When an OB patient screens + for Opioid Use Disorder (OUD) during an admission, a MORE Folder (stored on L&D/Triage/MBU) is obtained by the patient's nurse.
Folder contents are listed below:

(1) MORE *OUD Clinical Algorithm* for provider review
(2) *MORE Checklist/Workflow*
(3) Contraceptive Counseling materials
(4) Community Mapping Tool to use with community referrals
(5) *Save a Life Naloxone (Narcan®) guide* to help providers complete Naloxone counseling / prescription
(6) *MORE patient education materials: MORE HOPE pamphlet & Naloxone tri-fold* for the patient

The patient's nurse works with the rest of the OB clinical team to make sure the OUD Clinical Algorithm is followed & MORE Checklist is completed prior to discharge. Reminding the clinical team that OUD is the leading cause of maternal death in Florida may help the team understand why these steps matter. Remind all members of the care team that reducing stigma. & treating patients with empathy & compassion improves outcomes for moms with OUD.

√	MORE Checklist/Workflow	Clinical Team Initials/Notes/Date
	Report + OUD screen to OB provider & give OB provider the **MORE Clinical Algorithm** to review	
	Request a neo/peds consult for positive OUD screen to counsel on NAS & how moms engage in opioid exposed newborn care when appropriate	
	Call Team Huddle-OB Provider, Neo/Peds, Social work, Charge Bedside RN during hospitalization	
	Confirm **Hep C**, **Hep B, HIV** and other recommended secondary screening completed	
	Confirm the provider has the **Save a Life Naloxone guide** (to assist with Naloxone counseling/prescription as a risk reduction strategy for all patients who use opioids regularly)	
	Handoff/Review **MORE folder** & **MORE Checklist/Workflow** with postpartum RN	

√	Prior to Discharge	Clinical Team initials/Notes/Date
	Review **MORE patient education material**s (**MORE folder** or http://fpqc.org/more Reinforce important role of mom/family in self-care & care of baby with NAS.	
	Confirm patient's readiness for Medication-Assisted Treatment (MAT) & plan is documented. Remind providers that help with clinical management of OUD / MAT is available through the *UCSF Substance Use Warmline*: *855-300-3595* with free addiction med phone consult.	
	Confirm the patient is linked to behavioral health services/recovery treatment program & has follow up **or** work with a social work consult to confirm a warm hand off & close follow up to establish linkage to services.	
	Work with Neo/Peds team to engage & support mom/family, providing non-pharmacologic care as appropriate: breastfeeding, skin to skin, rooming in, Eat Sleep Console (ESC).	
	Confirm Behavioral Health and/or MAT appointment made before discharge.	
	Confirm Naloxone (Narcan ®) counseling has been provided & prescription has been provided before discharge. If possible, encourage having the prescription filled prior to discharge.	
	Confirm all recommended secondary infectious disease screening completed, results provided to the patient, & follow up plan established by OB for all positive screens.	
	Confirm comprehensive contraception counseling has been provided and method of contraception has been identified/prescribed.	
	Review this Checklist with OB Provider. Determine next steps for ANY incomplete elements.	
	Confirm patient has early postpartum follow up visit with OB for 1-2 weeks PP scheduled.	
	Ensure the OB clinical team is in communication with Neo/Peds to confirm a coordinated Plan of Safe Care (POSC). Make sure the patient / family understands their POSC.	
	Ensure *Alternatives to Opioids* pamphlet has been provided if opioids prescribed.	

Delivery Hospital Visit

FPQC
Florida Perinatal Quality Collaborative

Confidential Screening Questionnaire

Screen Negative

Screen Positive

Brief Intervention

Education regarding:

- Risks of continued opioid use to mother and fetus
- Tobacco alternatives, if appropriate
- NAS
- Naloxone

- Plan for pain during labor and postpartum
- Plan for pain management
  - Follow HB 451 guidelines
  - Check E-FORCSE
  - Prescribe as mandated by HB 21 (≤3 day supply)
  - Discuss pregnancy planning options including immediate postpartum LARC

- Inform pediatrician/ neonatologist
- Assure secondary ID testing completed
- Social work consult
- MH screening
- IPV screening
- Peer counseling
- Begin/Update POSC
- Provide Naloxone prescription

- MAT consult or referral
- BH counseling or referral
- SUD counseling or referral
- Healthy Start/ case management

BH-Behavioral Health
ID-Infectious Disease
IPV-Intimate Partner Violence
LARC-Long-Acting Reversible Contraception
MAT-Medication-Assisted Treatment
MH-Mental Health
NAS-Neonatal Abstinence Syndrome
POSC-Plan of Safe Care
SUD-Substance Use Disorder

Some risks of drinking and drug use during pregnancy



Fetal alcohol spectrum disorders
(alcohol)

Birth defects
(alcohol, marijuana, cocaine, opiates)

Low birth weight
(alcohol, marijuana, cocaine, opiates, meth)

Miscarriage
(alcohol, cocaine)

Premature birth
(alcohol, marijuana, cocaine, opiates, meth)

Development and behavior problems
(alcohol, marijuana, opiates, meth)

Sample Script for a Brief Intervention

Raise the subject	•"Thank you for completing this questionnaire and for being honest about this subject -is it ok with you if we review your results?" •"Can you tell me more about your past/current drinking or drug use? What does a typical week look like?"
Provide feedback	•"I also thank you for trusting me and being willing to talk about this subject." •"Sometimes patients who give similar answers on this questionnaire are continuing to use drugs or alcohol during their pregnancy." •"I recommend to all my pregnant patients not to use any amount of alcohol or drugs, because of the associated risks" (review risks from front)
Enhance motivation	•"What are your thoughts about this recommendation?" •"By being honest with me, it is obvious that you want to have a healthy pregnancy and we want to work with you to make this happen."
Negotiate plan	•Summarize conversation. Then: "What steps do you think you can take to reach your goal of having a healthy pregnancy and baby?" •"We can talk about this again at your next appointment."

