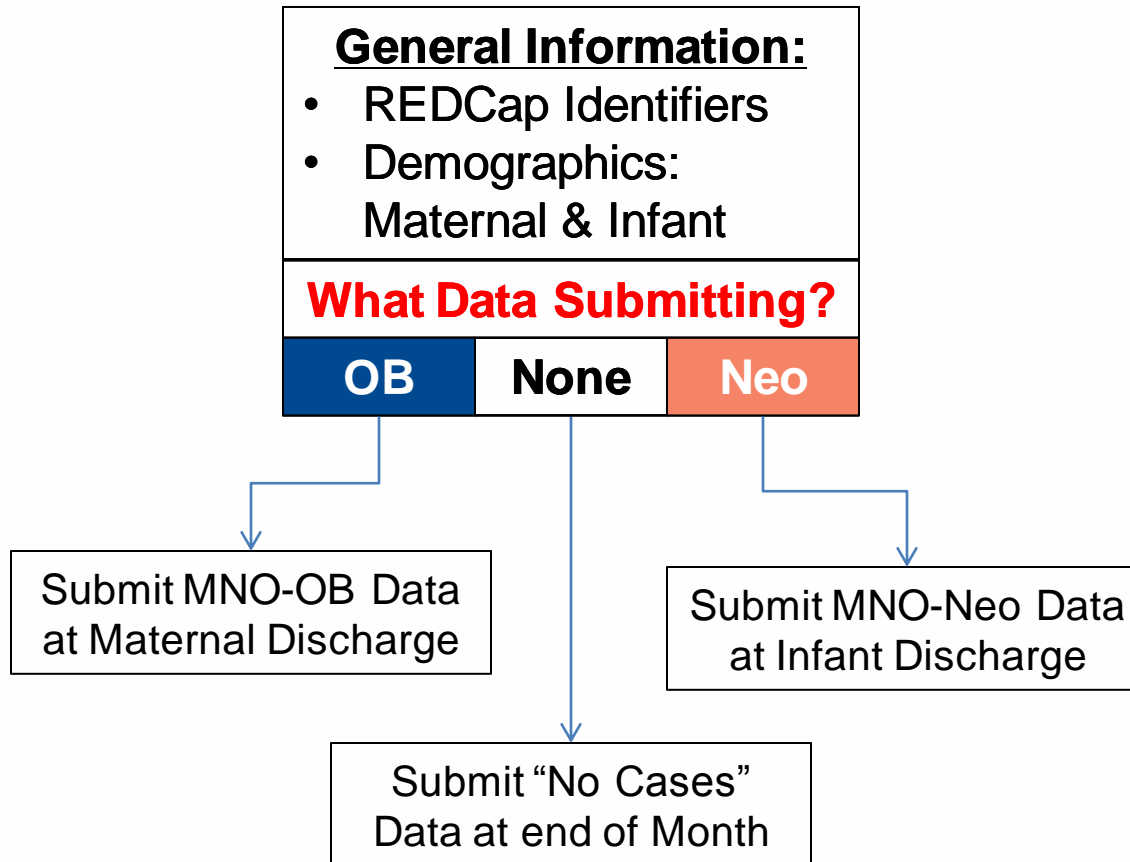
# MNO Neonatal Data Form

## Version 2



- There will be two options for using the monthly paper data forms:
  - Separate paper OB & Neo data forms (distributed to teams)
    - [DOWNLOAD MNO OB Monthly Data Form V2 here](#)
    - [DOWNLOAD MNO Neo Monthly Data Form V2 here](#)
  - Joint paper OB & Neo data form (distributed to teams)
    - **Download link in Adobe Connect**
- Discussion: What data form configuration has your team been using, which is more helpful, separate or combined paper forms

# Data Collection/Entry Workflow



# MNO Data Form Discussion: MNO Neo Transfers

- Teams asking how to deal with infant transfers
- Question 9 in MNO-Neo Monthly Data form: Was the infant born in your hospital?
  - Yes
  - No (Transfer)
- For Discussion: Document from Massachusetts provides guidance for infant transfers:

