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OSF Saint Francis Medical Center is the North Central Illinois Perinatal Referral Center which serves 21 counties in Illinois. In addition, we have over 30 private attending Obstetricians/Advanced Practice Providers which practice at our facility and utilize consulting services from Maternal Fetal Medicine when indicated. OSF Saint Francis Medical Center Women’s Services consists of The Family Birthing Center(Inpatient), Maternal Fetal Diagnostic Center & Breastfeeding Resource Center(Outpatient)

Problem

- Optimal OUD care means touching the lives of every family every time
- This is accomplished through prevention, screening, brief intervention, and linkage to care
- Patients describing previous deliveries prior to our cultural change stated:
 - “I was isolated from my baby”
 - “I was treated like a bad mom”
 - “I consistently felt I was being judged”
 - “I felt all alone”

Project Implementation

KEY STEPS IMPACTING CARE GIVEN TO PATIENTS WITH OPIOID USE DISORDER(OUD)

- Early Identification
- Standardized Patient Education
- PEDS/NICU Consult to discuss NAS
- Inclusion in Care of their Infant
- Staff/Provider Education
- Utilization of the OUD checklist across the OB continuum

Case Study

- 22 y/o G3 P2 – Opioid Use Disorder – Methadone Maintenance for >2 years – Previous delivery less than a year ago
- First visit this pregnancy with outpatient care manager at 14 2/7 weeks gestation – Apprehensive due to previous delivery not meeting her expectations
- Clearly outlined goals throughout pregnancy, including standardized education, expectations of care during pregnancy, delivery, and postpartum
- Emphasized importance of breastfeeding and moms role in care of infant
- Outpatient Care Manager in contact with patient every 2-4 weeks throughout pregnancy
- Met with Pediatrician at 34 2/7 weeks to discuss NAS
- Delivered at 38 1/7 weeks by C/Section
- Infant admitted to NICU due to respiratory complications and NAS
- Breast pumping initiated in recovery room per patient request
- Breastfeeding initiated soon after delivery
- Mother very involved in patient cares and able to stay with infant following her discharge
- Mom’s perception after delivery and infant discharge:
 - “I felt like a valued caregiver for my son”
 - “The support and encouragement I was given helped me have the confidence I needed to care for my son”
 - “Prenatally, through delivery, and after delivery, I never felt I was being judged. I only felt compassion, support, and encouragement”