SAMHSA Toll-Free Treatment Referral Hotline Florida Department of Children and Families mental health and substance use information, resources and treatment service website	**1-800-662-HELP (4357)** www.myflorida.networkofcare.org

Interpreting the 5Ps Screening Tool

Answers	Zone	Indicated Action
No to all substance use questions	Low Risk	Positive reinforcement
"Yes" to Parents	Risky	Review risk
"Yes" to Peer Questions		Perform Brief Intervention/Referral
"Yes" to Partner, Past, or Present Questions	Harmful or Severe	Refer for further assessment and possible specialized treatment

SBIRT Billing

SBIRT is a model which supports preventive care and the identification of health concerns early in treatment before they become chronic, acute, or require more costly medical treatment, such as emergency services or hospital care. Please note that managed care plans have the flexibility to negotiate mutually agreed upon rates with providers.

FPQC

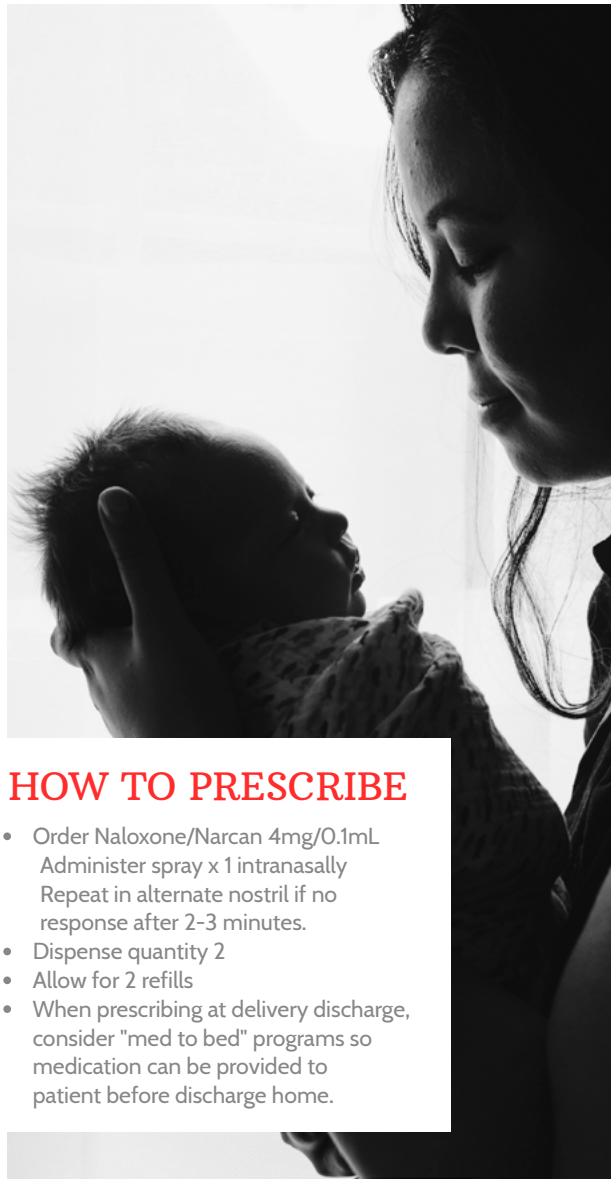
www.fpqc.org/more

Modified with permission from www.sbirtoregon.org

ILPQC
Illinois Perinatal Quality Collaborative

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/0.1mL
  Administer spray x 1 intranasally
  Repeat in alternate nostril if no response after 2-3 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 opioid 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 opiods 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 patients and their friends or family.

Scan here for a sample script for Narcan/Naloxone

Visit ilpqc.org MNO initiative or email info@ilpqc.org

HEALTHY START COALITION
Hillsborough County
www.HealthyStartCoalition.org

FPQC



MORE HOPE

Helping Our Parents Excel

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This handbook was created from resources from The Florida Perinatal Quality Collaborative Mothers Opioid Recovery Efforts (MORE) project. Information was compiled by a FPQC Nurse Consultant, OB provider experts and the Healthy Start Coalition of Hillsborough County. It was adapted from Neonatal Abstinence Syndrome: A Family Guide by HSC, March of Dimes, FPQC and DOH Florida.



Introduction

Congratulations on the upcoming birth of your baby! We understand this may be a stressful and emotional time for you. Many women have upsetting feelings such as fear of the unknown. We have written this book to help you during this time. Women with Opioid Use Disorder (OUD) can have a healthy pregnancy and a healthy baby. We have worked with women with OUD along with the doctors and nurses who care for them to write this book. We hope this guide will help answer many of your questions and leave you feeling less afraid. Our goal is to help prepare you for a healthy pregnancy and birth experience.

This also serves as a guide for taking care of yourself and your baby after the birth. We want you to have answers to your questions including who to call for support.

This booklet can also help other people who will help you care for yourself and your baby, including family and friends.

This book has four parts. Each are color coded.