Scenario	Hospital Completing Form
Infant born at <b>hospital A</b> , remains at <b>hospital A</b> until discharge	<b>Hospital A</b>
Infant born at <b>hospital A</b> , transferred to <b>hospital B</b> on day of life 20 for convalescent care, remains at <b>hospital B</b> until discharge	<b>Hospital A</b>
Infant born at <b>hospital A</b> , transferred to <b>hospital B</b> on day of life 2 for acute care, remains at <b>hospital B</b> until discharge	<b>Hospital B</b>
Infant born at <b>hospital A</b> , transferred to <b>hospital B</b> on day of life 2 for acute care, transferred back to <b>hospital A</b> on day of life 20 for convalescent care, remains at <b>hospital A</b> until discharge	<b>Hospital B</b>

# MNO Neo Questions

## What questions do teams still have regarding:

- ? MNO Neo Paper Data Form
- ? MNO Combined OB & Neo Data Form
- ? Data Collection
- ? Data Submission
- ? Anything else?

# MNO NEONATAL TOOLKIT

# MNO Neonatal Toolkit Topics

- Improve family partnership (Stigma & Bias)
- Improve pre-delivery planning
- Standardize identification, assessment, and monitoring of SENs
- Provide Family Education
- Improve newborn nutrition and breastfeeding
- Optimize non-pharmacologic management
- Standardize pharmacologic management
- Coordinate and Communicate Safe Discharge

# Compiling MNO-Neonatal Toolkit Resource


## Compiling MNO-Neo Resources

- State PQCs
  - NNEPQIN
  - PNQIN (MA)
  - OPQC
  - TIPQC
- Other Resources:
  - CDC
  - SAMHSA
  - HRSA
  - MOD
- Other resources as they come available

MNO-Neo  
Toolkit Review  
Team

## Alignment with MNO-Neo Improvement Goals

- Coordinate and Communicate Safe Discharge
- Improve Family Partnership
- Improve Newborn Nutrition and Breastfeeding
- Improve Pre-Delivery Planning
- Optimize Non-Pharmacologic Management
- Provide Family Education
- Standardize Identification, Assessment, and Monitoring
- Standardize Pharmacologic Management



MNO Neo  
Toolkit for  
Teams

# MNO Neonatal Toolkit



- Teams work together to create a draft toolkit
- Review toolkit draft next month's webinar
  - Teams will review materials & rank usefulness of items
- Finalize on April webinar
  - Representative from each team presenting on chosen materials
- Jenny Brandenburg and Dan Weiss will help coordinate effort

**If interested in helping to develop components of the tool kit  
please email us at [info@ilpqc.org](mailto:info@ilpqc.org)**

# MNO Neonatal Toolkit Teams



Toolkit	Team Members
Optimize Non-Pharmacologic Management	Mary P., Sue H., Angela P.
Improve Family Partnership (Stigma and Bias)	Tamela M., Tracy P., Joe H., Terry G.
Standardize Identification, Assessment, and Monitoring of SEN	Chris E., Roshena L., Mary P
Providing Family Education	Steve L., Joe H.
Improve Newborn Nutrition and Breastfeeding	Debbie S.
Standardize Pharmacologic Management	Steve L., Rita B.
Coordinate and Communicate Safe Discharge	Chris E., Elyssa G., Jennifer G.,
Improve Pre-Delivery Planning	

**SPOTS STILL OPEN TO JOIN TEAM- Please let us know if you'd like to join!**

# MNO Neonatal Toolkit Team Calls



## MNO Toolkit Review Call Schedule:

- Tuesday, March 20<sup>th</sup>, 2-3pm:
  - Pharm Bundle; Standard Identification, Assessment, and Monitoring of SENs; Pre-Delivery Planning Teams
- Wednesday, March 21<sup>st</sup>, 2-3pm
  - Family Education; Family Partnerships; Safe Discharge Teams
- Wednesday, March 21<sup>st</sup>, 3-4pm
  - Non-Pharm Bundle & Breastfeeding and Nutrition Teams

# Toolkit Review Steps



- Each team will critically review all resources in their toolkit (and identify gaps in content/concepts)
- Team members will identify resources to respond to each MNO aim/goal/measure
- Team members will rank usefulness of items for teams
- Team will compile final list of resources for toolkit

# MNO WAVE 1 TEAM PRESENTATIONS

TOMORROW  
STARTS  
TODAY.

