



Illinois Perinatal Quality Collaborative: Mothers and Newborns affected by Opioids

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MNO-OB Initiative Aims: What Must We Achieve to Save Lives

≥70%
**Medication
Assisted
Treatment**

≥70%
**Recovery
Treatment**

≥80%
**Universal Validated
OUD Screening**
Prenatal &
Labor & Delivery

≥70%
**OUD Clinical Care
Checklist**
Narcan provided
Hepatitis C screen



≥80%
**Patient Education
OUD/NAS**
Counseling/Materials
Neo/Peds Consult

What do we need every OB Provider to know about OUD?



Opioid Use Disorder is an urgent obstetric issue



Opioid Use Disorder is a life-threatening chronic disease with lifesaving treatment available, reducing stigma improves outcomes



There are key steps OB providers need to take prenatally and on L&D to care for women with Opioid Use Disorder



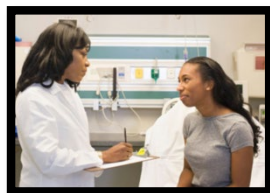
Linking moms to MAT / Recovery Services

- Reduces overdose deaths for moms
- Improves pregnancy outcomes
- Increases # women who can parent their baby

Key steps for OB Providers in the MNO OUD Protocol-



Screen and document
positive result



Provide SBIRT risk assessment
and brief counseling re: benefits
of treatment, next steps for
linking patient to care



Activate care coordination and
navigation to link woman to MAT,
and behavioral health counseling/
recovery programs



Insert and complete OUD
clinical care checklist in
electronic medical record (or
paper chart) (prenatal / L&D)



Provide patient education re:
OUD and NAS, and engaging in
newborn care via neonatology
consult, counseling, hand-outs.

Activating the OUD protocol for
every screen positive woman,
every time!

Universal Screening for OUD with a validated screening tool

- **Universal Screening with a validated screening tool, for all pregnant women, is recommended by ACOG, SMFM, ASAM**
- Screen all pregnant women on entry to prenatal care and admission to L&D at time of delivery and **document result**
- Universal screening helps eliminate selected screening/ “educated guessing” which is heavily dependent on biases and attitudes.
- Allows for the earliest possible intervention or referral to treatment
- The goal of screening is to identify pregnant/postpartum women with life threatening illness to start treatment
- Urine toxicology testing is not screening, test used to confirm or follow women with OUD or suspected OUD with consent

EVERY PATIENT PERIOD

Example Screening Tools

1. NIDA Quick Screen

2. 5 P's Screening Tool

& Follow-Up

Questions*

3. Institute for Health

and Recovery

Integrated

Screening Tool*

The NIDA Quick Screen (National Institute on Drug Abuse (NIDA)) <https://www.drugabuse.gov/publications/resource-guide-screening-drug>

NIH National Institute on Drug Abuse
Advancing Addiction Science

Home » Publications » Resource Guide: Screening for Drug Use in General Medical Settings » The NIDA Quick Screen

Resource Guide: Screening for Drug Use in General Medical Settings

The NIDA Quick Screen

Step 1: ASK about *past year* drug use

The NIDA Quick Screen and NIDA-modified ASSIST are appropriate for patients age 18 or older. You may deliver it as an interview and record patient responses, or read the questions aloud and have the patient fill out responses on a written questionnaire. It is recommended that the person administering the screening review the sample script to introduce the screening process. The script offers helpful language for introducing what can be a sensitive topic for patients.

Introduce yourself and establish rapport.

Before you begin the interview, please read the following to the patient:

Hi, I'm _____, nice to meet you. If it's okay with you, I'd like to ask you a few questions that will help me understand your health better. These questions relate to your use of alcohol and other drugs, and about any medical conditions you've taken or are taking drugs for.

Screening Your Patients:

1. Ask about past year drug use
2. Begin the full NIDA-Modified ASSIST

The 5P's Prenatal Substance Abuse Screen For Alcohol and Drugs

The 5P's is an effective tool of engagement for use with pregnant women who may have substance use problems. This screening tool poses questions related to substance use by women's parents, partners, and friends in the past. These are non-confrontational questions that elicit information which can be useful in evaluating the need for a more complete assessment and potential intervention.

- Advise the client responses are *confidential*.
- A single "YES" to any of these questions indicates further assessment is needed.

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?
___ No ___ Yes
5. In the past month, did you drink beer, wine or liquor, or use other drugs? (If so, how often?)
___ No ___ Yes

Staff Signature: _____ Date: _____

Interpreter Used: ☐ No ☐ Yes Interpreter Name: _____

High Risk Score ≥ 27

- ✓ Provide feedback on the screening results
- ✓ Advise, Assess, and Assist
- ✓ Arrange referral
- ✓ Offer continuing support

Moderate Risk Score 4-26

- ✓ Provide feedback
- ✓ Advise, Assess, and Assist
- ✓ Consider referral based on clinical judgment
- ✓ Offer continuing support

Lower Risk Score 0-3

- ✓ Provide feedback
- ✓ Reinforce abstinence
- ✓ Offer continuing support

Women's health can be affected when those close to them use alcohol or drugs. By asking these questions, you can help them understand their health and the health of their children.

Parents
Did any of your parents have a problem with alcohol or other drugs?
YES NO

Peers
Do any of your friends have a problem with alcohol or other drugs?
YES NO

Partner
Does your partner have a problem with alcohol or other drugs?
YES NO

Violence
Are you feeling at all unsafe in any way in your relationship with your current partner?
YES NO

Emotional Health
Over the last few weeks, have you, 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 NO

Past
In the past, have you had difficulties in your life due to alcohol or other drugs, including prescription medications?
YES NO

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 do you have per day? ___
3. How often did you have 4 or more drinks per day in the past month? ___
YES NO

Smoking
Have you smoked any cigarettes in the past three months?
YES NO

Review Risk
Review Domestic Violence Resources
Review Substance Use, Set Healthy Goals
Consider Mental Health Evaluation

Advise for Brief Intervention

Did you State your medical concern?	Y	N	NA
Did you Advise to abstain or reduce use?			
Did you Check patient's motivation?			
Did you Refer for further assessment?			

At Risk Drinking

Non-Pregnant	Pregnant/Planning Pregnancy
>7 drinks / week	Any Use is Risky Drinking
>3 drinks / day	

What is SBIRT?

S	Screening
B	Brief
I	Intervention
R	Referral
T	Treatment

Wright et. al. *Obstetrics and Gynecology* 2016

- Key steps for health care providers to respond to screen positive patients
- Brief (even <5 min) opportunistic interventions providing feedback and advice can be very powerful in helping people change risky behavior
- Assess OUD diagnosis, counsel on risks, assess readiness to start treatment
- Refer to start treatment/recovery services
- Utilize the SBIRT pocket cards

Brief Interview & Referral for Opioid Use Disorder

Raise subject	<ul style="list-style-type: none"> Thank you for answering my questions. From what I understand from your screening, you are using (or in the past you have used) (opioids and/or alcohol). Help me understand, through your eyes, what connection (if any) do you see between your use of (or) and this pregnancy? People use drugs for many reasons: <ul style="list-style-type: none"> What do you like most about using (or)? What do you like less about using (or)?
Provide Feedback (including patient education handouts)	<ul style="list-style-type: none"> Sometimes patients who give similar answers are continuing to use drugs and alcohol during their pregnancies. I have some information on risks substance use in pregnancy. Would you mind if I shared them with you? (Share education handouts). Because of these risks, I recommend to all my patients to completely avoid any alcohol or drug use during pregnancy as there is no known safe amount.
Investigate Readiness (Use readiness ruler)	<ul style="list-style-type: none"> What are your thoughts about the information I just shared? Do you have any concerns? On a scale of 1-10, how ready are you to make any kind of changes in your use of (or)? This marked ____ That's great. Why did you choose ____? (Add into a binder number like a 1 or 2)
Create Action Plan (Provide a warm handoff)	<ul style="list-style-type: none"> What are some steps you could take to reduce the things you don't like about using that you shared with me earlier like ____? (Reassess the patient ahead of time). What steps can you take today to reach your goal of having a healthy pregnancy and healthy baby? Those are great ideas! Is it OK for me to write down the steps/plan you just shared with me? (What exactly should I enter?) I have additional resources and people that patients often find helpful, would you like to meet with them? (Schedule consults and referrals to BHI counseling/recovery programs). Thank you for talking with me. Can we schedule a date to check in again?

Adapted from Wright, 2007, in preparation. All rights reserved. 2010 and modified New England Perinatal Quality Collaborative Network.

READINESS RULER
How ready are you to make a change?

NOT READY VERY READY

1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	----

IL PQC
Illinois Perinatal Quality Collaborative

Illinois Referral Helpline
Opioids & other substances:
1-833-2FINDHELP
Helpline.IL.org



Thank you for answering these questions. I noted that you are occasionally smoking marijuana. Is it OK if we talk about MJ use and pregnancy?

People use drugs for many reasons. Can you tell me what you like most about using MJ and what you like less?