- Part One: What to Expect During Your Pregnancy - Blue
- Part Two: Preparing for the Birth of Your Baby - Orange
- Part Three: Special Considerations for Your Baby - Pink
- Part Four: Transition to Home/Postpartum Self Care - Green

PART ONE:

What to Expect During Your Pregnancy

The days and weeks before the birth of your baby can be very exciting. It can also be very stressful. We understand that this is an emotional time. Our goal is to help you have a healthy birth and a safe start for you and your baby. This all begins with you caring for yourself during your pregnancy. Remember to ask your doctor, midwife or nurse if you have any questions.



Below are common questions about Opioid Use Disorder and pregnancy

Can I still have a healthy baby if I have Opioid Use Disorder (OUD)?

- Yes! Women with OUD can have a healthy pregnancy and a healthy baby.
- During pregnancy, OUD can be treated with medicines, counseling, and recovery support.



- Good prenatal care is important as well as communication between all of your healthcare providers. Women who receive prenatal care experience better outcomes for themselves and their babies.
- It is important to take care of yourself by building your support systems, trying to reduce your stress, eating as healthy as possible, taking prenatal vitamins, and getting rest and exercise such as walking.

What are the risks for me?

- You should NOT try to stop opioid use on your own because it can lead to withdrawal symptoms. Women who withdraw without assistance are more likely to relapse. Talk to your doctor to help you stop using opioids.
- Depression and anxiety are common in women with OUD. Your healthcare providers should check for these conditions regularly and help you get treatment. If you want to talk to someone, Postpartum Support International is available by phone 7 days a week. The phone number is listed in the back of this book under “Resources.”
- You may be at risk for hepatitis, HIV and other infections. Your healthcare providers may do regular lab tests.



What are the risks for my baby?

- Babies exposed to prescription pain medications, heroin, fentanyl before birth often develop Neonatal Abstinence Syndrome (NAS) after birth, which can be diagnosed and treated. (Please refer to the NAS section of this booklet.)
- Use of opioids, alcohol, marijuana, cocaine and methamphetamines have been linked to premature birth, birth defects, low birth weight and development and behavior problems.

What medicines are safe to treat OUD when pregnant?

- Methadone or buprenorphine are the safest medicines to treat OUD when you are pregnant.
- Both methadone and buprenorphine stop withdrawal symptoms and reduce opioid cravings.
- Both medicines make it more likely that your baby will grow normally and not come early.
- Neither medicine has been associated with birth defects.

Other Substances and Pregnancy

Is smoking safe during pregnancy?

- No. Smoking during pregnancy can be dangerous for you and your baby.
- Smoking can cause preterm birth and can cause stillbirth.

- Smoking can also cause your baby to be born with low birth weight. Low birth weight can lead to other health problems.
- Quit smoking for you and your baby. Call the Tobacco Free Florida Quit Line:1-877-U-CAN-NOW.
- Nicotine patches are safe to use during pregnancy as long as you are not also smoking. Speak to your health care provider about getting some.

Is marijuana use safe during pregnancy?

- No. Marijuana use during pregnancy can be harmful to your baby causing poor fetal growth and development, as well as behavioral and psychological problems in the future.
- Some pregnant women falsely view it as a safe way to treat morning sickness, but no amount of marijuana has been proven safe during pregnancy. This includes “medical marijuana.”

Is alcohol use safe during pregnancy?

- No amount of alcohol is safe to drink while you are pregnant.
- Alcohol can cause abnormal fetal development.
- Drinking alcohol while pregnant can lead to a combination of physical, intellectual and behavioral defects that have a lifelong impact on the child.

How can I take the best care of myself during my pregnancy?

- Taking care of yourself is very important. Always keep your prenatal care appointments!
- Be open with the people who take care of you. Tell them about your symptoms and cravings.
- There are many resources and programs available to you throughout pregnancy. Be sure to ask your provider about home visiting services and resource centers in your area.
- Follow the treatment care plan you and your provider have agreed upon.
- For the health and safety of you and your baby, continue to take the medications that have been prescribed for you by your care provider. They may have been given to you for conditions like depression, anxiety, or substance use disorder. All these

medications can cause NAS in your newborn baby, but it is far worse for you and your baby if you are not treated. Your baby needs a healthy mom!

- Attending prenatal classes has been proven to help! You can learn more about what to expect during your pregnancy and delivery and how to take care of your newborn. Ask your doctor or nurse about classes.
- Think about how many children you want to have. Talk to your provider about family planning and birth spacing. Your body needs time to heal, at least 18 months, before another pregnancy. Birth control options include long acting reversible contraception (LARC), hormonal methods and barrier methods. Talk to your doctor or midwife about the best choice for you.



I seem to be very emotional. Is this normal?

- Being emotional is normal as you prepare for the birth of your baby.
- It is helpful to have a support network that includes friends and family as well as trained counselors during this time of change.
- If you think you need more help, please tell your care provider or call 211 (crisis counseling and referral services).
- If you are using illegal drugs or alcohol, we encourage you to get help right away.

PART TWO:

Preparing for the Birth of Your Baby

There are many things you can do to prepare as you get closer to the birth of your baby. We understand that you might be excited and scared at the same time. Here are a few tips to help you during this time. Remember to ask your doctor, midwife or nurse if you have any questions.

Below are common questions about preparing for the birth of your baby

What can I do to prepare?

- Create a Plan of Safe Care.
- Go to prenatal classes.
- Choose a doctor and hospital with experience in OUD and know what to expect at the hospital.
- Think about pain control during labor, birth and postpartum.
- Plan to breastfeed your baby.
- Decide on a method of birth control so you have time to heal and enjoy your baby.





