

FLORIDA MATERNAL OPIOID RECOVERY EFFORT (MORE)

TOOL KIT

A QUALITY IMPROVEMENT INITIATIVE

Version March 2021

Florida Perinatal Quality Collaborative



Partnering to Improve Health Care Quality
for Mothers and Babies



The Florida Maternal Opioid Recovery Effort (MORE) tool kit is intended to provide guidance to hospitals and obstetric providers in the development of individualized policies and protocols related to addressing opioid use disorder (OUD) during pregnancy. It is not to be construed as a standard of care; rather it is a collection of resources that may be adapted by local institutions in order to develop standardized protocols for OUD. The tool kit will be updated as additional resources become available.

Suggested Citation:

Florida Perinatal Quality Collaborative. (2019). *Florida Maternal Opioid Recovery Effort Tool Kit: A Quality Improvement Initiative*. Tampa, FL: The Chiles Center at University of South Florida College of Public Health.

Acknowledgements:

The FPQC gratefully acknowledges and thanks our state partner organizations, including the Agency for Healthcare Administration American Congress of Obstetrics and Gynecology, Association of Women's Health, Obstetrics and Neonatal Nurses, Florida Department of Health, Florida Association of Healthy Start Coalitions, Florida Department of Children and Families, Florida Hospital Association, Healthy Families Florida, and Nurse-Family Partnership.

The creation of this tool kit would not have been possible without the volunteer members of our Maternal Health Subcommittee, including the members of the Maternal Opioid Recovery Effort Advisory Committee listed on pages 3-4 of this tool kit.

Funding:

This quality improvement (QI) initiative is funded in part by the Florida Department of Health with funds from the Title V Maternal and Child Health Block Grant from the U.S. Health Resources and Services Administration, the Centers for Disease Control and Prevention, and the Alliance for Innovation on Maternal Health.

Contact:

Florida Perinatal Quality Collaborative
The Chiles Center
University of South Florida College of Public Health
3111 East Fletcher Avenue
Tampa, FL 33613-4660
Phone: (813) 974-5865
Fax: (813) 974-8889
E-mail: fpqc@usf.edu
Website: FPQC.org

Copyright:

© 2019 Florida Perinatal Quality Collaborative. All Rights Reserved.

The material in this tool kit may be reproduced and disseminated in any media in its original format, for informational, educational and non-commercial purposes only. Any modification or use of the materials in any derivative work is prohibited without prior permission of the Florida Perinatal Quality Collaborative.

Maternal Opioid Recovery Effort Initiative Advisory Team

MORE Initiative Clinical Advisors

- Jan Lanouette, MD, MORE Clinical lead, Assistant Professor, Division of Maternal-Fetal Medicine, Department of Obstetrics and Gynecology, University of South Florida Morsani College of Medicine
- Betsy M. Wood, BSN, MPH, MORE Nurse Consultant
- Margie Boyer, MS, RNC, C-EFM, CNS
- Judette Louis, MD, MPH, Interim Chair and Associate Professor, Department of Obstetrics and Gynecology, University of South Florida Morsani College of Medicine
- Brian Kirk, MPH, MHA, Director of Maternal and Child Health, March of Dimes (Tampa)
- Dixie Morgese, BA, CAP, ICADC, Executive Director, Healthy Start Coalition of Flagler & Volusia Counties
- Angela Thompson, RN, BSN, Community Health Nurse Consultant, Florida Department of Health
- Cathy Dupont, Director, Northeast Florida Healthy Start Coalition, Inc.
- Danielle Atkins, Ph.D., Assistant Professor, Department of Health Management and Informatics, University of Central Florida
- Debra Symers, Senior Vice President, Strategic Initiatives, Sunshine Health
- Donna Morgan, MPA, Outpatient Practice Manager, Bridgeway Center
- Ellen French, MSN, RNC-OB, C-EFM, Sarasota Memorial Hospital
- Ellie Ferro, MSW, Morton Plant Hospital
- Heather Flynn, Ph.D., Professor and Vice Chair, Department of Behavioral Sciences and Social Medicine, Florida State University College of Medicine
- Helen Kuroki, MD, MS-HQS, Chief Medical Officer, Women's Care Florida
- Helena Girouard, Pritzker Fellow, One Voice for Volusia
- Holly Hills, Ph.D., Associate Professor of Mental Health Law and Policy, University of South Florida
- Jon Hart, MD, MBA, Vice President of Clinical Strategy, Lee Health System
- Julie Beaman, Contract Manager, Maternal and Child Health, Florida Department of Health
- Katherine Friedebach, MD, Chief Medical Officer, Sunshine Health
- Kim Streit, FACHE, MBA, MHS, Senior Vice President, Florida Hospital Association
- L. Laurie Scott, MD, Memorial Healthcare System
- Linda Thielmann, MS, PAT+ Program Director, Healthy Start of Pinellas, Inc.
- Mary Lynn Ulrey, MS, APRN, Chief Executive Officer, DACCO Behavioral Health
- Nancy Travis, MS, BSN, RN, BC, CPN, CBC, Lee Health Cape Coral Hospital
- Pamela P. Carbiener, MD, Halifax OBGYN
- Phyllis Gonzalez, Florida Department of Children and Families
- Phyllis L. Hendry, MD, FAAP, FACEP, Term Professor of Emergency Medicine and Pediatrics, University of Florida College of Medicine/Jacksonville
- Tammy L. Tucker, PsyD, Memorial Healthcare System
- Ute Gazioch, Director of Substance Abuse and Mental Health, Florida Department of Children and Families
- Victoria Camper, Parent Partner, Healthy Start Coalition of Flagler & Volusia Counties
- Washington Clark Hill, MD, FACOG, Obstetrics and Gynecology, Maternal-Fetal Medicine, Florida Department of Health, Sarasota County
- Yusif Addae, MD, Sarasota Memorial Hospital
- Claudia P. Vicencio, LCSW, LMFT, Memorial Healthcare System