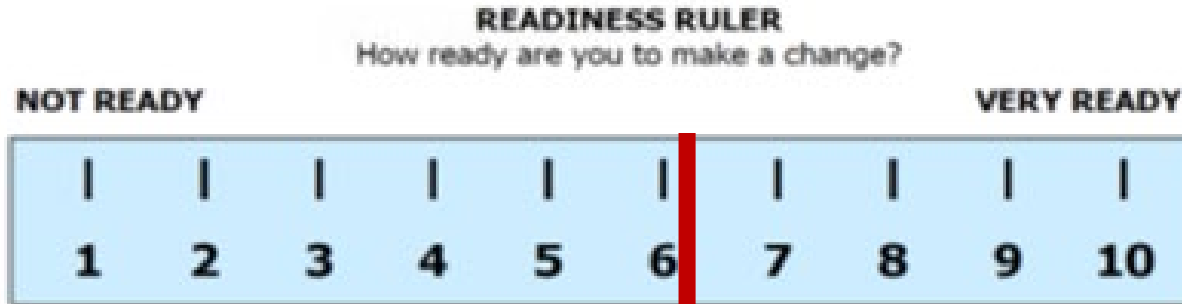
That is a very common perception. I have information on MJ use in pregnancy I'd like to share with you.
Provide counseling and share educational handouts.

What are your thoughts on the information I just shared?

Sure.

I do like the way it makes me feel and its helped a lot with my nausea. I've heard its safe and doesn't hurt the baby, but I guess I'm not sure.

On a scale of 1-10, how ready are you to make any changes in your use of marijuana?



OK. A 6 – **that's great!** Why did you choose 6 and not a lower number like a 1 or 2?

We have other things that can help you with your nausea that are not harmful to your baby.

Thanks for talking with me. Can we schedule a date to check in again?

Well, like you said, if a joint might hurt my baby's development, I don't want to keep using it. But what about my nausea?

Sure.

What is a “warm handoff”?



It is NOT:

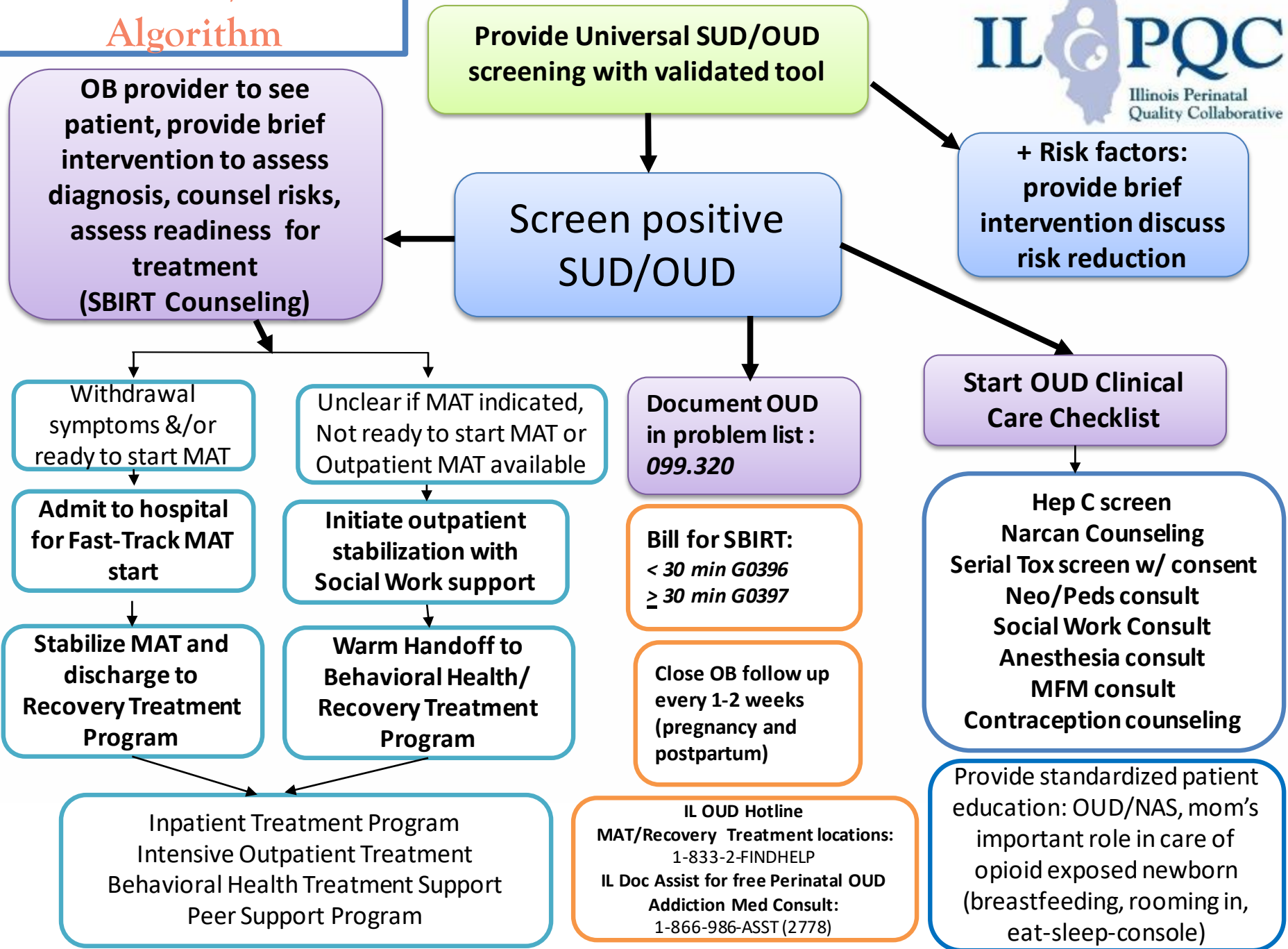
- Providing a phone number to the patient and having the patient call
- Giving a list with resources to the patient
- A phone call to a social worker with no additional follow up



Warm-hand off includes:

- Helping in the process
- Making sure the patient has an appointment and follow-up set up
- If patient declines MAT or BH/Recovery service, schedule a short-interval follow-up with the OB provider

OUD SBIRT/Clinical Algorithm



ILPQC OUD Clinical Care Checklist

Your hospital is using this exact checklist.

Examples of checklist items:

- 1. Assessed for readiness for MAT**
- 2. Link to Recovery Treatment Program**
- 3. Narcan counseling and prescription**
- 4. Contraception counseling and plan**
- 5. Hep C screening**
- 6. Pediatric/neo consult completed**
- 7. Social work consult completed**
- 8. Standardized education provided on NAS and role in newborn non-pharmacologic care**

ILPQC OUD Clinical Care Checklist		ILPQC
Checklist Element	Date	Comments
Antepartum Care		
Counsel on MAT for OUD and arrange appropriate referrals		
Counsel and link to behavioral health counseling /recovery support services		
Social work consult or navigator who will link patient to care and follow up		
Obtain recommended lab testing: <ul style="list-style-type: none"> HIV/ HepB/ Hep C (if positive viral load & genotype) Serum Creatinine/ Hepatic Function Panel 		
Institutional drug testing policies and plan for testing reviewed		
Urine toxicology testing for confirmation and follow up (consent required)		
Discuss Narcan as a lifesaving strategy and prescribe for patient / family		
Neonatology/Pediatric consult provided, discuss NAS, engaging mom in non-pharmacologic care of opioid exposed newborn, and plan of safe care.		
DCFS Reporting system reviewed, discuss safe discharge plan for mom/baby		
Consider anesthesia consult to discuss pain control, L&D and postpartum		
Screen for additional substance abuse (alcohol/tobacco/non-prescribed drugs)		
Screen for co-morbidities (ie: behavioral health & domestic violence)		
Consent for obstetric team to communicate with MAT treatment providers		
Third Trimester		
Repeat recommended labs (HIV/HbsAg/Gc/CT/RPR)		
Ultrasound (Fluid/Growth)		
Urine toxicology with confirmation (consent required), and review policy		
Review safe discharge care plan and DCFS process		
Patient Education: OUD/NAS, participating in non-pharmacologic care of the opioid exposed newborn, including breastfeeding, and rooming in.		
Comprehensive contraceptive counseling provided and documented		
During Delivery Admission		
Social work consult, peds/neonatology consult, (consider) anesthesia consult		
Verify appointments for support services (MAT/BH / Recovery Services)		
Confirm Hep C, HIV, Hep B screening completed		
Discuss Narcan as a lifesaving strategy and prescribe for patient / family		
Provide patient education & support for non-pharmacologic care of newborn		
Review plan of safe care including discharge plans for mom/infant		
Schedule early postpartum follow-up visit (within 2 weeks pp)		
Provide contraception or confirm contraception plan		

SBIRT Billing Codes:
 G0396: Alcohol and/or substance abuse structured screening and brief intervention services; 15 to 30min
 G0397: Alcohol and/or substance abuse structured screening and brief intervention services; greater than 30min

MNO-OB Folder

- ✓ Make folders & store on L&D
- ✓ Train charge nurses to get folder when OUD screen + identified, engage OB providers, review material with patient
- ✓ Share folders with outpatient sites

Patient Education Materials

- [Prescription Pain Medicines and Pregnant Women](#)
- [NAS- You are the Treatment](#)
- [NAS: What you Need to Know](#)
- [Contraception Counseling for Women with OUD](#)