What is a Plan of Safe Care?

- You may be offered a Plan of Safe Care by a community agency, home visiting program or health care provider who is caring for you.
- The goal of a Plan of Safe Care is to help you and your baby be healthy and thrive.
- This Plan of Safe Care will connect you with community resources and additional supports. It is your roadmap for getting the support your need before and after pregnancy.
- These supports will be available to you during pregnancy and after your baby is born.
- If you have any concerns, be sure to contact your care team.

How can a Plan of Safe Care help me and my baby?

- All moms and babies are followed by their health care providers and other community programs that support them during and after pregnancy. The Plan of Safe Care will connect you with additional support and resources.
- There may also be a special clinic or program in your community designed to help your baby and you make a smooth transition from the hospital to home and promote optimal health.

What are prenatal classes and why should I go?

- Prenatal classes are good opportunities to learn about what to expect during pregnancy, childbirth and after your baby is born.
- The classes can help you build confidence preparing you for the birth of your baby.
- Classes offer you the opportunity to talk with others about pregnancy, labor and birth.
- Going to classes can help build a special bond with your partner.
- Ask your doctor or nurse about classes offered. The following is one website https://americanpregnancy.org/labor-and-birth/childbirth-education-classes/



What about pain relief during labor and after delivery?

- Choose a doctor and hospital with experience in OUD and methadone and buprenorphine during labor and delivery. It is helpful to go on a tour of the hospital.
- Your daily methadone and buprenorphine dose will not treat pain.
- Discuss pain control with your medical team. You may want to meet with the anesthesia doctor.
- If you plan to have a repeat cesarean, you should discuss postpartum pain.
- Be sure to tell the doctors in Labor and Delivery that you are taking methadone or buprenorphine so that you are not given certain medications that can cause additional complications.

What community services may be involved?

- There are many community resources available to help you and your baby.
- Your Plan of Safe Care may help you connect with these services, so be sure to ask your care team.
- You may want to be a part of home visiting services such as Healthy Start or Healthy Families.
- If you are low income or on Medicaid, take advantage of WIC for nutrition services through your local Department of Health.
- Be sure to ask for help with housing or any other basic needs.

Will Child Protective Services be involved?

- Child Protective Services is involved on a case-by-case basis.
- They may want to talk to you and your family. They may ask you what preparations you have made for making sure you and your baby are safe when you leave the hospital. Your Plan of Safe Care will help address these questions.
- Child Protective Services will investigate if they have concerns about the safety of your home.



Will I be able to breastfeed my baby?

- Talk to your baby's care team to decide if it is safe for you to breastfeed. It is important that you are open and honest with your baby's health care provider about your drug use.
- The American Academy of Pediatrics recommends breastfeeding if a mother is in medication assisted treatment and doing well. Research shows that infants with NAS who are breastfed have shorter hospital lengths of stay and need less medication to treat NAS.
- Only very small amounts of methadone and buprenorphine get into the baby's blood and may help lessen the symptoms of NAS.
- Breastfeeding is an excellent way for you to feed and bond with your baby.
- You should not breastfeed if you are using illegal or street drugs.

PART THREE:

Special Considerations for Your Baby

Your baby may have signs of withdrawal, which is called Neonatal Abstinence Syndrome (NAS). It is hard to know before a baby is born if he or she will have NAS. Caring for a baby with NAS can have special challenges. We have a book we can give you that explains NAS in more detail.

The following is basic information on NAS

How soon will we see any signs of NAS?

- Most babies who have NAS will show signs within 1 to 5 days after birth. Some babies take up to 2 to 3 weeks to show signs. This depends on:
  - Your baby's gestational age.
  - The last time you used drugs before birth.
  - Baby's exposure to prescribed medications, including some psychiatric medications.
  - Baby's exposure to other drugs – such as opiates (e.g., heroin), amphetamines, marijuana, tobacco.

What signs will we see?

The potential signs of NAS include some of the following:

- high pitched cry
- hard time feeding and sucking
- increased breathing rate
- poor weight gain
- tense arms, leg, and back
- sneezing
- vomiting
- irritability
- skin irritation
- diarrhea
- trouble sleeping
- stuffy nose
- tremors/jitteriness





How long can the signs and symptoms of NAS last?

- This varies from baby to baby.
- Symptoms may last from several days to several months.
- You may even take your baby home before symptoms go away completely.

What will happen after my baby is born?

- Nurses and doctors will watch you and your baby closely after delivery.
- If your baby was exposed to substances that may cause NAS, he or she will be watched in the hospital for at least 5 to 7 days.

Can my baby stay with me or will my baby need any special care?

- After birth, at full term your baby will usually go with you to the mother/baby unit. This is referred to as rooming-in.
- The hospital team will care for you and your baby in the same way as they care for any other new mom and baby, with a few extras.
- Your baby may need to be observed in the nursery. Your baby's doctor will decide if, when and how long your baby needs to be observed. It may be at least 5 days.

Will my baby be tested for drugs?

- Yes. Most babies who have risk factors for NAS will have drug testing.

- While you are in the hospital, someone from social work may come and talk to you to help with your Plan of Safe Care.

What will happen to my baby?

- If you or your baby has a urine drug screen positive for any illegal substance or non-prescribed medication the following occurs:
  - After the baby is born, the hospital may report a positive drug screen to the State of Florida, Child Protection Unit.
  - An investigator from the Child Protection Unit may contact you.
  - Being in active treatment, with a Plan of Safe Care, is a way to show good parenting.



