

UPMC | **MAGEE-WOMENS**
HOSPITAL

Neonatal Opioid Exposed Newborn Screening & Non-Pharmacologic Bundles

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Magee before the Parent Partnership Unit

- Mother is discharged
 - Day 2 for vaginal delivery
 - Day 3 or 4 for cesarean section
- Baby transfers to special care nursery with up to 5 babies (separated from mother)
- Baby remains for minimum 5-7 day observation period
- Longer length of stay with pharmacological intervention



Objectives of the PPU

- Establish a comprehensive family centered care model with the goals of:
 - Reduction of the need for pharmacologic treatment of NAS
 - Decrease the length of stay
 - Empower families to be an active participant and be the first line of treatment for infants

Rooming In Model

Focus on non-pharmacological care

- Create low-stimulation and calming environment
- Quiet rooms
- Allows parents to participate in infant care

Benefits of Rooming In

- Enhance breastfeeding and skin-to-skin
- Prevent morbidities
- Improve family interaction and maternal-infant bonding
- Improve outcomes
- Potential decrease in the need for pharmacological management and LOS



Education for Parents

- Infant care including swaddle bathing with Turtle Tub
- Soothing and calming techniques
- Creating a Safe Environment
- Infant Massage
- Developmental Support
- Parental support
 - Self-care
 - Mindfulness
 - Nutrition
 - Community Resources
 - Lactation



New Assessment Tool – Eat, Sleep, Console

- 3 questions to review ESC behaviors with parents every 3-4 hours
 - Does the baby have poor eating due to NAS?
 - Does the baby sleep < 1 hour due to NAS?
 - Is the baby unable to be consoled within 10 minutes due to NAS?
- If answer is yes to any question – formal team huddle between caregiver/parent
 - Continue/optimize non-pharmacologic care
 - Initiate medication treatment
 - Continue medication treatment

*Parents are a key component of this model

Eligibility Criteria

- Mothers (and one support person*) are able to participate in the PPU if they:
 - Are an active participant in recovery care and receive consistent medication assisted treatment during pregnancy through a licensed provider
 - Are an active participant in prenatal care and attend appointments
 - Agree to actively care for newborn, including feeding, diapering, bathing, and skin-to-skin touch
 - One support person must be present with newborn 23 hours a day
 - Agree to attend and participate in the educational/self-care sessions held on the PPU
 - A bed is available

*** Support person defined as individual with second wrist band ***

Progression of Eligibility

- 23 hours a day
 - Able to accommodate methadone dosing greater than one hour
- Nesting
 - Occurs when newborn needs pharmacologic treatment for NAS
 - Mother must be participating in PPU prior to pharmacologic intervention
 - Allows increased bonding, participation in newborn care, and participation in specialized classes
- Illicit use
 - Initially, illicit use of any substance eliminates ability for PPU participation
 - Changed eligibility that illicit buprenorphine use at time of delivery and agreeance to participate in Pregnancy and Women's Recovery Center (PWRC) allows for mother to participate in PPU and receive prescribed buprenorphine

Connection to PWRC

- **Pregnancy and Women's Recovery Center**
 - Complete eligibility on women for PPU
 - Can be completed during prenatal period, prior to delivery or postpartum
 - Includes evaluation of current recovery treatment, ability to adhere to unit guidelines, and prenatal care compliance
 - Coordination of care
 - Able to initiate buprenorphine medication in postpartum period
 - Available for every delivering patient with OUD (not just PPU candidates)
 - Admission in to Pregnancy and Women's Recovery Center for long term recovery treatment
 - Peer Recovery Support
 - One on one support available with certified peer specialists
 - Available for every patient with OUD (not just PPU candidates)

Barriers to Participation

- Childcare
 - Requirement of PPU is to remain on unit as primary caretaker 23 hours a day
 - Working with Jeremiah's Place
 - Consultation must occur before eligible to participate
 - Can utilize as respite care for up to 72 hours
 - Would allow mother is use as childcare while participating in PPU
- Transportation
 - Continuing to work with social work
- Baby requires pharmacologic treatment before mother is discharged
 - Participation in the PPU requires both mother and newborn
 - Newborn is transferred to NICU for pharmacologic treatment

Results

- Unit opened July 2, 2018
- Average length of stay – 5.78 days
- 70% breastfeeding initiation rate
- 7.14% of babies have required pharmacologic treatment (compared to 34-80% of other babies)
- Over 200 educational sessions attended

Changes to PPU

- Feedback from families has led to the following changes:
 - Immediate transfer to PPU from labor and delivery
 - Specialized care for infant for entire duration of stay
 - Allows more opportunity for educational sessions
 - Visitation
 - Three hour window for visitors each day
 - Allows for mother to see other children during this time
- Evaluating desire for psychiatric consultation and services

Questions?