- Rachel M. LaCroix, Ph.D., PMP, AHC Administrator, Bureau of Medicaid Quality, Agency for Health Care Administration
- Antraneise Jackson, MPH, AHC Administrator, Bureau of Medicaid Quality, Agency for Health Care Administration

FPQC Leaders and Staff

- William M. Sappenfield, MD, MPH, CPH, Professor & Director of the Chiles Center, USF College of Public Health, FPQC Director
- Linda A. Detman, Ph.D., Research Associate, USF Chiles Center, FPQC Associate Director-Operations & Programs
- Emily A. Bronson, MA, MPH, LCCE, CD(DONA), USF Chiles Center, FPQC Quality Improvement Analyst
- Estefania Rubio, MD, MPH, CPH, USF Chiles Center, FPQC Data Manager
- Nicole Pelligrino, MPH, CHES, CD(DONA), USF Chiles Center, FPQC Quality Improvement Analyst
- Maya Balakrishnan, MD, CSSBB, Associate Professor Dept. of Pediatrics & USF College of Public Health, FPQC Associate Director of Clinical & Quality Management
- Carol Brady, MA, FPQC Community Liaison and Consultant
- Lori Reeves, MPH, Health Planning Administrator, Maternal & Neonatal Opioid Prevention Coordinator, Florida Department of Health

INTRODUCTION

This document is a working draft that reflects a review of clinical, scientific and patient safety recommendations. The information presented here should not be used as a standard of care. Rather, it is a collection of resources that may be adapted by local institutions in order to develop standardized protocols and processes for addressing OUD during pregnancy.

The overall goals of the MORE Initiative Tool Kit are:

1. To aid the development of standardized approaches to promote recommended screening, prevention, and treatment services for pregnant women who use opioids
2. To guide and support hospitals in implementing a multidisciplinary team approach to improving the identification, clinical care and coordinated treatment and support for pregnant women with any exposure to opioids and their infants.

This tool kit will provide maternal and obstetric healthcare providers, staff at healthcare facilities and collaborating services with the resources to locally develop their own MORE policies and protocols with a focus on safe practices and optimizing care and outcomes.

Every US obstetric facility should develop and implement a policy to care for pregnant women with OUD that is specific to the resources and needs of the individual institution. The policy will need to address the multidisciplinary care required for pregnant women with OUD because of the complexity of the disease and should include guidance on standards of care, communication, collaboration, and coordination of care. The policy should also include protocols and resources to support families' and staff's goals of safe and healthy outcomes. Ideally, there should be a reporting mechanism with debriefing and analysis to identify system(s) improvement opportunities to optimize care for these women and education of their families.