How will my baby's weight be different than a baby who has not been exposed to drugs?

- Most babies will lose 6-8% of their birth weight after birth.
- Babies with NAS may lose more than this and have a hard time putting the weight back on.

Why do babies with NAS have a harder time putting weight back on?

- Babies with NAS are very active and use a lot of energy.
- Some babies with NAS may have a hard time feeding and need added calories.

What about medications for my baby?

- The goal with medications and treatment is to keep your baby comfortable as the substances are slowly cleared from his or her body.
- Medications may be given to decrease your baby's NAS symptoms and decrease the chance of seizures.

How long will my baby have to stay in the hospital?

- If your baby is on medicine, he or she may need to stay in the hospital for 2 or 3 weeks, sometimes longer.
- Your baby may need to be off medications before going home from the hospital.
- In some cases, baby can be sent home on medications.
- Before you leave the hospital, you should be offered a referral to Early Steps for your baby. This program will help identify and address any issues your baby experiences with development as he/she gets older. Take advantage of this referral and Early Steps services.

Caring for Your Baby

We encourage you to spend as much time with your baby as possible. Rooming-in is recommended for you to get to know your baby and start to bond. Research shows that infants with NAS who room-in with their caregivers have shorter hospital lengths of stay.



What are some ways to bond with my baby?

- When you are with your baby, give yourself permission to enjoy your time with him or her.
- Focus on your baby. Look at your baby and try to make eye contact.
- Talk to your baby. You can talk or sing about your surroundings, tell a story about the day, or describe what you are doing as you care for him or her.
- Touch your baby. Touch helps your baby's brain to develop in a healthy way.



- Comfort your baby. Your baby will cry and comforting your baby will help him or her to feel safe and will help your baby develop trust in you.
- We encourage you to do skin to skin or "kangaroo" care with your baby as much as possible. Kangaroo care helps to settle your baby and lowers his or her breathing and heart rate. It also helps you bond with your baby.



Pay close attention to your baby's cues.

- Please understand that babies with NAS can be very sensitive to sounds, lights, and activity around them.
- Observe your baby's reactions to certain sounds, sights, touches, movements, tastes, or smells.
- If your baby withdraws or gets fussy, stop or limit whatever might be bothering him or her. If your baby is calm and alert, watch for what he or she enjoys.

PART FOUR:

Transition to Home/ Postpartum Self Care

Going home with a new baby can be an emotionally stressful time and can have an impact on your overall health and wellness. Your baby is depending on you for your love and support, which is much harder to provide when you are not well.

What can I do to take care of myself?

- Keep all of your doctor appointments! Your health is very important. When you go to your postpartum check up, discuss your family planning options. It is important you have time to heal properly and you have the time to care for your baby. It is recommended to delay getting pregnant again for at least 18 months after giving birth.
- Try to stay organized. Some find it is helpful to keep a folder for all of the information about you and your baby.
- It is normal for you to have mixed emotions. Accept these feelings and the ups and downs. Be aware of the signs of depression. Be sure to accept the help and rest you need.
- Maintain your recovery. Continue your MAT and counseling.

What can I do to stay well so that I can best care for my baby?

- Washing your hands for twenty seconds with soap and hot water is one of the best ways to prevent the spread of infection and illness.
- Try your best to eat regular and balanced meals that include fruits and vegetables.
- A quick walk or time for regular exercise activities can help you clear your mind, boost your energy and improve sleep.
- A break can help you relax and clear your mind. Think about what you can do to feel refreshed. Allow yourself time to relax and do not feel guilty for needing some personal time.
- Establish a routine to help you balance work, family and your baby's needs. Be sure to make time for you.



Preventing Overdose: Narcan — Emergency Use

- Narcan is an emergency medicine that prevents overdose death from prescription painkillers, heroin, and fentanyl.
- It is available in some pharmacies without a prescription. Your doctor may provide you with a prescription for Narcan to use in case of emergency.
- Keep this drug at home in case of emergency.
- Share the information on how to give this drug in an emergency with your support persons.
- 911 should be called during this emergency. One dose of Narcan may not be enough.



Mental Health

Women with OUD are more likely to experience mental health problems such as anxiety and depression. It is important you share how you are feeling with your doctor or nurse as these issues can be treated effectively.

The following types of depression are possible after giving birth. You may be more likely to experience some sort of depression so be aware of the signs and symptoms and please ask for help.

What are the Baby Blues?

- Baby Blues is the name given to the sadness that mothers feel in the first few days or weeks after giving birth.
- This condition occurs in about 80% of women. It is believed to be caused by a combination of stress and hormonal changes associated with having a new baby.

- Symptoms often include mood swings, sadness, loss of appetite, restlessness, trouble sleeping and feelings of loneliness.
- These symptoms usually go away within two weeks.
- If they last longer, seek medical attention for possible Postpartum Depression

What is Postpartum Depression?

- Postpartum depression (PPD) is a condition that can occur anytime within the first year after giving birth.
- Symptoms are similar to the baby blues, but do not go away within a few weeks.
- Contact your doctor if you are experiencing any of these symptoms for a longer period of time.

Postpartum Support International is a phone line available (1-800-944-4773). You can call them anytime if you want to talk to someone about how you are feeling.



How can baby's dad help?

