MORE Toolkit
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Partnering to Improve Health Care Quality for Mothers and Babies
Global aim: Improve identification, clinical care and coordinated treatment/support for pregnant women with any opioid use and their infants

By 3/2021, ≥50% pregnant women with any opioid use will receive screening, prevention, and treatment services

- **AIM**
  - **Primary Drivers**
    - **Screening**
      - Perform universal SUD screening for all pregnant women
    - **Prevention**
      - Perform secondary screening for all pregnant women with any opioid use
      - Documentation of family planning/contraceptive counseling
      - Increase breastfeeding initiation and rooming in rates
      - Use SBIRT screening to obtain appropriate referrals for mothers with any opioid use
    - **Treatment**
      - Referral/scheduled follow up to MAT/BH services for all pregnant women with any opioid use
      - Develop a map of local community resources (e.g., behavioral health, and addiction/treatment services)
    - **Comprehensive discharge planning**
      - Compliance with discharge checklist
        - Compliance with the hospital’s pain management prescribing practices
      - Provider education bundle
      - Patient education bundle

1 Secondary screening: 1) infectious diseases: HIV, HepA, HepB, HepC, GC, CT, syphilis and TB; 2) mental health including postpartum depression; 3) intimate partner violence
2 Discharge checklist: 1) Peer counselor visit 2) Postpartum depression screening 3) Social work consult 4) Pediatric consult 5) Contraceptive plan & scheduled OB postpartum visit, 7) scheduled Behavioral Health and/or MAT visit or referral, 8) Healthy Start/Home visiting program referral, and 9) patient education bundle (MAT & SUD treatment, infectious/mental health comorbidities, safe sleep, NAS including non-pharmacological management, family planning and Narcan® [naloxone] use)
Global AIM:

Improve identification, clinical care and coordinated treatment/support for pregnant women with any exposure to opioids and their infants
MORE AIM

By 3/2021, ≥ 50% of pregnant women with any opioid use will receive screening, prevention, and treatment services
Primary Drivers

Screening
- Perform universal SUD screening for all pregnant women
- Perform secondary screening\(^1\) for all pregnant women with any opioid use

Prevention
- Documentation of family planning/contraceptive counseling
- Increase breastfeeding initiation and rooming in rates
- Use SBIRT screening to obtain appropriate referrals for mothers with any opioid use

Treatment
- Referral/scheduled follow up to MAT/BH services for all pregnant women with any opioid use
- Develop a map of local community resources (e.g., behavioral health and addiction/treatment services)

Secondary Drivers/Interventions
Primary Drivers

Comprehensive discharge planning

Secondary Drivers/Interventions

Compliance with discharge checklist

Compliance with the hospital’s pain management prescribing practices

Provider education bundle

Patient education bundle
Screening

- Perform universal substance use disorder screening for all pregnant women.
- Perform secondary screening for all pregnant women with any opioid use.
Example Screening Tools

1. **NIDA Quick Screen**
2. **5 P’s Screening Tool** & Follow-Up Questions
3. **CRAFFT Screening Interview**
Secondary Screening

- Infectious Disease
- Mental Health
- Intimate Partner Violence
Example depression & IPV screening tools

Table 2: The Verbal HITS* Screening Questions

1. Does your partner physically hurt you?
2. Does he insult you or talk down to you fairly often?
3. Does he threaten you with harm?
4. Does he scream or curse at you fairly often?

*The patient answers “yes” or “no” to each question. A “yes” to one or more questions classifies the patient as a positive screen. Answering “no” to all of the items renders a negative screen. The items can be remembered by the acronym HITS.
Prevention

Documentation of family planning/contraceptive counseling

You've just welcomed a baby - are you ready for another? Providers suggest waiting at least 18 months before having another baby so that you will remain healthy through your pregnancy. You have options to help you prevent or plan your next pregnancy.

- Oral contraceptives
- Implant
- Condom and other natural methods
- Diaphragm, cervical cap, sponge
- Intrauterine device (IUD)

What's most effective?