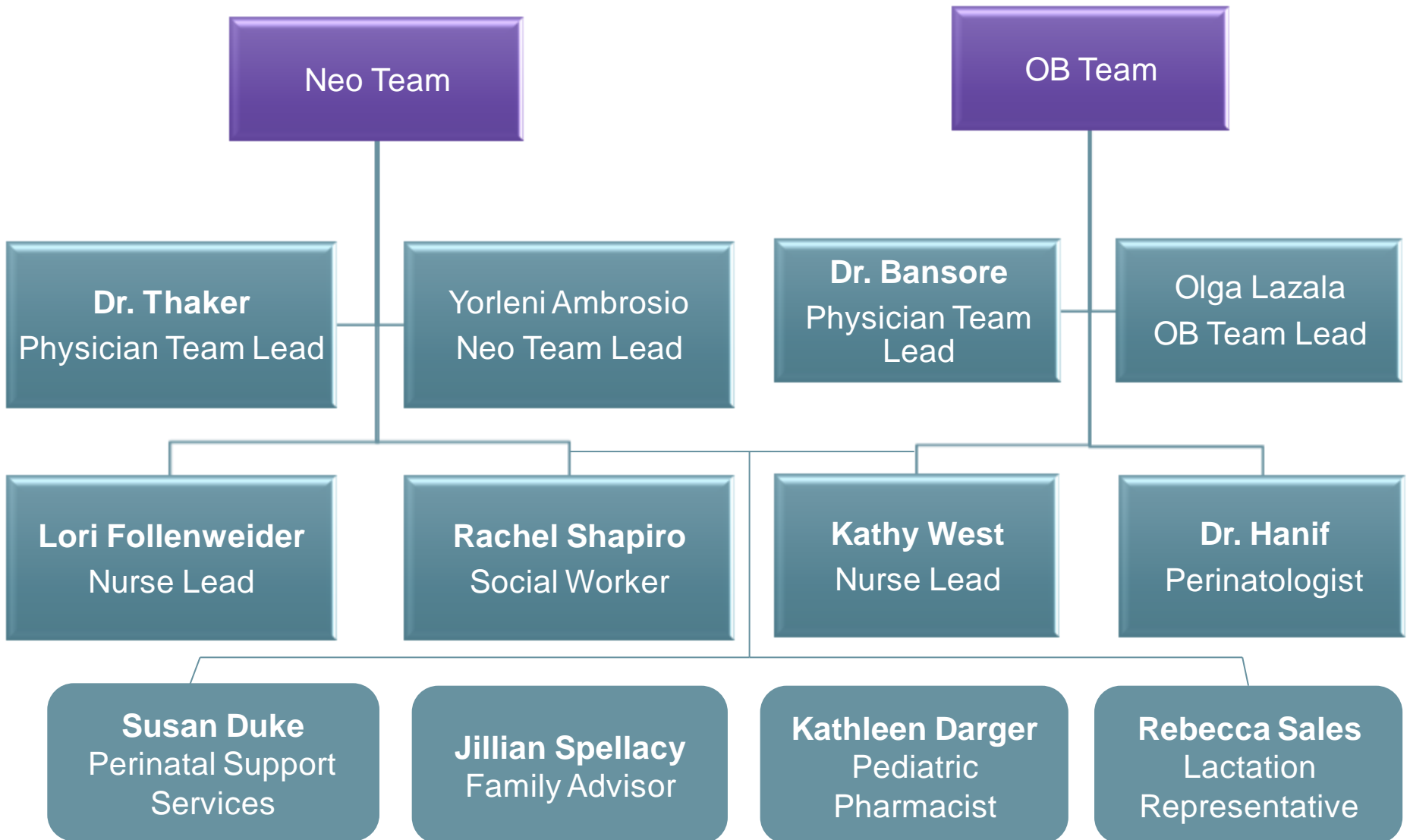
# GOOD SAMARITAN HOSPITAL

MNO Wave 1 Team

Yorleni Ambrosio, Neonatal Clinical Nurse Specialist

Olga Lazala, Perinatal Clinical Nurse Specialist

# TEAM STRUCTURE



# ENGAGEMENT – OB AND NEO

- Level III Department Meetings – Quarterly
- High Risk Multidisciplinary Team Meetings – Monthly
- NICU Multidisciplinary Rounds - Weekly
- OB and Pediatric Department Meetings
- Educational Offerings – Dr. Parillia (Advocate Medical Group Perinatologist)
- Ongoing email communication
- Staff Meetings