- Fathers play a key role in taking care of baby and mom.
- Dads today spend three times the amount of time caring for their children as dads did 50 years ago.
- Becoming a new father can be scary, but there are support services available.
- There are a number of programs and resources just for dad so be sure to ask about what is available in your community. Dad can learn more from experts and other dads about his health, fathering skills, and stress management.
- Dad might be best suited to help mom when she needs it so be sure to know resources for your entire family.
- Dad also needs to know about emergency Narcan administration

Below are common questions about taking care of your baby with NAS

What can I do to take care of my baby?

- Babies with NAS have all of the same needs as babies who were not exposed to drugs.
- Your baby may have specific care needs.
- Talk to your baby's care team and be sure to ask questions.

Will my baby still have signs of withdrawal when he or she goes home?

- Most infants have an amazing ability to recover from early problems. This includes babies with NAS.
- Once at home, your baby may have mild signs of withdrawal for several weeks or months. The symptoms slowly become less severe.

Will my baby be on medication when I take him or her home?

- Some babies may go home on medication. The nurse will show you how to measure and give the medication properly.
- Please give the medicine at the same time it was given in the hospital. Continue to give this to your baby according to the directions given to you until your baby's health care provider tells you to stop.

What should I do about establishing a routine?

- NAS babies need a good routine.
- You may already know what your baby likes. Ask your baby's nurse about any routines the baby may already have.
- Most parents of small children have busy lives, full of

appointments and errands. Try to work these activities around your baby's schedule. Well-rested babies eat better and are usually happy, alert, and ready to learn about their world.

What should I know about feeding my baby?

- Feeding time is a happy time. Babies like to eat!
- Follow your baby's lead. Look for cues of hunger, which include sucking on hands, increased movements, and crying.
- Look for cues while feeding that your baby may be getting tired or needs to burp. Cues could include pulling away from the bottle or breast.
- Breast milk is the best food possible for your baby. The American Academy of Pediatrics recommends breastfeeding if a mother is in medication assisted treatment and doing well.

How can I help my baby sleep better?
Remember ABC: Alone, on Back, in Crib

- Always place your baby alone on his or her back to sleep in a safety-approved crib or bassinet. Remove all bumpers, pillows, quilts and toys.
- Babies should always sleep alone. Sleeping with others puts babies at risk of suffocation and strangulation.



- You can help your baby set a sleep routine by providing a place that is consistently safe and quiet.
- A bedtime routine helps all babies and can be as simple as reading a story or singing a lullaby. Then, place your baby down – always on the back – when he or she is still drowsy.
- Remember to keep nighttime feedings a time for "business only." Nighttime feedings should be for feeding only, no play time.
- You may want to offer a pacifier as needed. Many babies with NAS need extra sucking.
- If you are using music to soothe the baby, play it for 30-60 minutes (try a CD player or phone instead of a wind-up). This gives baby time to fall into a deep sleep before the music stops.

What should I do when my baby is awake?

- Sometimes between naps your baby will cry and other times your baby will be awake and alert. This is a time when you can interact with your baby, and offer some beginning play activities.
- Babies need to be in different positions during the day to learn about their world and develop muscle control. Try things like holding the baby facing you or facing out, on your shoulder or on your hip, or secured in a swing or seat. Many babies like swings and vibrating seats, but some babies with NAS may find them too stimulating.



- "Tummy time" is very important. Your baby should always sleep on his or her back. When awake he or she should spend 10 to 20 minutes on the tummy on a firm surface (a blanket on the floor is best) while you are watching. This will strengthen the back and shoulder muscles.
- Cuddle up with a book or a song. Rhythmic, soft music can be soothing for both of you, especially when your baby is restless or tired. Reading to your baby has the same effect.

How should I touch my baby?

- Babies with NAS can be very sensitive to touch. However, touch is one of the ways all babies learn and become more aware of their bodies.
- Gentle, slow massage is a wonderful, soothing way to interact with your baby and to give loving care. If you make time for massage as part of your regular routine, such as at bath time, your baby will begin to look forward to and enjoy this activity.



Why does my baby cry?

Crying is your baby's way of talking to you. Some babies cry more than others.

What should I do when my baby cries?

- Check the diaper to see if it needs to be changed.
- See if baby needs another burp or is hungry.
- Try swaddling your baby in a blanket so he or she feels more secure.
- Look around for things that could be bothering your baby.
  - Is he or she too warm or cool?
  - Are there sights and sounds from the television or music that are too stimulating rather than soothing?

  - Is light shining in your baby's eyes?
  - Has your baby been in the same position for a long time?
  - Has it been a busy day, and your baby needs to go to sleep?

What if I can't stop my baby from crying?

- If your baby seems to be crying more than you would expect, please call your baby's health care provider. This could be a sign that something is wrong. Your health care provider may be able to suggest some other helpful techniques or resources.
- If your baby continues to cry, safely place him or her in a crib on his or her back to cry it out. Be sure to check on your baby every 5-10 minutes to make sure he or she is safe.
- It is ok to ask for help. Call a trusted friend, relative or neighbor and ask them to watch the baby and give you a break.
- Do not let yourself get too upset by the crying before you ask for help. Remember to never shake a baby.



Calming Suggestions

If you see any of these signs or behaviors, please use these calming ideas to help soothe your baby.