Give to
and
review
with
Moms

Clinical Team Resources

- OUD/SBIRT Clinical Algorithm
- OUD Clinical Care Checklist
- [Narcan- Quick start guide](#) for OB to review and prescribe to patient
- OUD Protocol
- Nurse Workflow ***NEW**

Give to
OB to
complete

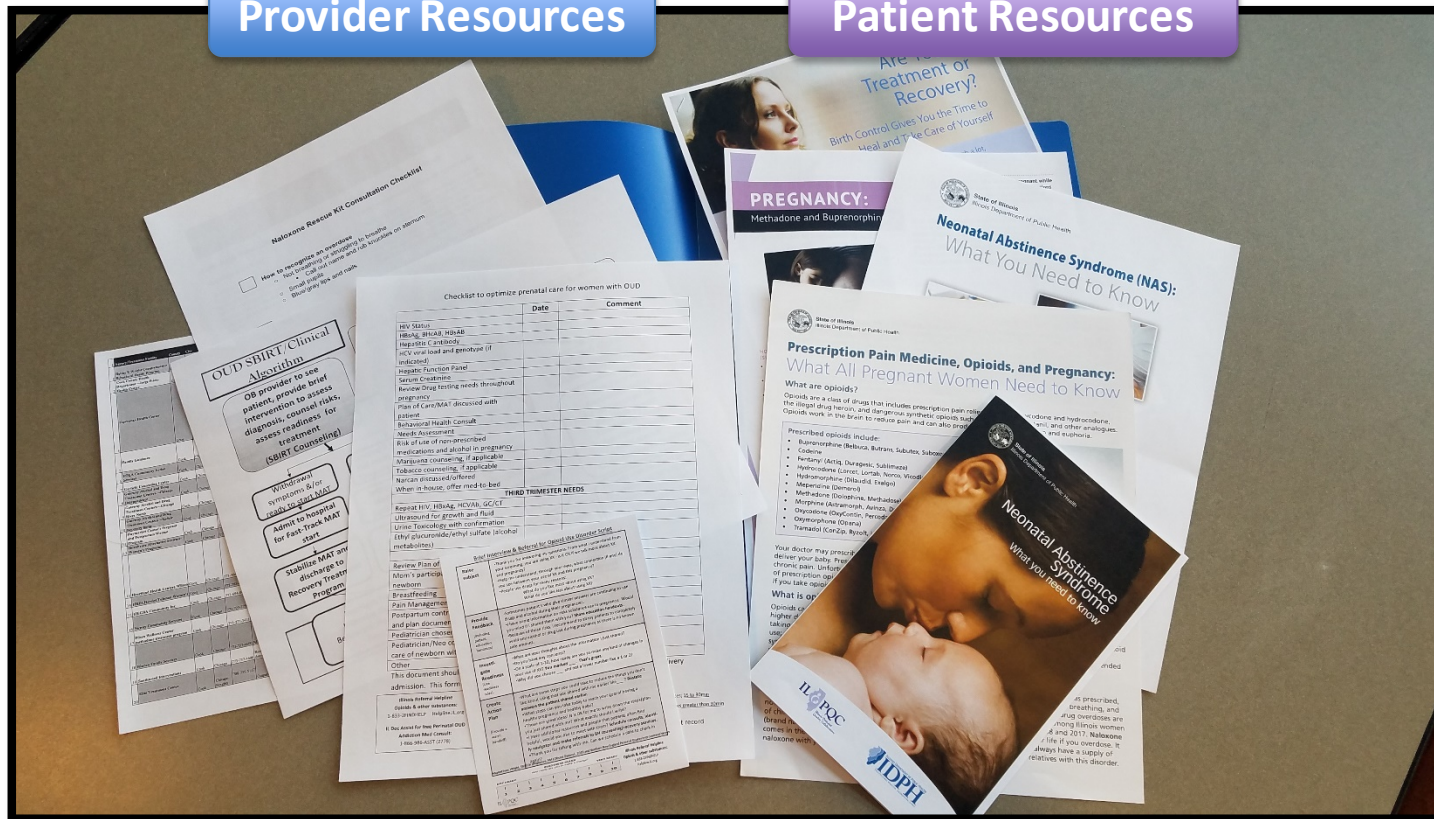
For
nurse



MNO Folder- example

Provider Resources

Patient Resources



MNO Folder: MNO Nursing Workflow

New Nursing Resource



patient sticker

MNO Nursing Workflow

When an obstetric patient screens positive for Opioid Use Disorder (OUD) during an L&D admission, an MNO Folder (stored on L&D/triage) should be obtained by the patient's nurse. The folder should have (1) OUD/SBIRT Clinical Algorithm and the OUD Clinical Care Checklist to give to the OB provider to complete, (2) Naloxone (Narcan ®) quick start guide to help providers complete Naloxone counseling / prescription and (3) has MNO patient education material to give to the patient to provide information on OUD / Neonatal Abstinence Syndrome (NAS) and the importance of moms engaging in the care of the opioid exposed newborn with breastfeeding, skin to skin, and rooming in. The L&D nurse should hand off and review this form with the pp nurse.

The patient's nurse should work with the rest of the obstetric clinical team to make sure the OUD Clinical Algorithm and OUD Checklists are completed prior to discharge. Reminding the clinical team that OUD is the leading cause of maternal death in Illinois may help the team understand why these clinical steps matter.

Labor and Delivery/Admission Nurse:

✓	Nursing task	Comments/Notes
	Report positive OUD screen to OB provider and give the OB provider the OUD/SBIRT Clinical Care Algorithm and OUD Clinical Care Checklist to complete, remind them these items need to be completed for every patient with OUD during the hospital admission.	
	Request a neonatology consult for positive OUD screen to counsel on NAS, and how moms engage in opioid exposed newborn care.	
	Confirm Hep C, HIV, Hep B screening completed or draw appropriate lab orders as indicated.	
	Ensure patient has received the OUD/NAS education materials in the MNO folder, review materials with the patient and document.	
	Confirm OB Provider assessed patient's readiness for Medicated Assisted Treatment (MAT) and plan for treatment is documented before hospital discharge. Remind providers that help with clinical management of OUD / MAT is available through the IL Doc Assist Hotline 1-866-986-2778 with a free addiction med phone consult.	
	Confirm the patient is linked to behavioral health services / recovery treatment program and has follow up or work with a social work consult to confirm a warm hand off and close follow up to establish linkage to services before discharge. Local OUD treatment program options are available through the IL OUD Hotline 1-833-2-FINDHELP.	
	Confirm the provider has the Naloxone quick start guide from the MNO folder (to assist with Naloxone counseling/prescription as a risk reduction strategy for all patients who use opioids regularly).	
	Remind all members of the care team that reducing stigma and treating patients with empathy and compassion improves outcomes for moms with OUD.	
	Handoff MNO folder and MNO nursing workflow to postpartum nurse and review completed tasks.	

patient sticker

Postpartum / Delivery Discharge Nurse:

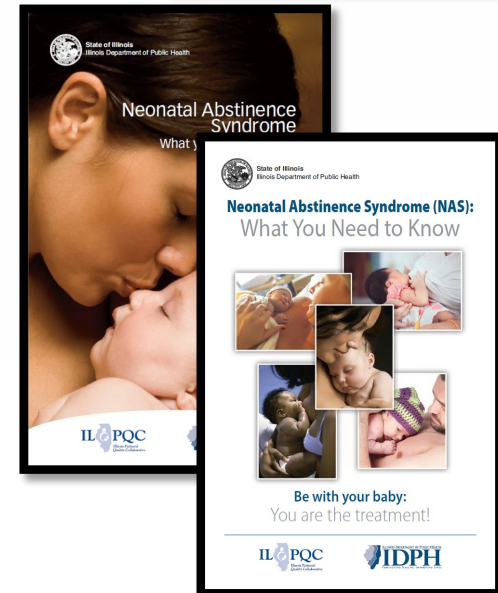
✓	Nursing task	Comments/Notes
	Review MNO patient education material (found in the MNO folder or www.ilpqc.org website) with the patient / family and confirm understanding of important role of mom/family in the care of opioid exposed newborns including breastfeeding, skin to skin, and rooming in. Provide education on safe sleep. Document education provided.	
	Work with neonatology / pediatric team to support mom / family providing non-pharmacologic care as appropriate: breastfeeding, skin to skin, rooming in, eat-sleep-console.	
	Review OUD Clinical Care Checklist with OB Provider to determine next steps for incomplete checklist elements before discharge.	
	Confirm patient's MAT plan with the clinical team and patient's understanding of next steps for MAT follow-up as indicated. Document appropriately.	
	Confirm Behavioral Health/Recovery Treatment Program appointment made before discharge for close postpartum follow-up.	
	Confirm Naloxone (Narcan ®) counseling has been provided by the clinical team and a prescription has been provided before discharge. If possible, encourage having the prescription filled prior to discharge. Document counseling / prescription received.	
	Confirm Hepatitis C screening completed and results provided to the patient, follow up plan established by OB for all positive screens.	
	Ensure all appropriate elements in the OUD Clinical Care Checklist are complete before discharge.	
	Confirm patient has an early postpartum follow up visit with OB for 1-2 weeks postpartum scheduled before hospital discharge.	
	Ensure the OB clinical team is in communication with neonatology / pediatrics to confirm a coordinated discharge plan checklist has been or will be completed for the newborn and make sure the patient / family is engaged in and understands the discharge plan process.	
	Remind all members of the care team that reducing stigma and treating patients with empathy and compassion improves outcomes for moms with OUD.	

