MORE Initiative
Maternal Opioid Recovery Effort

Opioid Webinar Series
Welcome!

PLEASE ENTER YOUR AUDIO PIN ON YOUR PHONE SO WE ARE ABLE TO UN-MUTE YOU FOR DISCUSSION.

IF YOU HAVE A QUESTION, PLEASE ENTER IT IN THE QUESTION BOX OR RAISE YOUR HAND TO BE UN-MUTED.
Welcome!

THIS WEBINAR IS BEING RECORDED.

PLEASE PROVIDE FEEDBACK ON OUR POST-WEBINAR SURVEY.
FPQC & MORE Initiative Update
“Maternal Opioid Recovery Effort”

William M. Sappenfield, MD, MPH, CPH
Professor and Director
Florida Perinatal Quality Collaborative
USF College of Public Health
Urgent Maternal Mortality Message

- Drug-related deaths are the leading cause of death to mothers during pregnancy & within one year of birth.
- Drug-related deaths account for 1 in 4 of these deaths.
- Most deaths (75%) occur after the baby is born and mother has been discharged.
Related Issues

• Stigma and bias by professionals make it difficult for patients to discuss their condition and get help.
• More than 30% of women with OUD have underlying depressive issues that complicate care.
• Women with OUD who stop medication-assisted therapy without other support services are at high risk of relapse.
Recommendations

- Screen *all* pregnant women for substance use.
- Assess patient’s prescription history through PDMP.
- If unable to provide care, provide direct referral to another OB provider for compassionate and comprehensive care.
- A plan of safe care should be developed with others.
- Provide direct referral to medication-assisted treatment.
- Women with OUD should receive a prescription and education on Naloxone.
- Coordinate care and care plan with Pediatric team.
“Obstetric providers and hospitals are the first health care contact for most mothers with Opioid Use Disorder (OUD) and need to lead the effort to screen, assess, and refer these mothers as well as provide for their obstetrical needs.”

Help Spread the Word!
Recently Mailed Education Materials
A Book of Hope for Moms with OUD

MORE HOPE
Helping Our Parents Excel

DRAFT

Partnering to Improve Health Care Quality for Mothers and Babies
# Community Mapping Tool

## MORE Community Resources

### (INSERT Hospital Name/Location)

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Co-Sponsors

Florida Association of Healthy Start COALITIONS, INC.
Every baby deserves a healthy start

Partnering to Improve Health Care Quality for Mothers and Babies
Partnering to Help Women with OUD Reach Their Goals

Michael Marcotte, MD
Medical Director HOPE program
Maternal Fetal Medicine & Addiction Medicine
TriHealth, Cincinnati OH
Partnering to Help Women with OUD Reach Their Goals

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Medical Director HOPE program
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➢ How can a trauma informed approach improve the effectiveness of your prenatal and newborn care for women and the infants affected by substance use disorders?

➢ In what way does systemic/institutional policies and procedures stigmatize this patient population and push them away from full engagement in services meant to help them reach their goals of sobriety and parenting?

➢ Come hear about practical steps you can take to change policies and attitudes that create barriers for your patients to have successful pregnancies.

➢ Learn how one program in Cincinnati Ohio has worked to customize their care approach to increase the chances pregnant patients with substance use disorders can thrive as parents.
Case Presentation

- PM is being seen for her first prenatal visit.
  - Chronic medical condition, not in care
  - Many health harming social needs (housing, transportation, childcare, public insurance, domestic unrest)
  - Comes late to appointment, not prepared
  - She is quiet and guarded in her response to questions

How do you respond?
Helping Opiate Addicted Pregnant Women Evolve (HOPE Program)

- Christy Ganshirt-Certified Nurse Midwife
- Cindy Brunsman-Certified Nurse Midwife
- Sarah Jaeger-Social Work
- Danielle Gentry-Community Health Worker
- Tosha Hill-Social Work and Program Coordinator
- Denise Wagner-Nurse case Manager
- Michael Marcotte-Medical Director
HOPE Program--2016-2019

1907 pregnant women interact with HOPE
772 deliveries (engaging more women each year)

Outcomes (of the 772 deliveries)
86% sober and engaged in MAT treatment at delivery
96% received prenatal care
23% of newborns with NAS diagnosis
64% parenting at Newborn discharge
52% mothers -- HCV positive
Medical Director
Maternal Program and Office Based Opiate Treatment
“The opposite of Addiction is not sobriety – it’s connection”

- What does this look like in healthcare?
- What does this look like in prenatal care?
- How about a maternity unit?
- An NICU?
Relationship Building: Creating Cultures That Build Trust in Relationships
Practical Approach

• Become aware of their trauma experiences
• Become aware of your trauma experiences
• Past physical, sexual, emotional trauma
• Stigma can lead to fear and distrust
• Empathy producing relationships building
• Creating an environment of trust, non-judgement and forgiveness
Practice

What has your team done to:
• Assess your patient’s past trauma?
• Assess your personal experience of trauma?
• Assess your maternity system’s trauma informed practices?
• Put practical elements in place to build trust?
Patient-Provider-Partnership

New Paradigm

Motivational Interviewing

- Learn your patient’s goals
- Educate about evidence-based best practice
- Allow time for patient to process choices
- Clarify patient’s choice
- No preset expectations
- Flexible creativity by provider
- Being willing to begin again
Importance of Emotional Intelligence

Critical for healthcare Providers, administrators And all members of the team

Important skill for parents

Emotional Intelligence
- Increased Team Performance
- Decreased Occupational Stress
- Improve Decision Making
- Increased Leadership Ability
- Increased Personal Well-being
- Reduced Staff Turnover
The CDC-Kaiser Permanente Adverse Childhood Experiences (ACE) Study (1995-97)

- One of the largest investigations of childhood abuse and neglect and household challenges and later-life health and well-being.
- The original ACE Study was conducted at Kaiser Permanente
- 17,000 + members from S. California
  - Physical exams
  - Confidential surveys regarding their childhood experiences and current health status and behaviors.
Mechanism by which Adverse Childhood Experiences Influence Health and Well-being Throughout the Lifespan
Conclusions

• Stigma comes from a place of bias
• Bias has the opposite effect intended
• Make it a priority to analyze the roots of bias in yourself, your team and your organization
• Practice daily making the choice to function from a place of empathy not bias
Q & A

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