BEHAVIOR	CALMING SUGGESTIONS
Crying for a long time (may be high pitched)	• Hold your baby close to your body. Try wrapping or swaddling the baby in a blanket. • Decrease loud noises and bright lights. • Try not to handle the baby too much. • Hum or rock/walk slowly and gently with the baby.
Not able to sleep	• Clean diaper/dry bottom. Check for diaper or skin rash and apply medicated cream as needed. • Feed your baby on demand. Remember while a full meal may last longer than a snack, a big meal may bother the baby. • Place your baby in the same quiet and safe place – alone, in bassinet or crib without comforters, pillows, or stuffed animals – for both naps and at night. • Reduce noise and bright lights, and do not pat or touch your baby too much. • Gently rock your baby and place him or her down to sleep when drowsy. • Some babies, especially those with NAS, need extra help to get to sleep, so you could try soft, gentle rhythmic music for at least 30 to 60 minutes to help your baby enter deep sleep. Avoid mobiles that stop sooner since they may wake the baby.
A lot of sucking of fists	• Offer a pacifier as needed. Although we would not normally suggest this for a breastfeeding baby, many babies with NAS need extra sucking. • Swaddle the baby with hands tucked in. • Cover the baby's hands with mittens or a baby sock if skin becomes damaged. • Keep damaged skin clean. Do not use lotions or creams as baby may suck on hands.
Difficult or poor feeding	• Your baby may need more time to feed than others. • Feed your baby with the same nipple type as was used in the hospital. • Feed small amounts more often. You may need to use a special formula with your breast milk to make sure the baby is taking in enough calories. • Feed in a quiet, calm place with little noise and interruptions. • Swaddle baby to keep arms and hands close to midline and reduce extra movement. • Be alert to your baby's cues. They may include searching or pulling away from nipple or needing to pause to swallow or burp.
Sneezing, stuffy nose	• Call your pediatrician, especially if your baby is working to breathe. • Keep your baby's nose and mouth clean. • Do not overdress or wrap your baby too tight. • Keep your baby in a position where the head is above the heart, well supported, and supervised. • Do not let your baby sleep on his or her tummy. • Ask your baby's doctor about saline drops.
Spitting up	• Feed your baby slowly. Let your baby rest between feeds. • Feed your baby smaller amounts but more often. • Burp your baby often • After feeding, keep your baby upright in your arms for 20 minutes to help with digestion.
Trembling	• Keep your baby in a warm, quiet room. • Swaddle your baby snugly. • When positioning your baby, move slowly and carefully to not startle him or her.

Additional Resources



If you find that you need any help during this time, please ask. You are not alone. There are services available. Speak with your care team about resources and referrals for additional support.

Your Health Care Team:

_____

_____

_____

Your Baby's Health Care Team:

_____

_____

_____

Resources that offer help include:

- Your drug treatment facility and counselor.
- Your obstetrician, midwife or other medical provider.
- Your baby's care team or pediatrician.
- 211 Crisis Center: You can dial 2-1-1 to receive free crisis counseling along with useful information and referral 24 hours a day, 365 days a year.
- Healthy Start or another home visiting program available in your community.
- Court system, especially Baby Court or Drug Court, if available.

Online resources include:

- Healthy Start: *www.healthystartflorida.com*
- Florida Department of Health: *www.floridaheath.gov*
- Children's Medical Services: *www.cms-kids.com*
- Early Steps: *www.floridahealth.gov/programs-and-services/childrens-health/early-steps*
- March of Dimes: *www.marchofdimes.org*
- American Academy of Pediatrics: *www.aap.org*
- Narcotics Anonymous: *www.na.org*
- Alcoholics Anonymous: *www.aa.org*
- Substance Abuse and Mental Health Services Association (SAMHSA): *www.samhsa.gov*
- Postpartum Support International: *www.postpartum.net* 1-800-944-4773



Notes to Ask My Provider

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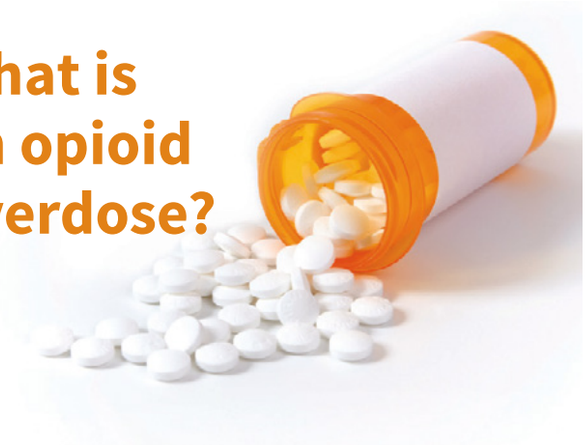
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Follow this link to watch a helpful 3-minute video from women who have experienced OUD

"Getting Real: Taking the First Steps Toward Recovery"

https://bit.ly/more4moms

What is an opioid overdose?



Opioids can cause bad reactions that make your breathing slow or even stop. This can happen if your body can't handle the opioids that you take that day.

TO AVOID AN ACCIDENTAL OPIOID OVERDOSE:

- Try not to mix your opioids with alcohol, benzodiazepines (Xanax, Ativan, Klonopin, Valium), or medicines that make you sleepy.
- Be extra careful if you miss or change doses, feel ill, or start new medications.

Now that you have naloxone…

Tell someone where it is and how to use it.