# DATA COLLECTION PROCESS

- Retrospective review of patient charts
- Mothers and neonates exposed to opiates will be identified via:
  - High risk multidisciplinary meetings
  - NICU Multidisciplinary meetings
- Future collection of data collection will be retrospective and gathered by the unit discharging the infant

# DATA COLLECTION FEEDBACK

- ❑ Acronyms used in form should be spelled out or be included in a legend
- ❑ Some items need to have a “na” option
- ❑ Questions asking about antenatal consults will be difficult to obtain, i.e. Que #9
- ❑ ICD10 Codes will be difficult to find for substance use dx



**THANK YOU!**



# Mothers and Newborns Affected by Opioids (MNO) Initiative

**Advocate Sherman Hospital**

**Elgin, IL**

**Courtney Buss BSN, RNC, PCL L&D**

**Anne Surerus, BSN, RNC, FBC Assistant Clinical Manager**

# TEAM MEMBERS

## OB

- MFM: Dr. Duval
- OB Manager: Julie Kane
- RN lead: Courtney Buss
- RN help from Mother/Baby unit
- Social Work
- Lactation
- Need: Clinic representative

## NEO

- Neo: Dr Mehta
- SCN Manager: Luisa Velazquez
- RN Lead: Anne Surerus
- RN help from Special Care Nursery
- Social Work: Laurel Blaine
- Lactation: Jill Downey/Kathy Meade
- Clinical Dietician: Nancy Blackmer
- Speech Therapy: Jennifer Bell
- Occupational therapy: Kelli Villiers

# Current Form: What works well

- Great depth and descriptions
- Easy to follow
- Able to pull out most information from our Medical records
  - Since January, have only had 2 mom/babies that qualify
- We split into 2 forms to collect data separately, then can bring forms together later
  - 2 forms made it more manageable

# CURRENT OB INTAKE

**ALCOHOL/SMOKING/DRUG USE**

Alcohol	<input type="radio"/> Y <input checked="" type="radio"/> N	Details...
Cigarettes	<input type="radio"/> Y <input checked="" type="radio"/> N	Details...
Marijuana	<input type="radio"/> Y <input checked="" type="radio"/> N	Details...
Cocaine/Crack	<input type="radio"/> Y <input checked="" type="radio"/> N	Details...
Heroin/Methadone	<input type="radio"/> Y <input checked="" type="radio"/> N	Details...
Other Illicit Drugs	<input type="radio"/> Y <input checked="" type="radio"/> N	Details...

Normal Values

ALCOHOL USE: No  
CIGARETTES: No  
MARIJUANA: No  
COCAINE/CRACK: No  
OTHER ILLICIT DRUGS: No

Previous

**COCAINE/CRACK USE**

Cocaine Use

None  
 Occasional  
 3 - 5 times per week  
 6 or more times per week

How Long? (Yrs)

Date Last Used

M/d/yyyy

Previous Tx

None  
 Outpatient Treatment  
 Inpatient Treatment

Comments

OK

- Need to add more items and revise our intake screen:
  - Opiates, Amphetamine, Benzo, Barbituates, PCP
  - Antenatal Consult info
  - Meds used to treat drug disorder
  - Education on OUD disorder, breastfeeding and caring for infant

# Current Form: Challenges

- Length of form (recommend splitting into 2 forms)
- More guidance needed on MAT and what this means exactly
- Advocate Sherman currently does not use any screening tool (use maternal verbal history, drug screens or prenatal record/medical record for screening)
- Once form completed, how is the data submitted?

# challenges

- Currently, neonatal, Mom/Baby nurses have no access to Mom's prenatal records prior to delivery
- Current charting notes when family visits, but not interaction with infant, i.e., holding, soothing, swaddling, offering pacifier
- Eating details – answers to some ?s can not be found, in our current charting.
- Sleeping patterns – answers found under modified Finnegan scoring
- Consoling – would have to be added
- Need clearer definition of “Rooming in”: can be provided in our Special Care Nursery – have 2 private rooms, 2 more semi-private rooms – however, these do not include private bathrooms. MB RNs would need to come to SCN to provide care for these mothers.
- Rarely do mothers of opioid affected infants remain in SCN with their babies post maternal discharge – often have other children. Our SCN does not allow children < 16 in our nursery.
- Our neo's first choice of pharmacological agent for treatment of NAS is morphine.