Include the Nursing Workflow in the MNO Folder to engage L&D and Postpartum Nurses in key clinical steps needed to reduce risk of maternal death from OUD

General Information for Women with OUD

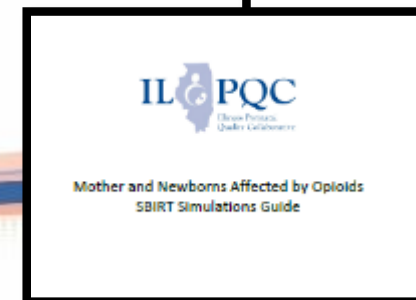
- ## Increase maternal participation in the care of opioid exposed newborns

-
- State of Illinois
Illinois Department of Public Health
- # 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, carfentanyl, and xylorphan. Opioids work in the brain to reduce pain and can also produce feelings of relaxation and euphoria.
- ### Prescribed opioids include:
- Buprenorphine (Butrans, Buprenex, Butrans)
 - Codeine
 - Fentanyl (Actiq, Duragesic, Sublimaze)
 - Hydrocodone (Lorax, Lorab, Norco, Vicodin)
 - Methadone (Dolophine, Exalgo)
 - Meperidine (Demerol)
 - Methadone (Dolophine, Methadone)
 - Morphine (Astramorph, Avinza, Sol)
 - Oxycodone (OxyContin, Percodan)
 - Oxycodone (Opana)
 - Tramadol (Cyclo, Rythol, Ultram)
- Your doctor may prescribe an opioid to deliver your baby. Prescribing opioids for chronic pain. Unfortunately, they use of prescription opioids increases the more you take opioids during pregnancy.
- ### What is opioid use disorder?
- Opioid can be dangerous and addictive. Higher doses in order to feel the same taking non-prescribed opioids such as heroin, feeling a strong urge or desire, symptoms if you abruptly stop taking opioids, period of time increases the risk of
-
- ## PREGNANCY:
- ### Methadone and Buprenorphine
-
- Some women are surprised to learn they get pregnant while taking heroin. Opioid or other pain medicine can make it harder to notice when you have sex with family and friends, may worry about your drug use if a couple of you have babies.
- Some women may want to "treat" as a way to stay in their homes or pain medicines. Unfortunately, studies have shown that 8 out of 10 women return to drug use 6 months after "treat." Therefore, most doctors treat women in pregnant women with other medicines. Buprenorphine. There are some using opioid medicine that are associated with improved outcomes in pregnancy.
- ### HOW CAN I GET STRATEGY ON METHADONE OR BUPRENORPHINE?
- Depending where you live, there may be a special program often with a pregnant woman using methadone or buprenorphine. Some programs offer prenatal care, prenatal care, and counseling, and your physician.
 - If you are not in a program, you may want to consider buprenorphine may also be available from your physician. If you are not in a program, you may want to consider buprenorphine may also be available from your physician.



OB Provider & Nursing Education Campaign

1. Provider Education Posters / Flyers and OUD/SBIRT Clinical Algorithm on Units
2. eModules for Providers, Nurses, and Staff.
[Words Matter: How Language Choice Can Reduce Stigma](#) (30 Min)
 - Upcoming 30 min ILPQC comprehensive eModule with key strategies and finishing strong for sustainability
3. ILPQC MNO-OB Simulation Guide
4. Request a Grand Rounds or OB Provider Meeting





What every OB Provider needs to know to save a mother's life

Overdose is now the leading cause of maternal death in Illinois

Opioid Use Disorder (OUD) is a life-threatening chronic medical condition with lifesaving treatment available. Every OB Provider needs to know how to screen for OUD, assess readiness for treatment and complete an OUD Clinical Care Checklist to reduce risk and improve outcomes for every pregnant/postpartum woman with OUD.

Key steps to improve maternal outcomes



Screen every pregnant patient for OUD with a validated screening tool



Assess readiness for Medicated Assisted Treatment (MAT)



Start MAT and link to Recovery Treatment Programs



Provide Naloxone (Narcan) counseling and prescription



Reduce stigma across clinical team

Important Resources for OB Providers

Illinois OUD Hotline
MAT/Recovery Treatment Locations

1-833-2-FINDHELP

IL DocAssist
Free perinatal OUD
Addition Med Consult for
provider OUD/MAT
questions
1-866-986-ASST

ILPQC Toolkit & Resources
Mothers and Newborns
Affected by Opioids
(MNO) Initiative
www.ilpqc.org
Email: info@ilpqc.org



Did you know?

Overdose is now the leading cause of maternal death in Illinois

SAVE A MOTHER'S LIFE

Opioid Use Disorder and Medicated Assisted Treatment (MAT)

Start MAT, provide Naloxone and link to Recovery Treatment Programs



Reduces risk of maternal death



Improves pregnancy outcomes



Increases the number of women who can parent their newborn

For resources visit ILPQC Mother and Newborns Affected by Opioids (MNO) Toolkit

www.ilpqc.org or email info@ilpqc.org

OB Providers

Are you screening
all pregnant patients
for SUD/OD with a
validated screening
tool?

For validated screening
tools see ILPQC Mothers and
Newborns Affected by
Opioids Initiative Toolkit

Substance Use Disorder (SUD)
Opioid Use Disorder (OUD)



“

Overdose is now
the leading cause
of maternal
death in Illinois

Mothers and Newborns affected by Opioids



SAVE A LIFE.

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



HOW TO PRESCRIBE

- Order Naloxone/Narcan 4mg/mL. Administer spray x 1 intranasally. Repeat in alternate nostril if no response after 3-5 minutes.
- Dispense quantity 2.
- Allow for 2 refills.
- When prescribing at delivery discharge, consider "med to bed" programs so medication can be provided to patient before discharge home.

NARCAN/NALOXONE

WHAT Narcan/Naloxone is an approved medication for the treatment of 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.

HOW 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 life saving for any patient and her friends or family.



Scan here for a sample script for Narcan/Naloxone

Visit ilpqc.org/MNOInitiative or email info@ilpqc.org


Visit us at www.ilpqc.org or email: info@ilpqc.org

Key steps to reduce risk of maternal death

Counseling & Prescribing

Naloxone/Narcan

- Counsel ALL patients with OUD or use opioids regularly that having NARCAN in their purse / home can be a life saving medicine
- Prescribing NARCAN does not mean we think patient will relapse/ overdose *(have for safety just like having a smoke alarm does not mean you believe likely will have a fire, but can be life saving)*
- Narcan Kits for patients and families comes in 2 pack (give one to family)

**NARCAN[®]** (naloxone HCl)
NASAL SPRAY

QUICK START GUIDE
Opioid Overdose Response Instructions


Use NARCAN[®] (naloxone hydrochloride) Nasal Spray 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 an 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.



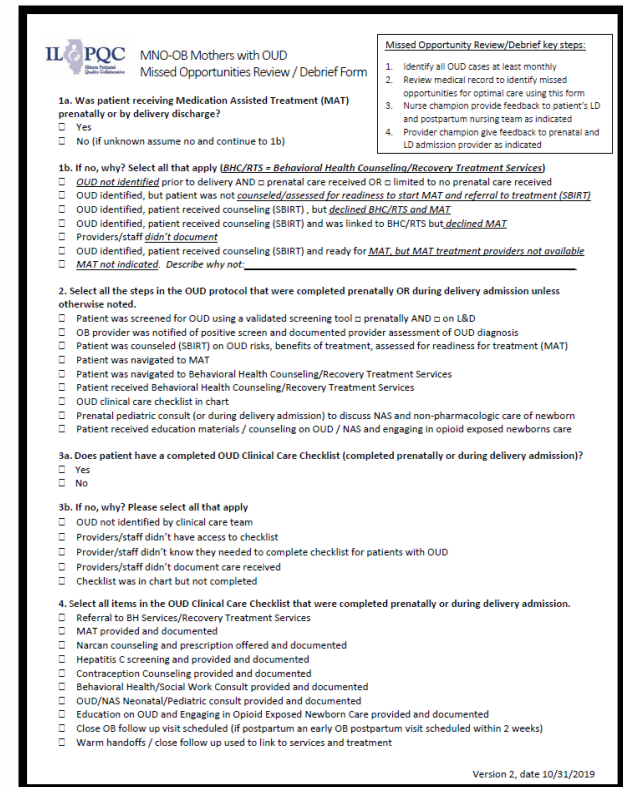


For more information about NARCAN Nasal Spray go to www.narcannasalspray.com, or call 1-844-4-NARCAN (1-844-462-7262). You are encouraged to report negative side effects of prescription drugs to the FDA. Visit www.fda.gov/medwatch, or call 1-888-FDA-1088.