Common opioids include:

GENERIC	BRAND NAME
Hydrocodone	Vicodin, Lorcet, Lortab, Norco, Zohydro
Oxycodone	Percocet, OxyContin, Roxicodone, Percodan
Morphine	MSContin, Kadian, Embeda, Avinza
Codeine	Tylenol with Codeine, TyCo, Tylenol #3
Fentanyl	Duragesic, Actiq
Hydromorphone	Dilaudid
Oxymorphone	Opana
Meperidine	Demerol
Methadone	Dolophine, Methadose
Buprenorphine	Suboxone, Subutex, Zubsolv, Bunavail, Butrans

* Heroin is also an opioid.

For patient education, videos and additional materials, please visit
www.prescribetoprevent.org

SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH

2016

Opioid safety and how to use naloxone



A GUIDE FOR PATIENTS AND CAREGIVERS

SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH

In case of overdose:

1 Check reponsiveness

Look for any of the following:

- No reponse even if you shake them or say their name
- Breathing slows or stops
- Lips and fingernails turn blue or gray
- Skin gets pale or clammy

2 Call 911 and give naloxone

If no reaction in 3 minutes, give second naloxone dose

3 Do rescue breathing and/or chest compressions

Follow 911 dispatcher instructions

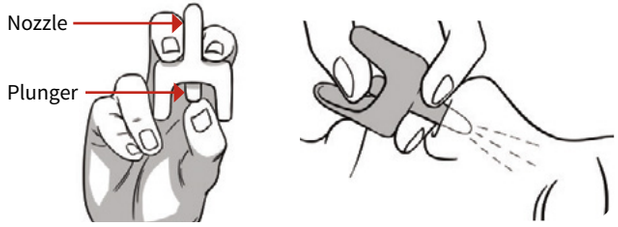
>> STAY WITH PERSON UNTIL HELP ARRIVES.

How to give naloxone:

There are 4 common naloxone products. Follow the instructions for the type you have.

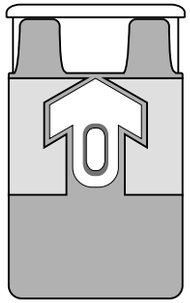
Nasal spray

This nasal spray needs no assembly and can be sprayed up one nostril by pushing the plunger.



Auto-injector

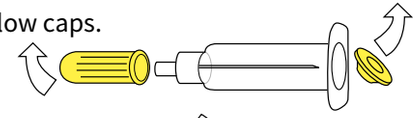
The naloxone auto-injector needs no assembly and can be injected into the outer thigh, even through clothing. It contains a speaker that provides step-by-step instructions.



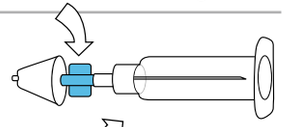
Nasal spray with assembly

This requires assembly. Follow the instructions below.

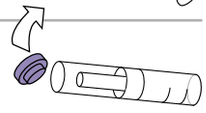
1 Take off yellow caps.

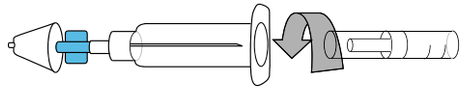


2 Screw on white cone.



3 Take purple cap off capsule of naloxone.





4 Gently screw capsule of naloxone into barrel of syringe.



5 Insert white cone into nostril; **give a short, strong push** on end of capsule to spray naloxone into nose: **ONE HALF OF THE CAPSULE INTO EACH NOSTRIL.**

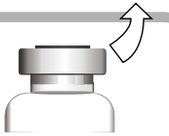
Push to spray.

6 If no reaction in 3 minutes, give second dose.

Injectable naloxone

This requires assembly. Follow the instructions below.

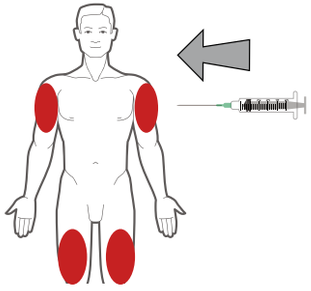
1 Remove cap from naloxone vial and uncover the needle.



2 Insert needle through rubber plug with vial upside down. Pull back on plunger and take up 1 ml.



3 Inject 1 ml of naloxone into an upper arm or thigh muscle.



4 If no reaction in 3 minutes, give second dose.

We recommend women wait at least 18 months before becoming pregnant again.

Do you know if and when you would like to have another baby?



I'm ready.

You want another baby soon. Being "ready" for pregnancy means that you are healthy now and will remain healthy through your pregnancy. Your provider may suggest that you wait 18 months before having another baby so you are healthy as possible.



Not sure?

You could get pregnant again soon after delivery but you may not know if that's what you want right now. Tell your provider this so they can help you learn about your options, including using birth control or preparing for pregnancy.



Now is not good.

You may know that you are not ready to have another child right away. There are many different ways to prevent pregnancy (see back), you should talk to your provider about which option is right for you.

Deciding What Birth Control is Right for You

There are many birth control options for you to choose!

If you think birth control is right for you, talk to your provider. The most effective and safe option for women who do not want any more children right now is long-acting reversible contraception (LARC). It prevents pregnancy for years and can be removed when you like. You can become pregnant soon after its removed.



- Intrauterine devices (IUD)--hormonal and non-hormonal
- Hormonal implant

Other options are available:

- The shot, patch, ring, pill
- Male and female condoms (*prevent sexually transmitted diseases)
- Diaphragms
- Tubal ligation and vasectomy
- Natural family planning methods

You can always change your mind and your provider is there to help.

FPQC
Florida Perinatal Quality Collaborative

*Cost of birth control may depend on when you get it and what kind of insurance you have.

Adapted from Centers for Disease Control and Prevention: https://www.cdc.gov/preconception/rlptool.html