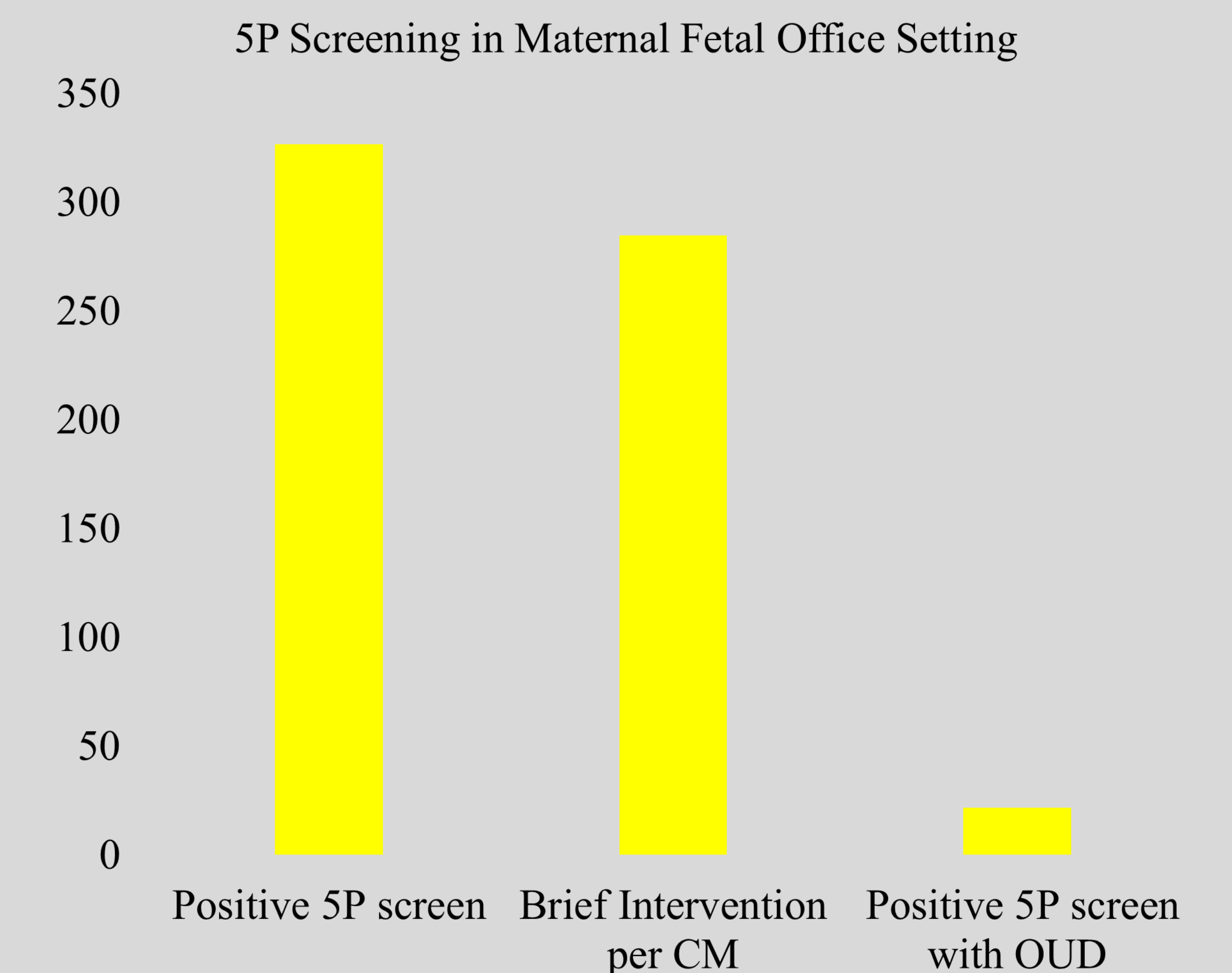
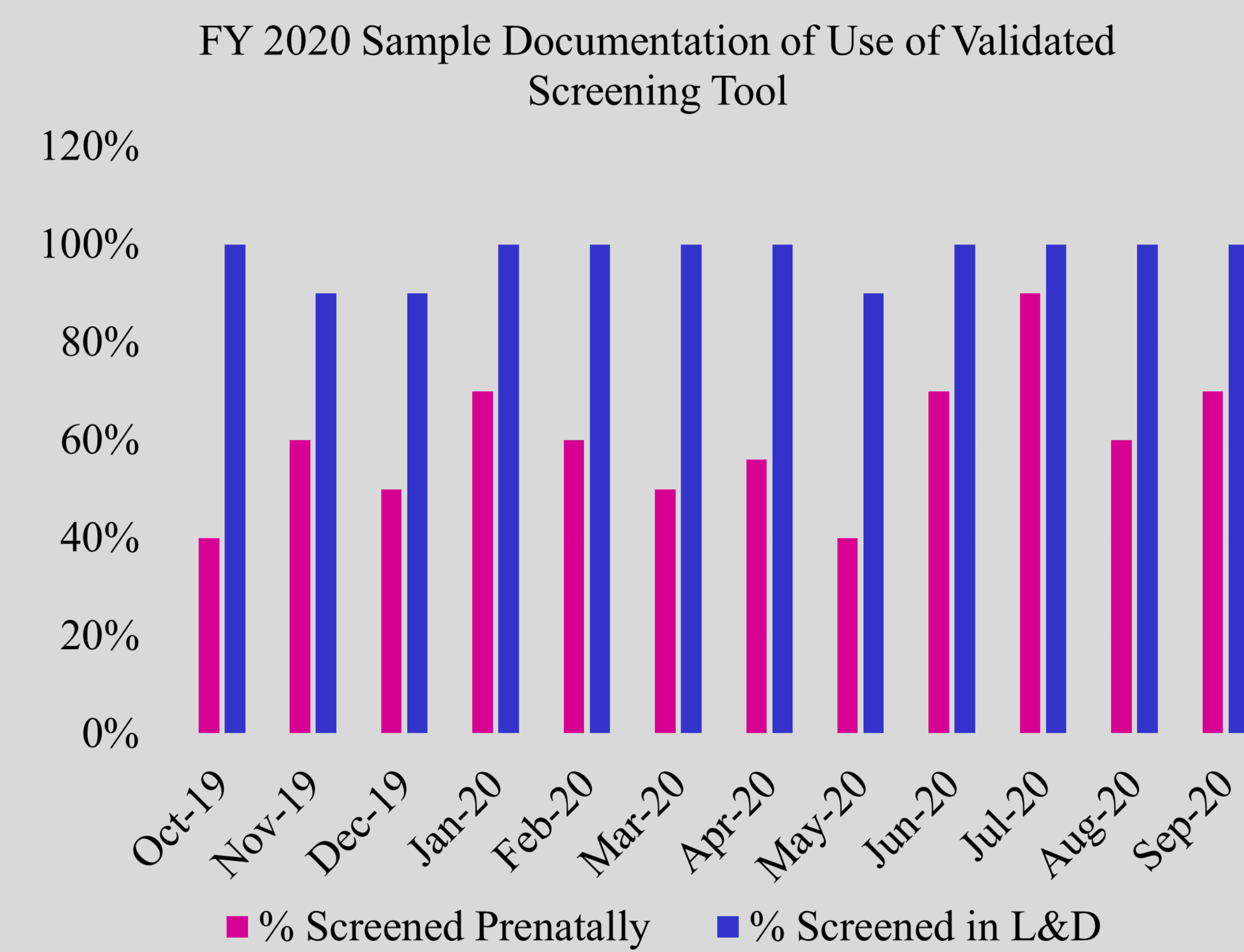
Results

FY 2020

327 Patients with Positive 5P screen in outpatient Maternal Fetal Office
 285 of these patients (87%) seen by Care Manager and brief intervention performed
 22 of these patients (7%) were true OUD patients

Prenatal screening with validated tool increased from 50% in Quarter 1 to 73% in Quarter 4

L&D screening with validated tool increased from 93% in Quarter 1 to 100% in Quarter 4



Conclusions

Our Key Wins :

- Reduction in Stigma
- Consistent Screening and early identification
- Standardized patient/staff/provider education
- Consistent review of successes and missed opportunities

Sustainment Plan:

- Monthly E-Huddle/Newsletter to update team on progress, celebrate successes, identify missed opportunities, and maintain project momentum
- Continue data collection on 10 chart sample documentation of use of validated screening tool
- Monthly Staff Education Notices in regards to key initiative action items
- Quarterly check-ins with OB offices to answer questions and provide with additional resources as needed

PERSEVERANCE

holding to a course of action, belief, or purpose without giving way

- Choose to persevere through the challenges you are facing.
- Count on God’s promise to give you hope—now and future.
- Let that hope sustain you through the rough-and-tumble of life.