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Monthly Case Review of All OUD Cases in 4 Easy Steps

1. **Identify** all OUD cases at least monthly
2. QI Team **reviews medical record** to identify missed opportunities for optimal care using the form
3. Nurse champion **provides feedback** to patient's L&D and postpartum nursing team as indicated
4. Provider champion **provides feedback** to prenatal and L&D admission provider as indicated



IL PQC MNO-OB Mothers with OUD
Missed Opportunities Review / Debrief Form

Missed Opportunity Review/Debrief key steps:

1. Identify all OUD cases at least monthly
2. Review medical record to identify missed opportunities for optimal care using this form
3. Nurse champion provide feedback to patient's LD and postpartum nursing team as indicated
4. Provider champion give feedback to prenatal and LD admission provider as indicated

1a. Was patient receiving Medication Assisted Treatment (MAT) prenatally or by delivery discharge?

☐ Yes
☐ No (if unknown assume no and continue to 1b)

1b. If no, why? Select all that apply (BHC/RTS = Behavioral Health Counseling/Recovery Treatment Services)

☐ OUD not identified prior to delivery AND ☐ prenatal care received OR ☐ limited to no prenatal care received

☐ OUD identified, but patient was not counseled/assessed for readiness to start MAT and referral to treatment (SBIRT)

☐ OUD identified, patient received counseling (SBIRT), but declined BHC/RTS and MAT

☐ OUD identified, patient received counseling (SBIRT) and was linked to BHC/RTS but declined MAT

☐ Providers/staff didn't document

☐ OUD identified, patient received counseling (SBIRT) and ready for MAT, but MAT treatment providers not available

☐ MAT not indicated. Describe why not: _____

2. Select all the steps in the OUD protocol that were completed prenatally OR during delivery admission unless otherwise noted.

☐ Patient was screened for OUD using a validated screening tool ☐ prenatally AND ☐ on L&D

☐ Ob provider was notified of positive screen and documented provider assessment of OUD diagnosis

☐ Patient was counseled (SBIRT) on OUD risks, benefits of treatment, assessed for readiness for treatment (MAT)

☐ Patient was navigated to MAT

☐ Patient was navigated to Behavioral Health Counseling/Recovery Treatment Services

☐ Patient received Behavioral Health Counseling/Recovery Treatment Services

☐ OUD clinical care checklist in chart

☐ Prenatal pediatric consult (or during delivery admission) to discuss NAS and non-pharmacologic care of newborn

☐ Patient received education materials / counseling on OUD / NAS and engaging in opioid exposed newborns care

3a. Does patient have a completed OUD Clinical Care Checklist (completed prenatally or during delivery admission)?

☐ Yes
☐ No

3b. If no, why? Please select all that apply

☐ OUD not identified by clinical care team

☐ Providers/staff didn't have access to checklist

☐ Provider/staff didn't know they needed to complete checklist for patients with OUD

☐ Providers/staff didn't document care received

☐ Checklist was in chart but not completed

4. Select all items in the OUD Clinical Care Checklist that were completed prenatally or during delivery admission.

☐ Referral to BH Services/Recovery Treatment Services

☐ MAT provided and documented

☐ Narcan counseling and prescription offered and documented

☐ Hepatitis C screening and provided and documented

☐ Contraception Counseling provided and documented

☐ Behavioral Health/Social Work Consult provided and documented

☐ OUD/NAS Neonatal/Pediatric consult provided and documented

☐ Education on OUD and Engaging in Opioid Exposed Newborn Care provided and documented

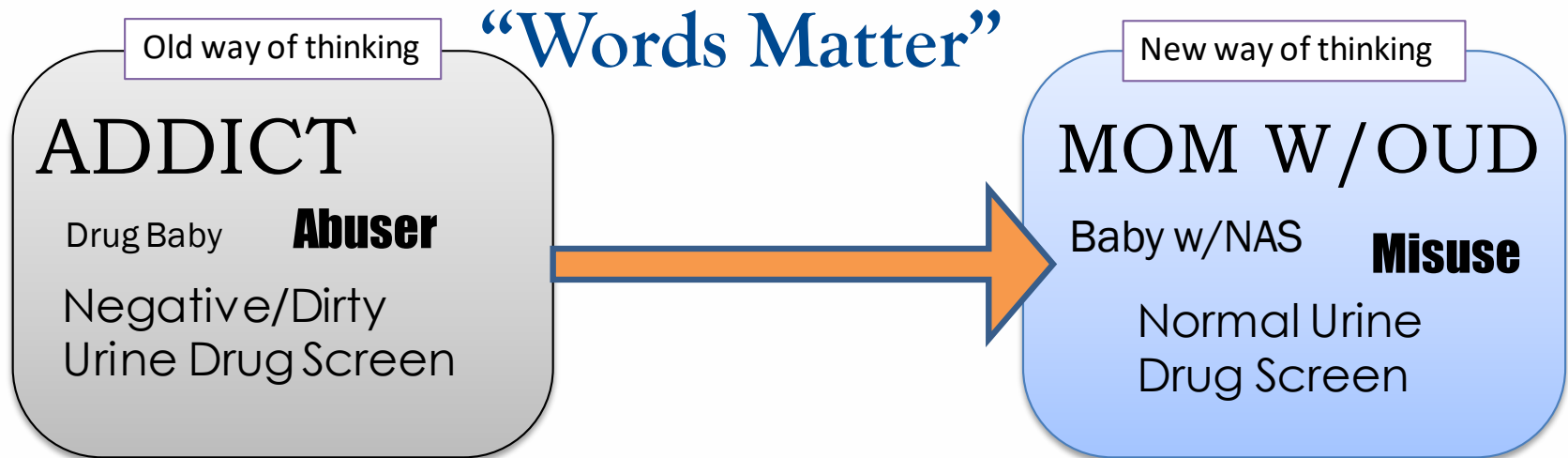
☐ Close OB follow up visit scheduled (if postpartum an early OB postpartum visit scheduled within 2 weeks)

☐ Warm handoffs / close follow up used to link to services and treatment

Version 2, date 10/31/2019

Implicit and Explicit Attitudes

Reducing Stigma Improves Care



Perform a **language audit** of existing material for language that may be stigmatizing, then replace with more inclusive language.

How IL is Making it Easier for OB Providers to Care for Pregnant Women with OUD



Illinois Helpline for Opioids

- Statewide, public resource for finding substance use treatment and recovery services in Illinois
- Open 24 hours a day, 365 days a year
- Refers to hundreds of treatment and recovery



Illinois DocAssist Warmline

- **Free addiction medicine phone consult service for OB providers** caring for pregnant/ postpartum women with OUD regarding medication-assisted treatment (MAT) during the perinatal period.
- Available Mon – Fri, 9AM to 5PM **1-866-986-ASST (2778)**





THANKS TO OUR

FUNDERS



JB & MK PRITZKER

Family Foundation

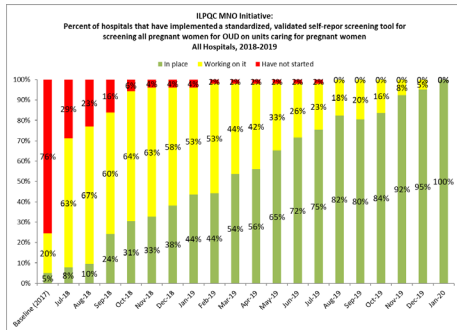
Contact



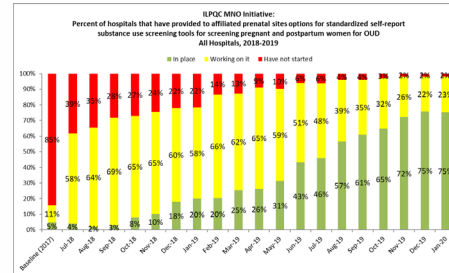
- Email info@ilpqc.org
- Visit us at www.ilpqc.org

APPENDIX

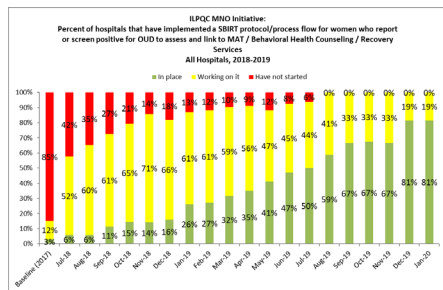
Making Systems Change Happen



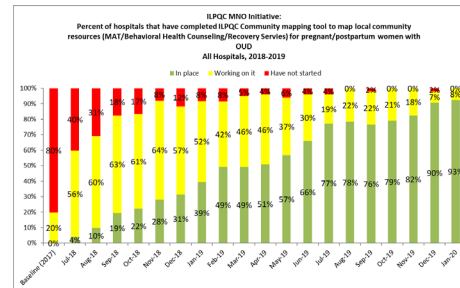
100% of teams have a validated screening tool in place on L&D



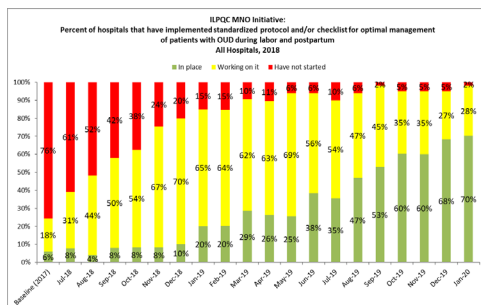
75% of teams have a validated screening tool in place prenatally