# CURRENT NEO INTAKE

- Once a baby is symptomatic with NAS scores of  $>8 \times 3$ , then they are transferred to the Special Care Nursery, where they stay until ready for discharge. Admission to SCN usually leads to pharmacological treatment.
- Pharmacological agents are usually on a schedule – depends on the neo/NNP on for the day.
- Day of life for last pharmacological agent being administered: varies, depending on if Mom was on illicit drugs or methadone. Methadone infants usually take longer to bring down their scores, thus remain on morphine longer than infants whose moms were on illicit medications.
- Our NAS infants can stay days to several weeks – depends on their scores and medications Mom was on.
- Our NAS infants are monitored for about 48 hours after last dose of morphine prior to discharge home.
- An infant admitted to SCN for issues in addition to potential NAS, will usually resolve other health issues prior to resolving need for pharmacological agents.
- Our NAS infants are referred to a developmental follow up clinic or early intervention, based on the recommendations of our PT/OT therapists – so, not routinely. However, we think it is a GREAT idea.
- Love the idea of the standardized “safe discharge plan” – 1. developmental follow up

2. APORS

3. MD to MD

communication

# Current Practice at Sherman:

- Use **GEMS** charting system – no place to document nonpharmacological interventions.
- Nonpharmacological interventions – However, this can be built into system

## ○ **Nonpharmacological interventions:**

- Baby Friendly hospital, with 7 lactation consultants, plus all Family Birthing Center RNs are certified as breastfeeding counselors
- Baby's First Friend program (BFF) – RN who stays with baby during golden hour, supporting skin to skin and getting early breastfeeding going
- Discharge teaching form already addresses: breastfeeding, soothing techniques, safe sleep
- Mother/baby discharge teaching already includes: “Help at Home” – who are resources for Moms post-discharge (coach, family, friends, health care providers, mom/baby groups, faith organizations).

# THANK YOU



Advocate

Sherman Hospital

Inspiring medicine. Changing lives.

# ILPQC MNO NEO Initiative Wave 1



# Team Members for Both MNO/NEO

- Lizy Andrews MD (Maternal)
- Venna Bhamre MD (Neo)(Peds Hospitalist 24/7)
  - Physicians Lead
- Lori Brach MSN APN CNS
  - Director Family Birth Center
- Maternal Lauren Decker BSN/Laura Snow BSN
- Neo Kim Gaddis MSN
- Lactation Consultation Tina Martis BSN IBCLC
- Family Birth Center Quality Mary Ellen Arrington BSN
- Social Worker Angela Koenig CSW

# Demographics

- **Riverside Medical Center** is located in Kankakee, Illinois, and is part of Riverside HealthCare, a fully integrated healthcare system serving the needs of patients throughout the counties of Kankakee, Iroquois, Will, Grundy and beyond.
- 325-bed hospital that provides a full scope of inpatient and outpatient care.
- Only Magnet® Recognized hospital in Kankakee County and has been named a 100 Top Hospital nine years in a row.

# Demographics cont.

## ■ *Kankakee County 2015*

- Population 113,449 (increased 9.3% since 1990 as compared to 3.2% in Illinois and 9.7 in the US)
- The median household income for Kankakee County is \$33,160, which is about half of the median household income for Illinois (\$56,853).
- In 2012, over 16% of the Kankakee County population is living at or below the federal poverty level.

# Family Birth Center

- Family Birth Center 10 Physicians 1 CNM
- Approximately 1,000 deliveries annually
  - L&D
    - 7 LDRs
    - 1 NST Rooms (2 beds)
    - 2 Triage Rooms (1 bed each room)
    - Postpartum 17rooms, all with the ability to double occupancy upon high census
    - Ped's Hospitalist Room directly within FBC
    - Level II Nursery
      - 18 Well-baby
      - 3 Intermediate Beds
      - 1 Isolation Room
      - University of Chicago Perinatal Network

# How we plan to work with OB/NEO

- During this testing phase, one person has been auditing both parts of the tool.
- L/D, Postpartum and Nursery Teams have great communication, on-board and engaged in this valuable initiative.
- Having 2 separate tools OB/NEO would facilitate communication between areas. Separate forms will allow Nursery, L/D, and Postpartum to gather data in real time and facilitate best practices for patient discharge and follow-up.