<table>
<thead>
<tr>
<th>Method</th>
<th>Effectiveness</th>
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<tbody>
<tr>
<td>Implant</td>
<td>99.5%</td>
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<tr>
<td>IUD</td>
<td>99.2%</td>
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<tr>
<td>Pill</td>
<td>91%</td>
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<td>Condom</td>
<td>82%</td>
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*Cost of birth control may depend on what you get the method and your health insurance.
Treatment

Increase breastfeeding initiation and rooming in rates
Use SBIRT screening to obtain appropriate referrals for mothers with any opioid use.
Referral/scheduled follow up to MAT/BH services for all pregnant women with any opioid use
Develop a map of local community resources (e.g., behavioral health and addiction/treatment services)

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<thead>
<tr>
<th>MORE Community Resources</th>
<th>Program</th>
<th>Contact</th>
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<tbody>
<tr>
<td><strong>Drug Treatment and Behavioral Health</strong></td>
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<td>Methadone Maintenance Provider</td>
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<td>Buprenorphine Provider</td>
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<td>Behavioral Health (Outpatient)</td>
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<td>Behavioral Health (Intensive TX)</td>
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<td>Residential Treatment Facility</td>
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<td>Peer Recovery Support</td>
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<td><strong>Support Services (Home-Based)</strong></td>
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<td>Florida Healthy Start</td>
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<td>Home Visiting Resources</td>
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<td><strong>Medicaid Health Plans</strong></td>
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<td>Medicaid Health Plan Services</td>
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<td>Other Services</td>
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<td>Specialized Assistance Services</td>
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</table>
Develop a map of local community resources (e.g., behavioral health and addiction/treatment services)

Patient and Family Drug Treatment Referral
1-800-662-HELP (4357) SAMHSA Toll-Free Treatment Referral Hotline – SAMHSA’s National Helpline is a free, confidential, 24/7, 365-day-a-year treatment referral and information service (in English and Spanish).

Drug Treatment, Behavioral/Mental Health Locators
Florida Services Locator—Sponsored by DCF, a one-stop shop for mental health and substance use information, resources, and service navigation for the State of Florida. Searchable by region and zip code.
SAMHSA Treatment Locator—Provides list of treatment resources by state.
Buprenorphine Providers in FL—SAMHSA provider list searchable by zip code and proximity

Medicaid Health Plan Services Guide (Coming soon…)
LINKING POSITIVE SCREENS TO CARE AND SUPPORT

Map local resources for MAT providers and addiction services.

Establishing process flow to link patients with OUD to care.

Expand the number of Buprenorphine providers.

Maintenance MAT
Comprehensive Discharge Planning

- Postpartum depression screening
- Scheduled OB postpartum visit
Scheduled behavioral health and/or MAT visit or referral

Narcan counseling

Social work consult
Pediatric consult

Contraception counseling and plan

Healthy Start/home visiting/case management referral
Patient education bundle

Opioid Use Disorder and Pregnancy
Taking helpful steps for a healthy pregnancy

Introduction

If you have an opioid use disorder (OUD) and are pregnant, you can take helpful steps now to ensure a healthy pregnancy and a healthy baby. Opiate use disorder treatment usually begins with methadone or buprenorphine

Therapeutic counselling and recovery support. Good personal habits are also very important. Connecting contact between the healthcare professionals and your OUD and those supporting your pregnancy is very important.

The weight you lose or gain during pregnancy is another risk during your pregnancy. These are some important tips to

Things to know

- OUD is a treatable disease like diabetes or high blood pressure.
- You should try to stop opioid use on your own. Suddenly stopping the use of opioids can lead to withdrawal for you and your baby. You may be more likely to start using drugs again and even experience withdrawal.
- For pregnant women, OUD is treated with medications called methadone or buprenorphine, along with counseling and recovery support services. Each of these medications stop and prevent withdrawal and reduce opioid cravings, allowing you to focus on your recovery and caring for your baby.
- Tobacco, alcohol, and nonprescription drugs may harm your baby. Treatment during your treatment includes steps to stop using these substances.
- Depression and anxiety are common in women with OUD, and new mothers may also experience depression and anxiety after giving birth. Your healthcare provider should check for these conditions regularly and, if found, help provide treatment for them.
- Women with OUD may require a hospital stay and may need family involvement.
- Babies exposed to opioids and other substances before birth may develop withdrawal symptoms (like, after birth. It is a group of withdrawal signs. Babies need to be watched for NAS in the hospital and may need treatment for withdrawal to help them

Healthy Pregnancy Healthy Baby

Opioid Use Disorder and Pregnancy
Taking helpful steps for a healthy pregnancy

About OUD

OUD, or opioid use disorder, is a strong craving to use opioids and find it hard to stop. If you use opioids, you may experience withdrawal symptoms when you try not to use. These include:

- Cravings and a desire to use opioids
- Restlessness and irritability
- Runny nose
- Sneezing
- Diarrhea
- Nausea and vomiting
- Sweating
- Shaking

If you are interested in finding out more about OUD, you can call the Substance Abuse and Mental Health Services Administration’s National Helpline at 1-800-662-HELP (4357). It provides free and confidential treatment and counseling services.

