

Problem

- Drug overdose is the leading cause of death in pregnant and postpartum women in Illinois. We sought to facilitate identification of and care provided to mothers with substance use disorder and their opioid-exposed infants.
- We are a community hospital in the Southwest Suburbs of Chicago, averaging 600 deliveries per year. We use the LDRP model, and have a Level II Intermediate Care Nursery. We are part of the Rush/AIMMC Perinatal Network
- We see patients with substance use disorder infrequently, but recognize the importance of providing consistent, appropriate care to those we see.
- Teams included members from Nursing, Quality, Obstetrics, Neonatology, Social Services, Behavioral Health, Addictionology, Lactation & the Emergency Dept.

Acknowledgements

- We would like to thank all the RNs on the Perinatal Unit for their patience with the numerous new initiatives and educational requirements, and for always working with the best interest of their patients in mind.

Project Implementation

IMPLEMENTED:

- Assemble the teams (OB & NEO); several members participated in both teams
- Select and implement a Validated Screening Tool for inpatient use
- Provide education to physicians and nursing, OB & ED, on: use of the screening tool, follow-up algorithm, and Clinical Care Checklist
- Build validated screening tool into EMR Admission Navigator
- Create a referral list for local access to post-discharge support and MAT
- Host ILPQC Grand Rounds, all private physicians/staffs invited
- Packets to private physician offices including ILPQC resources, importance of screening and treatment and use of the Clinical Care Checklist prenatally
- Coordinate with Social Services for implementation of a coordinated discharge plan
- Educate all OB staff on Eat, Sleep, Console & the importance of parental involvement and non-pharm interventions
- Revise the Neonatal Abstinence policy, to include:
 - Eat, Sleep, Console
 - Standard non-pharmacologic interventions
 - PRN morphine
 - Standardized pharmacologic interventions
 - guidelines for length of stay and post-discharge follow-up
- Implement use of MNO folders, including staff education
- Stigma and Bias education for all OB staff, including new hires

IN PROGRESS:

- Implement use of Team Huddles when a patient presents with OUD
- Solicit Office Plan from private physician offices on use of a validated screening tool
- Narcan prescriptions and education for all patients with OUD

Results

OBSTETRIC

Year	% of patients screened with validated tool on admit*	Prenatal MAT	Discharge MAT	Beh Health Consult	Addiction Specialist	Narcan Counseling	Hep C?
2018	none	1 of 3	1 of 3	3 of 3	3 of 3	0 of 3	0 of 3
2019	98.6%	unknown	0 of 1	1 of 1	1 of 1	0 of 1	1 of 1
2020	99.3%	4 of 5	4 of 5	5 of 5	2 of 5	4 of 5	5 of 5
*from total labor admissions Jan 2019 through Sept 2020							

NEONATAL

Year	NAS Symptoms	Eat, Sleep, Console or Finnegan	Pharm Treatment	Rooming In	Mother Involved	Safe Discharge Planning	Length of Stay
2018	2 of 2	2 Finnegan	0 of 2	1 of 2	1 of 2	1 of 2	1 – 7 d 1 – 8 d
2019	0 of 1	Finnegan	0 of 1	unknown	1 of 1	0 of 1	3 d
2020	2 of 5	ESC 5 of 5	0 of 5	5 of 5	5 of 5	5 of 5	1 – 5 d
Note: A 3 rd case from from 2018 was a stillbirth; not included in neo data above							

Conclusions

- With few patients, it can be difficult to gauge progress; however, through team collaboration we have implemented numerous changes that will enable us to identify these mothers and infants when they do present, and provide them with appropriate care and resources. Major successes include screening with a validated tool on admission up to 99% and establishment of the Eat, Sleep, Console model for Neonatal Abstinence. Goals for the future include Team Huddles, continuing to increase the number of women screened prenatally in our private physician offices, ensuring provision of Narcan prescriptions & education, and ongoing education on MNO/Eat, Sleep, Console/Stigma & Bias for new and continuing staff.

SIGNS OF PROGRESS: INCREASED PRENATAL SCREENING WITH A VALIDATED TOOL

- Packets to offices with sample tools and ACOG recommendations (x2)
- Verbal reminders at Medical Staff meetings
- Solicitation of Office Plans from each office