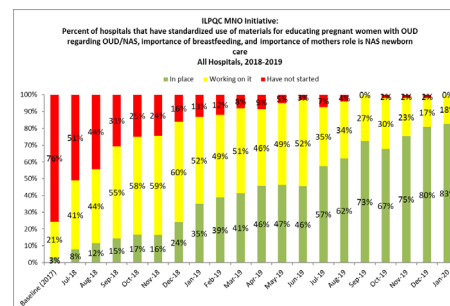
81% of teams have a SBIRT protocol/algorithm in place on L&D



93% of teams have mapped community resources for women with OUD

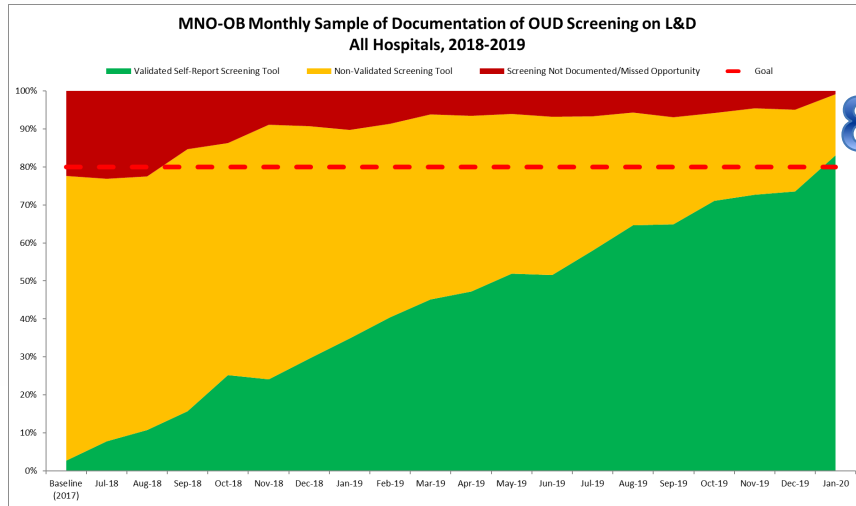


70% of teams have implemented an OUD Clinical Care Checklist on L&D



83% of teams have implemented standardized patient education on L&D

Documentation of Screening for SUD/ODD with Validated Tool

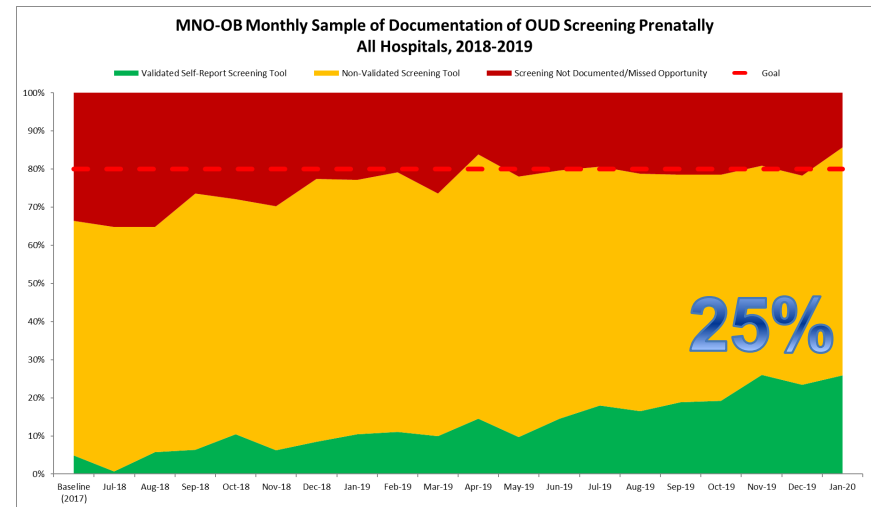


Random sample of 10 deliveries
per month reviewed for
documentation of SUD/ODD
screening
N = 12,400 to date

L&D

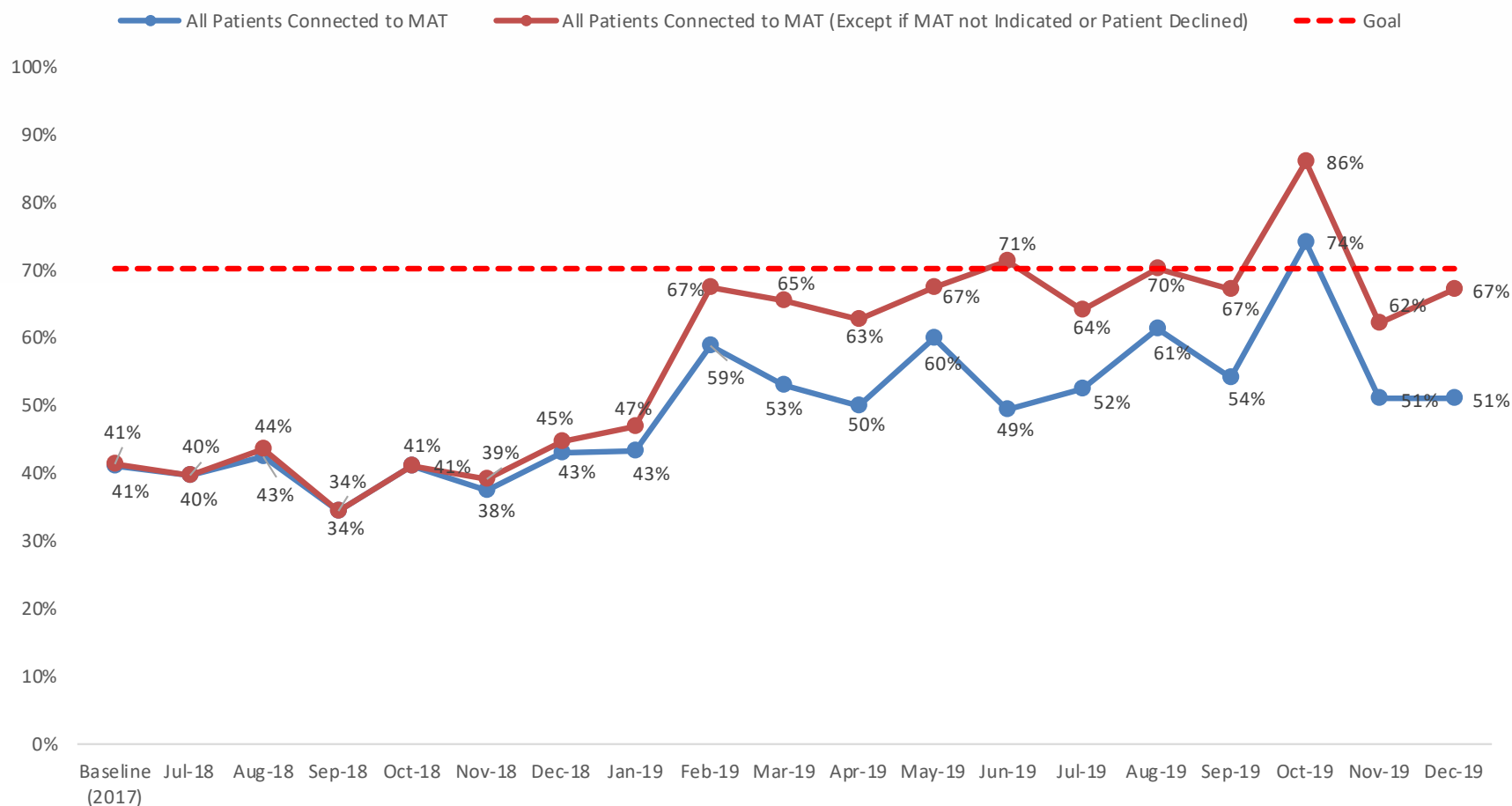
Red = No screening
Yellow = Screened single question
Green = Screened with validated
SUD/ODD screening tool