Do

- Do ask about the risks and benefits of taking one of the medicines for OUD during pregnancy.
- Do talk to your healthcare professionals about your OUD treatment or medication if you are experiencing cravings or withdrawal symptoms.
- Do ask your healthcare professionals about counseling and recovery support services.
- Do make sure your treatment plan includes steps to treat other medical or behavioral health problems such as depression or anxiety.
- Do request that your medical chart includes several ways to address your pain during and right after delivery.
- Do ask your healthcare professionals to help you make and keep follow-up visits and to talk to each other on a regular basis.

Don’t

- Don’t consider changing your OUD treatment unless you are taking methadone, which has not been studied in pregnancy. Changing your OUD treatment may increase your risk of returning to substance use.
- Don’t use alcohol or any medicines that might make you sleepy, especially benzodiazepines, when taking OUD medicines.
- Don’t let your OUD go untreated because you want to prevent your baby from experiencing NAS. Treatment medicines can be used safely during pregnancy and dosing changes will not change the risk of severity of NAS for your baby.

Partnering to Improve Health Care Quality for Mothers and Babies
Policies and Procedures

- Develop/revise hospital’s pain management prescribing practices focusing on limiting opioid prescriptions
- Develop/revise hospital’s specific OUD pain management and opioid prescribing guidelines/protocol
Unit-Specific Policies and Procedures

- Universal screening using validated tool
- Pain management prescribing practices minimizing the use of opioids
  - Labor and Delivery
  - Postpartum
- Assurance of provider/staff education
- Provision of patient education bundle
Assurance of provider/staff education
Provider Education Series

fpqc.org/opioids
Provision of patient education bundle

**Opioid Use Disorder and Pregnancy**

Taking helpful steps for a healthy pregnancy

**Introduction**

If you have an opioid use disorder (OUD) and are pregnant, you have a healthy pregnancy and a healthy baby. Opioid use during pregnancy can increase the likelihood of harm to you and your baby. You may be more likely to start using drugs again and even experience withdrawal.

For pregnant women, OUD is best treated with the medications called methadone or buprenorphine along with counseling and recovery support services. By reducing these medicines step by step and gradually reducing opioid cravings, allowing you to focus on recovery and caring for your baby.

Things to know:

- OUD is a treatable disease that only increases blood pressure.
- You should not try to stop treatment on your own. Suddenly stopping the use of opioids can lead to withdraw for you and your baby. You are more likely to start using drugs again and even experience withdrawal.
- For pregnant women, OUD is best treated with the medications called methadone or buprenorphine along with counseling and recovery support services. By reducing these medicines step by step and gradually reducing opioid cravings, allowing you to focus on recovery and caring for your baby.
- Tobacco, alcohol, and drug substances may harm your baby's development. Your treatment includes steps to stop using these substances.
- Depression and anxiety are common in women with OUD, and these may also cause depression and anxiety after giving birth. Your healthcare professional should check these conditions regularly and, if they are present, help you get treatment for them.
- Methadone (OUD) is at-risk medication. If your healthcare professional chooses to use methadone during your pregnancy, they will likely give you a different opioid medication.
- Babies exposed to opioids and other substances before birth may develop neonatal abstinence syndrome (NAS) after birth. NAS is a group of withdrawal signs. These babies need to be watched for NAS. If NAS is detected, the hospital and may need treatment for a shorter time to help the baby and well.

**CHILDBIRTH, BREASTFEEDING AND INFANT CARE:**

**Methadone and Buprenorphine**

Are you pregnant, taking methadone or buprenorphine, and you want to know how this may affect your delivery, ability to breastfeed, or your newborn?

- Are you pregnant or taking methadone or buprenorphine, and you want to know how this may affect your delivery, ability to breastfeed, or your newborn?

**CHILDREN OPIATE WITHDRAWAL:**

After birth, the baby may have a range of reactions and may have difficulty in breathing, eating, and sleeping. Newborns who were exposed to opioid drugs in utero may be diagnosed with neonatal abstinence syndrome (NAS). NAS is a common condition among newborns. NAS is diagnosed using a combination of symptoms.

**WHAT SHOULD I EXPECT FOR DELIVERY?**

- **Neonatal Abstinence Syndrome (NAS):**
  - Neonatal Abstinence Syndrome (NAS) is a condition that can occur in newborns who were exposed to opioids in utero. NAS can cause symptoms such as poor feeding, tremors, and withdrawal symptoms. It is important to discuss the risks associated with NAS with your doctor or healthcare provider.