# Process used to identify/collect data on both prospective and retrospective Neonates

- Majority of data collected via EPIC EMR /or maternal prenatal records.
- We discovered data collection to be cumbersome, gathering in retrospect (once patient was discharged). Prenatal records often were missing several items.... We did look at additional admissions from ER.
- We reviewed intake questions from Kankakee County Health Dept. where prenatal testing/intake/MPE medical card applications/WIC enrollment begins.
- Aunt Martha's, Duane Deane (local methadone clinic), prenatal providers/ pediatricians/pediatric hospitalists will be an important element of his initiative moving forward.

# Process related to neonatal transfers

- Riverside has a Level II Nursery, our tertiary hospital is University of Chicago
- If separate data collection forms are used, the forms should be initiated in real time at our facility and be sent, along with the patient, at time of transfer.
- If a combined form is used, maternal/neonate data collection would begin in real time, our suggestion would then be that the form accompany the undelivered mother/neonate to the accepting facility. This would allow the accepting hospital to seamlessly continue the MNO form and follow up.
- Should the neonate be transferred back to us, the data form would also accompany the neonate in an effort to facilitate ongoing communication and follow-up communication.
- Submission of the data form to REDcap would be the responsibility of the discharging hospital.

# Comments and suggested revisions (NEO only) of combined collection form

- The new revised Neonatal Data Collection Form clarified several of the questions we had when using the initial form.
  - The following questions are related to the newly drafted **Neonatal** Data Collection Form:
    - Q #18 Will ILPQC provide a Bedside Checklist resource?
    - Q #20, #21 Documentation will need to be built into our EMR system to track ESC assessment data.
    - Q #22 Will mom be considered as rooming in if she chooses to go home for night and return mornings?
    - Q #27 RE: NAS treatment guidelines, will there be resources provided to assist in developing for individual hospitals/providers?

# Thank you for your attention...

## The Riverside MNO Team!!!

### ■ Questions





# Mothers and Newborns affected by Opioids (MNO) Initiative Wave 1

Memorial Hospital Belleville



## Family Care Birthing Center Memorial Hospital Belleville

8 LDR Rooms 2 Triage

10 Bed Mother Baby Unit

Level II Nursery

6 Special Care Nursery Beds



# Wave 1 MNO Team

## Neonatal Team

Team Lead	Donna Stephens <a href="mailto:Donna.Stephens@bjc.org">Donna.Stephens@bjc.org</a>
OB Physician Lead	Dr. Engeljohn <a href="mailto:Dengeljohn@sihf.org">Dengeljohn@sihf.org</a>
Nurse Lead	Natosha McEvers <a href="mailto:Natosha.Mcevers@bjc.org">Natosha.Mcevers@bjc.org</a>
Neonatology	Dr. R. Kilani 1/18-4/1/18 <a href="mailto:Dfitzgerald@onsiteneonatal.com">Dfitzgerald@onsiteneonatal.com</a> Dr. S. O'Connor 4/1/18 <a href="mailto:Soconnor@wustl.edu">Soconnor@wustl.edu</a>
Social Service	Maria Holt <a href="mailto:Maria.Holt@bjc.org">Maria.Holt@bjc.org</a>
Neonatal Pharmacist	Chris McPherson <a href="mailto:Christopher.McPherson@bjc.org">Christopher.McPherson@bjc.org</a>



# Current identification Methods for Newborns that Qualify

- Admission question on Mothers admission from the EMR under drug usage history, and If a positive Urine drug screen on maternal admission or history noted on prenatal.

TEST CENTER	
Social Behaviors ✓	
Drugs	
Drug Use	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown
Type	
Amount	
Frequency	



# Urine Toxicology

- Urine toxicology is obtained on All pregnant women upon arrival to labor and Delivery. If the test is positive a social service consult is placed and the infant receives a urine drug screen and meconium drug screen.