Prenatal



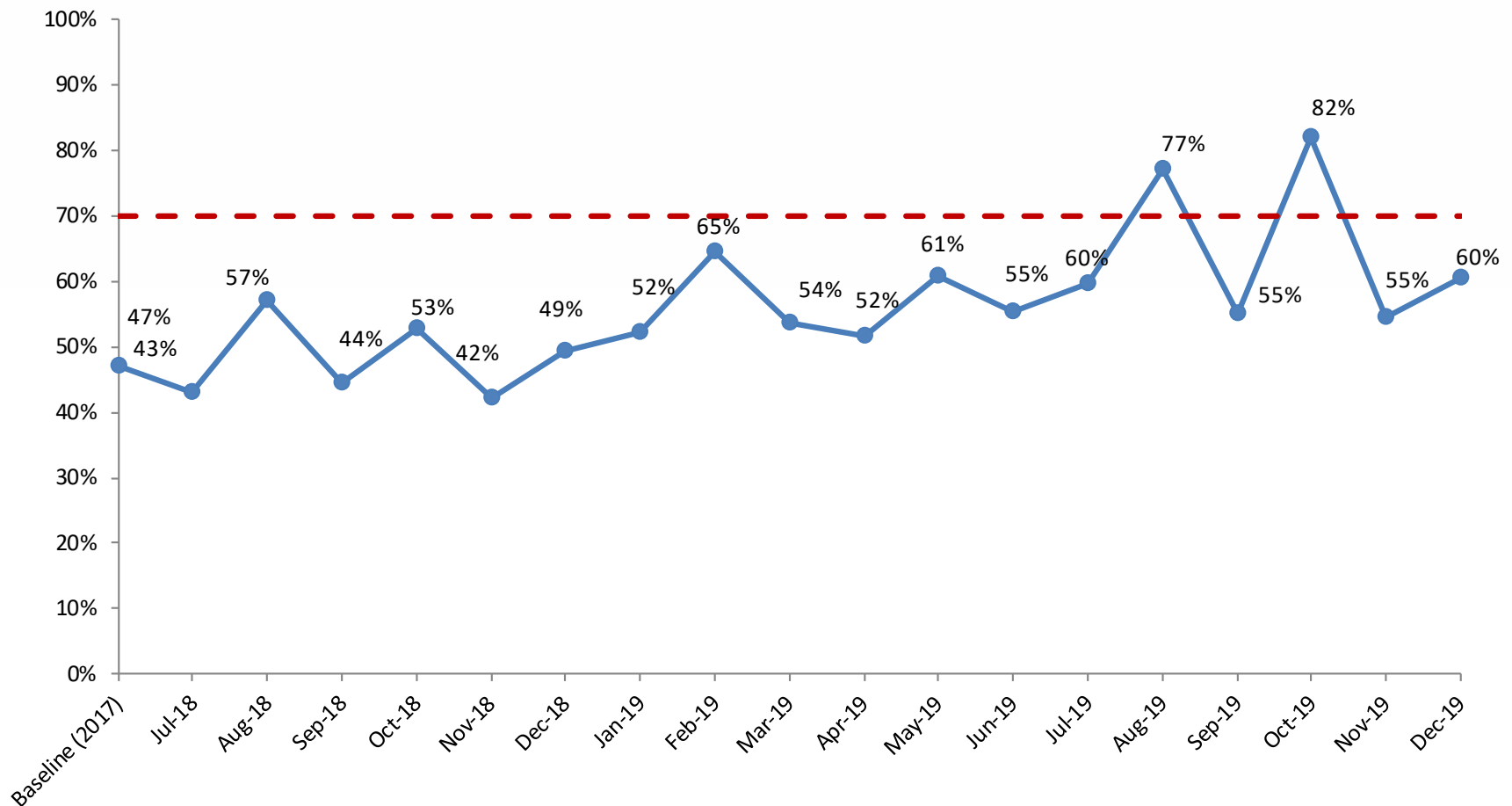
BENCHMARK = $\geq 80\%$

Women with OUD on MAT by Delivery Discharge



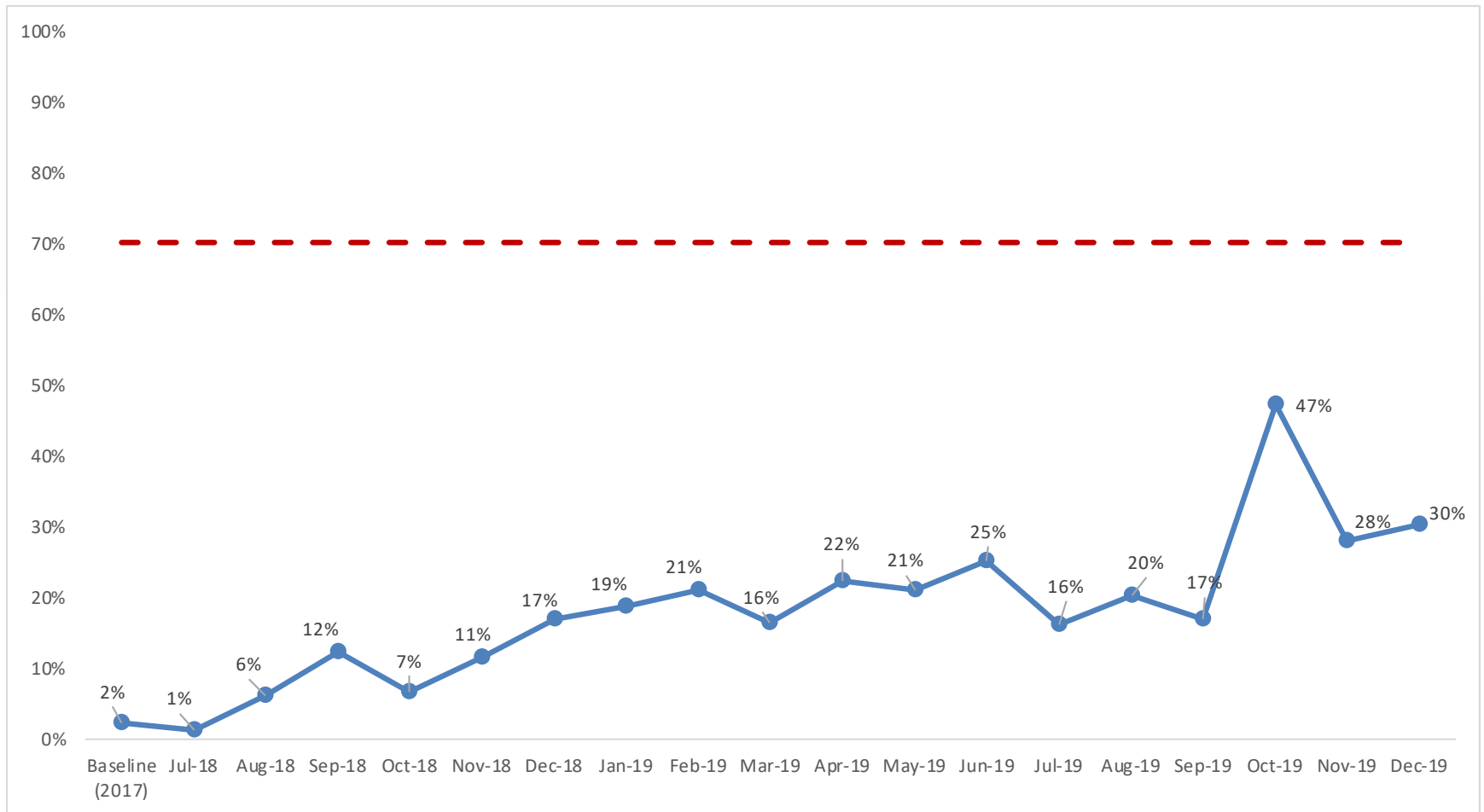
BENCHMARK = $\geq 70\%$

Women with OUD at Delivery Connected to Recovery Treatment



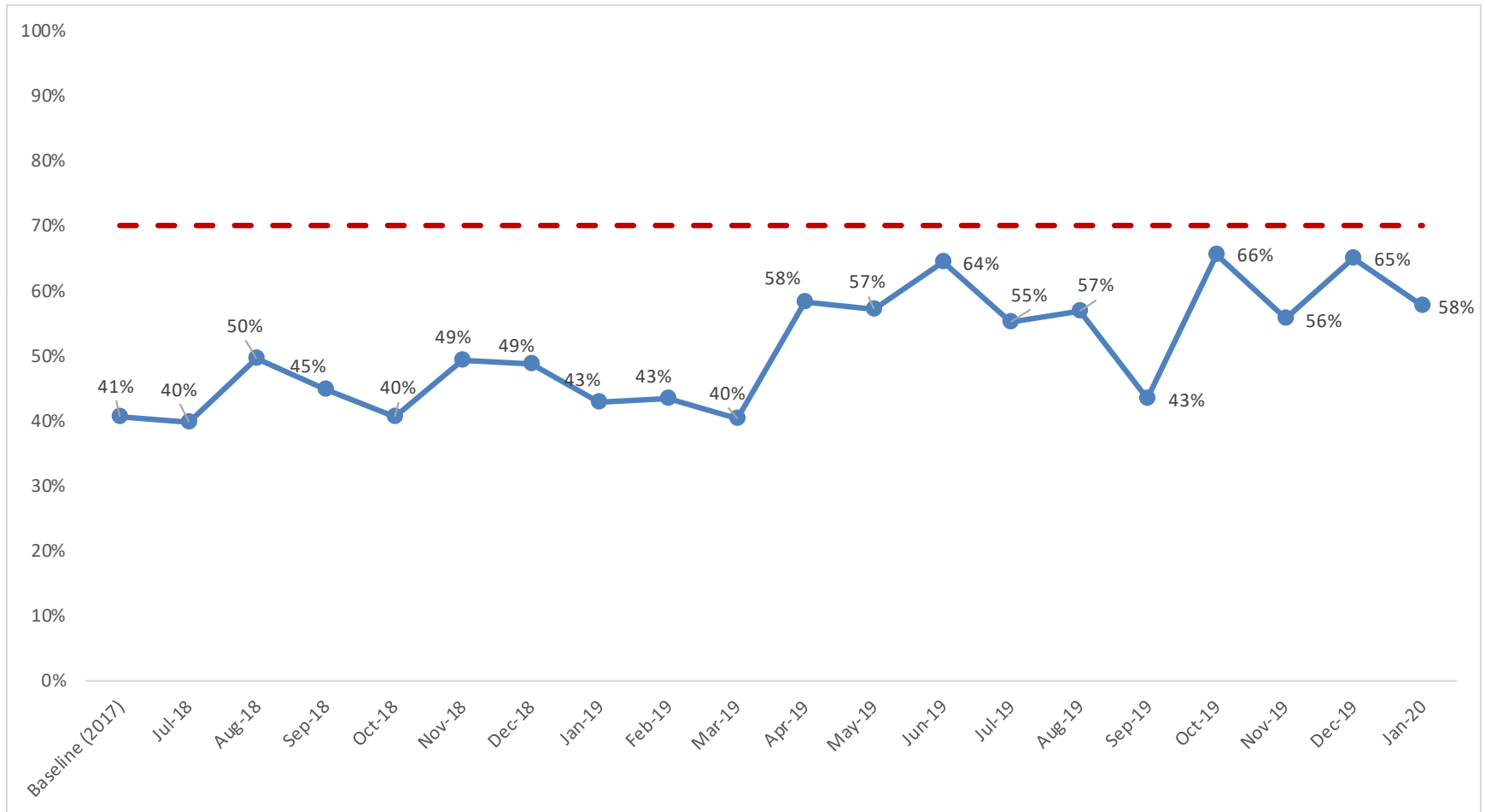
BENCHMARK = $\geq 70\%$