**WHAT ABOUT PAIN RELIEF DURING AND AFTER DELIVERY?**

- **Your usual methadone or buprenorphine dose will not treat pain:**
  - Pain is an important part of childbirth and is treated with pain medications.
- **Discharge pain control:**
  - After birth, your discharged pain control will be based on your usual methadone or buprenorphine dose.
  - Take your usual methadone or buprenorphine dose at the time of discharge.
  - This will help you with pain control.
- **If you are taking a different opioid, your pain control will be different:**
  - Your healthcare professional will provide you with information on how to manage your pain after birth.
- **Methadone and buprenorphine can be safely used during pregnancy:**
  - Methadone and buprenorphine are medications that can be safely used during pregnancy. They are used to help manage opioid withdrawal symptoms in pregnant women.
- **Buprenorphine can be safely used during pregnancy:**
  - Buprenorphine is a medication that can be safely used during pregnancy. It is used to help manage opioid withdrawal symptoms in pregnant women.
- **Breastfeeding:**
  - Breastfeeding is a safe and healthy way to feed your baby. It is important to discuss the risks associated with breastfeeding and methadone or buprenorphine with your healthcare provider.
- **Childcare options:**
  - Your healthcare provider can provide information on childcare options for your newborn.

**WHAT ABOUT CHILD PROTECTIVE SERVICES?**

- **Infants and toddlers who are at risk:**
  - Infants and toddlers who are at risk for opioid withdrawal symptoms may be placed in protective custody. This may interfere with your ability to breastfeed your newborn.
- **Breastfeeding is a healthy way to feed your newborn:**
  - Breastfeeding is a healthy way to feed your newborn. It can help your newborn develop strong bonds with you.
- **Maternal and infant mental health services:**
  - Maternal and infant mental health services can support you in managing your mental health during pregnancy and after birth.

**WILL MY BABY HAVE PROBLEMS?**

- **Your baby is at risk:**
  - Your baby is at risk for neonatal abstinence syndrome (NAS). NAS can cause symptoms such as poor feeding, tremors, and withdrawal symptoms. It is important to discuss the risks associated with NAS with your doctor or healthcare provider.

**CAN I SAFELY BREASTFEED MY BABY?**

- **Breastfeeding is a safe and healthy way to feed your newborn:**
  - Breastfeeding is a safe and healthy way to feed your newborn. It is important to discuss the risks associated with breastfeeding and methadone or buprenorphine with your healthcare provider.
- **Methadone and buprenorphine can be safely used during pregnancy:**
  - Methadone and buprenorphine are medications that can be safely used during pregnancy. They are used to help manage opioid withdrawal symptoms in pregnant women.
- **Breastfeeding is safe for women taking methadone or buprenorphine:**
  - Breastfeeding is safe for women taking methadone or buprenorphine. However, it is important to discuss the risks associated with breastfeeding and methadone or buprenorphine with your healthcare provider.
- **Breastfeeding can be a helpful way to manage withdrawal symptoms:**
  - Breastfeeding can be a helpful way to manage withdrawal symptoms. It is important to discuss the risks associated with breastfeeding and methadone or buprenorphine with your healthcare provider.
Educational Resources

- FPQC Slide Sets
- ACOG/SMFM statements on opioid use in pregnant women
- ACOG AIM bundle on Obstetric Care for Women with Opioid Use Disorder

Resources are available in the online MORE tool box
MORE Initiative Resources

- Technical Assistance from FPQC staff, state Clinical Advisors, and National Experts
- Project-wide in-person collaboration meetings
- Educational sessions, videos, and resources
- Monthly and Quarterly QI Data Reports
- Monthly e-mail Bulletins
- Custom, Personalized webcam, phone, or on-site Consultations & Grand Rounds Education
- Monthly Collaboration Calls with hospitals state-wide
- Online Tool Box
  - Algorithms, Sample protocols, Maternal education tools, Slide sets, etc.
FPQC MORE Website

Maternal Opioid Recovery Effort (MORE)

Partnering to Improve Health Care Quality for Mothers and Babies

The rate of pregnant women diagnosed with opioid use disorder (OUD) during labor and delivery in the U.S. more than quadrupled from 1999 to 2014, according to a 2018 analysis by the Centers for Disease Control and Prevention (CDC). In Florida, the rate climbed from 0.5 per 1,000 delivery hospitalizations in 1999 to 6.6 in 2014.

This project’s purpose is to work with providers, hospitals, and other stakeholders to improve identification, clinical care and coordinated treatment/support for pregnant women with opioid use disorder and their infants.

**Project Focus:** Standardization related to:
- OUD Screening
- Prevention
- Treatment
- Comprehensive Discharge Planning

Learn about our parallel infant health NAS Initiative.

Shortcut: http://www.fpqc.org/more
QUESTIONS?