# Challenges

- Length of the form
- Time Consuming
- Some prenatal information not available at time of delivery
- Patients do not want to give a lot of information they are afraid the baby will be taken from them



# Recommendations

- Shorten the form and make it easier for private physician offices to use along with the hospital setting so information is there for neonatology
- Provide clear definition on items to ensure consistent data collection
- Work with the Maternal team on monthly calls to address issues noted
- Bring a pharmacist on board



# MNO Neo Wave 1 Team

## Next Steps



- Continue to form your teams if missing any members
- Document your process for collecting the data
- Provide feedback on MNO Neo data form & process for collecting data to Dan ([Dweiss@northshore.org](mailto:Dweiss@northshore.org))

# SAVE THE DATE!

## 2018 OB & Neonatal Face-to-Face Meetings

**OB: May 30<sup>th</sup>, 2018**

**Neonatal: May 31<sup>st</sup>, 2018**

**President Abraham Lincoln**

**DoubleTree Hotel**

**Springfield, IL**

# Tentative Neo Face-to-Face Schedule



Neonatal Face-to-Face 2018 Agenda	
8:45-9:45am	Registration, Storyboard Set Up, and Continental Breakfast
9:45-10:00am	Goals for Today, Overview of sustainability and current initiatives
10:00am – 10:30am	MNO Keynote Speaker?
10:30am – 11:00am	MNO Neo Toolkit Overview & Data form
11:00am – 12:00pm	MNO Neonatal Strategies from IL Hospitals?
12-12:15pm	Pick up boxed lunch
12:15-12:45pm	Lunch and Team Story Board Session
12:45 – 1:30pm	Breakout session group 1 <ol style="list-style-type: none"> <li>1. Golden Hour- Finishing Strong and Sustainability</li> <li>2. Improve Family Partnership and Partnering with Families on Infant Care</li> <li>3. Improve Pre-Delivery Planning and Standardize Identification, Assessment, and Monitoring of SENs</li> <li>4. Improve Newborn Nutrition and Breastfeeding</li> <li>5. Optimize Non-Pharmacologic Management</li> <li>6. Standardize Pharmacologic Management</li> <li>7. Coordinate and Communicate Safe Discharge</li> </ol>

1:30-1:45pm	Break
1:45 – 2:30pm	Breakout session group 2 <ol style="list-style-type: none"> <li>1. Golden Hour- Finishing Strong and Sustainability</li> <li>2. Improve Family Partnership and Partnering with Families on Infant Care</li> <li>3. Improve Pre-Delivery Planning and Standardize Identification, Assessment, and Monitoring of SENs</li> <li>4. Improve Newborn Nutrition and Breastfeeding</li> <li>5. Optimize Non-Pharmacologic Management</li> <li>6. Standardize Pharmacologic Management</li> <li>7. Coordinate and Communicate Safe Discharge</li> </ol>
2:30pm - 3:00pm	Summary and Evaluation

# Breakout Sessions

## Golden Hour

- Sustainability & Finishing Strong

## MNO

- Improve Family Partnership and Partnering with Families on Infant Care
- Improve Pre-Delivery Planning and Standardize Identification, Assessment, and Monitoring of SENs
- Improve Newborn Breastfeeding and Nutrition
- Optimize Non-Pharmacologic Management
- Standardize Pharmacologic Management
- Coordinate and Communicate Safe discharge



- PNAs will reach out to find one nurse/physician pair to facilitate each session
- Local content experts to participate in each breakout and support facilitators

# OUD Patient Education Moms/Patient Focus Groups



- AMCHP grant to IDPH to conduct 4 patient focus groups across IL to review and provide feedback on education materials:
  - Primary prevention OUD materials for all women
  - Primary prevention materials for mothers affected by opioids including education on OUD, MAT, NAS, and engaging with non-pharm care (breastfeeding, rooming in, skin to skin)
- Materials will be printed and distributed at May F2F

Month	Date	Meeting
March	3/19 (12-1pm)	MNO Wave 1 OB
	3/19 (1-2pm)	MNO Neonatal Wave 1 AND MNO Neonatal Workgroup Call
April	4/16 (1-2pm)	MNO Neonatal Workgroup Call
	4/16 (2-3pm)	MNO Wave 1 Joint OB & Neonatal Call
	4/23 (12:30-2:30pm)	MNO Launch Call with Wave 1 & Wave 2 Teams
May	5/30	OB Face to Face in Springfield
	5/31	Neonatal Face to Face In Springfield

Comments & Questions?

THANKS TO OUR SPONSORS



**JB & MK PRITZKER**  

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**Family Foundation**