Narcan Counseling & Documentation



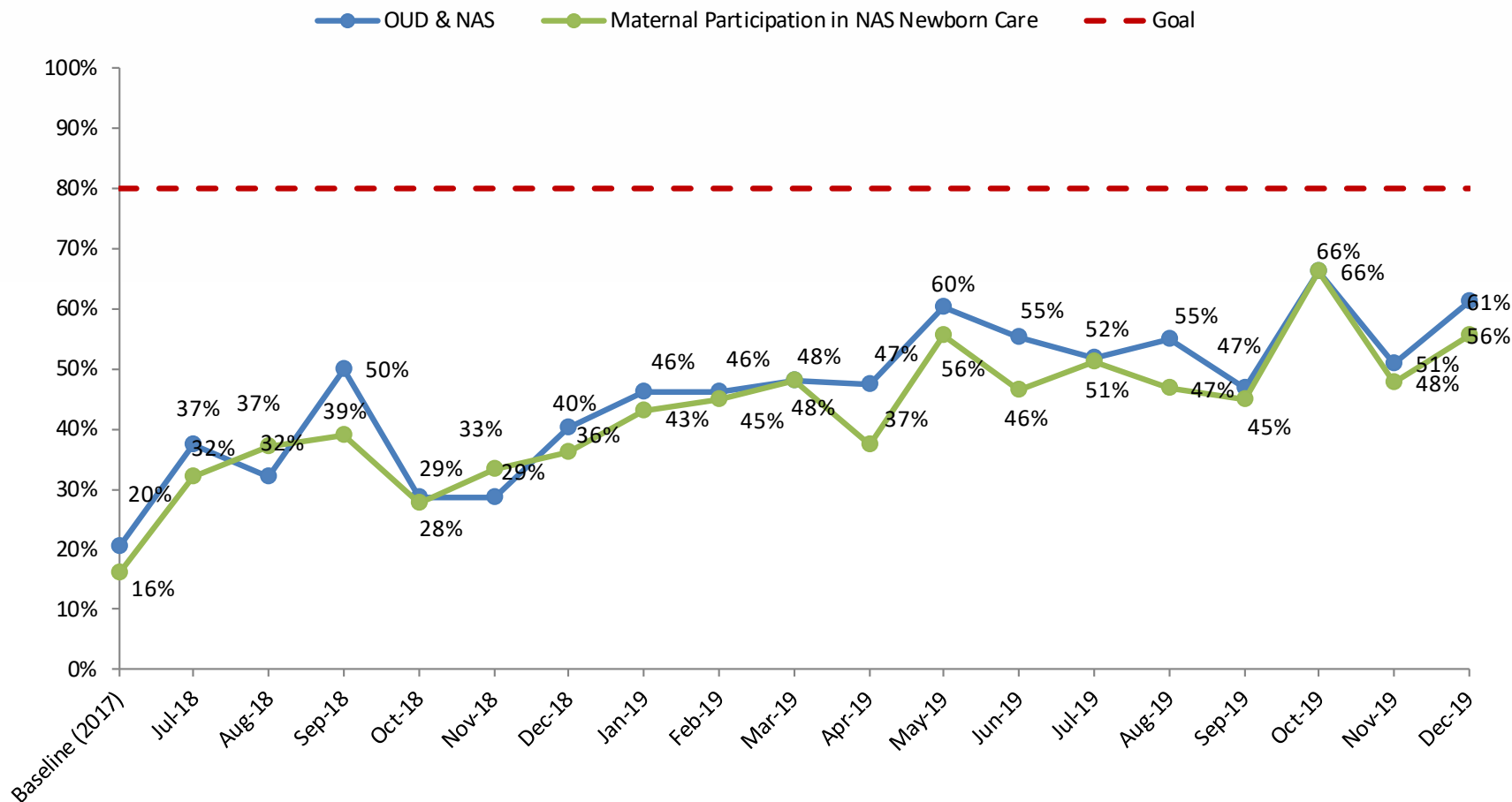
BENCHMARK = $\geq 70\%$

Hepatitis C Screening & Documentation



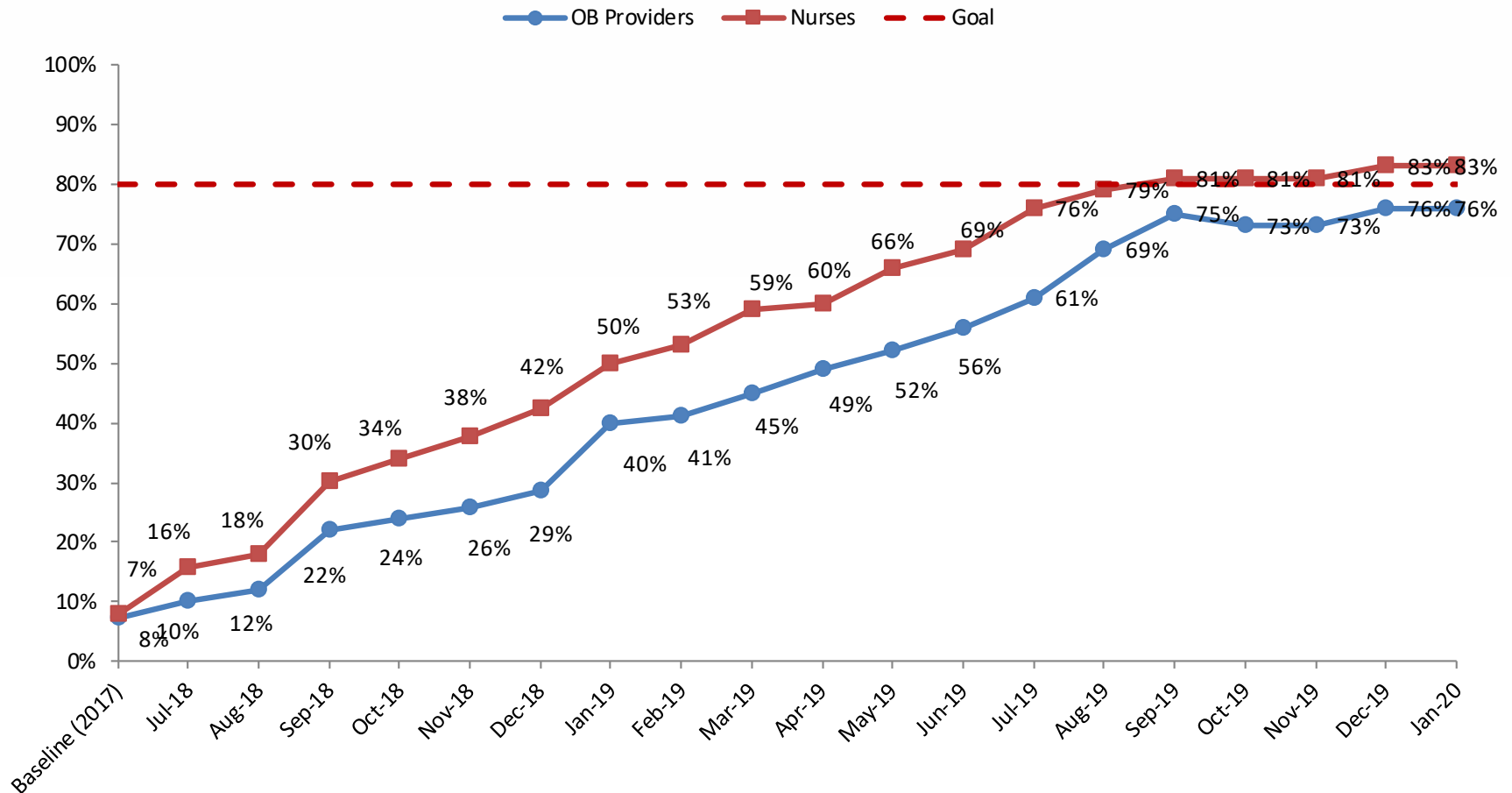
BENCHMARK = $\geq 70\%$

Maternal OUD/NAS Education & Documentation



BENCHMARK = $\geq 80\%$

OB Provider and Nursing Education



BENCHMARK = ≥ 70%