Another important element is having multi-disciplinary teams in place with necessary skill sets and identified roles in screening, care, and follow-up for pregnant women with OUD. Administration, nursing, obstetrics providers, neonatology, and others are all critical partners in the multidisciplinary team approach necessary for QI. These teams need to train together and practice together in order to maintain and gain new competencies. Because each hospital and care team has differing resource sets, it is important to develop individualized protocols for each facility. A QI team composed of a core set of team members from the involved disciplines must review current policies and data, determine the priorities for improvement, and develop a work plan to address their needs.

How to Use This Tool Kit

This tool kit is intended to provide guidance and core concepts for the QI team to include practice and administrative components. Hospitals have an obligation to patients, providers and others to assure patient safety and competent care, and likewise providers have an obligation to patients and the hospital to practice in a competent, evidence-based manner. These obligations are closely tied together and supportive of the multi-disciplinary team including the immediate obstetrical care team and the extended team to include neonatal/pediatric providers, nurses, primary caregiver(s), other healthcare professionals (e.g., addiction specialists, social work, behavioral health treatment providers), as well as community partners. It is everyone's responsibility to coordinate efforts to assess and treat pregnant women with OUD, engage families in their care, develop and implement follow-up discharge care plans, and to report on the outcomes for future improvements. This guide offers the concepts and tools which may be adopted or adapted for local use.

The Florida MORE Tool Kit is designed as a working draft to be modified as new information and strategies are identified. It is organized by the key drivers of the initiative: screening, prevention, treatment, comprehensive discharge planning, and policies/procedures. Links to helpful resources are provided under each driver and are meant as a starting point for hospitals to develop their own approaches to identifying and treating women with OUD. All levels of hospitals that provide care to pregnant women with OUD can utilize the tool kit and modify the strategies to fit their local resources and needs. The continuum of care beyond the hospital setting is important when caring for these women and their families. It is important that all providers who encounter women with substance use disorders, from the prenatal period through the postpartum period, are ready to address the issue by understanding the significance of the disorder, preparing for the possibility of neonatal abstinence syndrome for the infant, responding with appropriate treatment, and maintaining reporting mechanisms that allow tracking of outcomes and improvements in care.

Disclaimer

This tool kit is considered a resource. Readers are advised to adapt the guidelines and resources based on their local facility's level of care and patient populations served and are also advised to not rely solely on the guidelines presented here. This tool kit is a working draft. As more recent evidence-based strategies become available, hospitals and providers should update their guidelines and protocols accordingly; the FPQC will also send out updates as well as revise these materials. Please note the version number in the footer.

BACKGROUND

The United States continues to battle an opioid epidemic that has resulted in increasing illicit use and misuse of prescription and illicit opioids among pregnant women. 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).¹ In Florida, the rate climbed from 0.5 per 1,000 delivery hospitalizations in 1999 to 6.6 in 2014.¹ This has led to a 10-fold increase in the number of infants born with Neonatal Abstinence Syndrome (NAS) in Florida from 2002-2012.² Similarly, the U.S. rate of infants born with neonatal abstinence syndrome (NAS) or opioid withdrawal has increased from 1.5 infants per 1,000 hospital births in 2004 to 8.0 in 2014.³

It is imperative to identify women with opioid use as early in pregnancy as possible and provide comprehensive and coordinated care, including linkage to medication assisted therapy, behavioral health therapy, home visiting services, contraceptive choice counseling, education on NAS, and other community and health plan resources. More than one of five women (21.6%) from a 2014 national cohort of pregnant women on Medicaid filled a prescription for an opioid during pregnancy; this proportion increased from 18.5% in 2000 to 22.8% in 2007.⁴ Even with the burgeoning use of both licit and illicit opioids, physicians can be reluctant to screen for substance use. Barriers identified by providers included individual-level factors such as lack of clinical knowledge and training, as well as systems-level factors including time pressure, resources, lack of space, and difficulty accessing addiction treatment services.⁵

Substance Use Disorder (SUD) is a chronic illness, like diabetes or hypertension, but stigmas associated with substance use are powerful and can have a significant impact on both provider willingness to treat as well as women being willing to admit to substance use. Even after treatment begins, fear of judgement may lead to women dropping out of treatment. According to an Institute of Medicine report: “The sense of stigma is most likely to diminish as the result of public education and broader acceptance of addiction as a treatable disease.”⁶

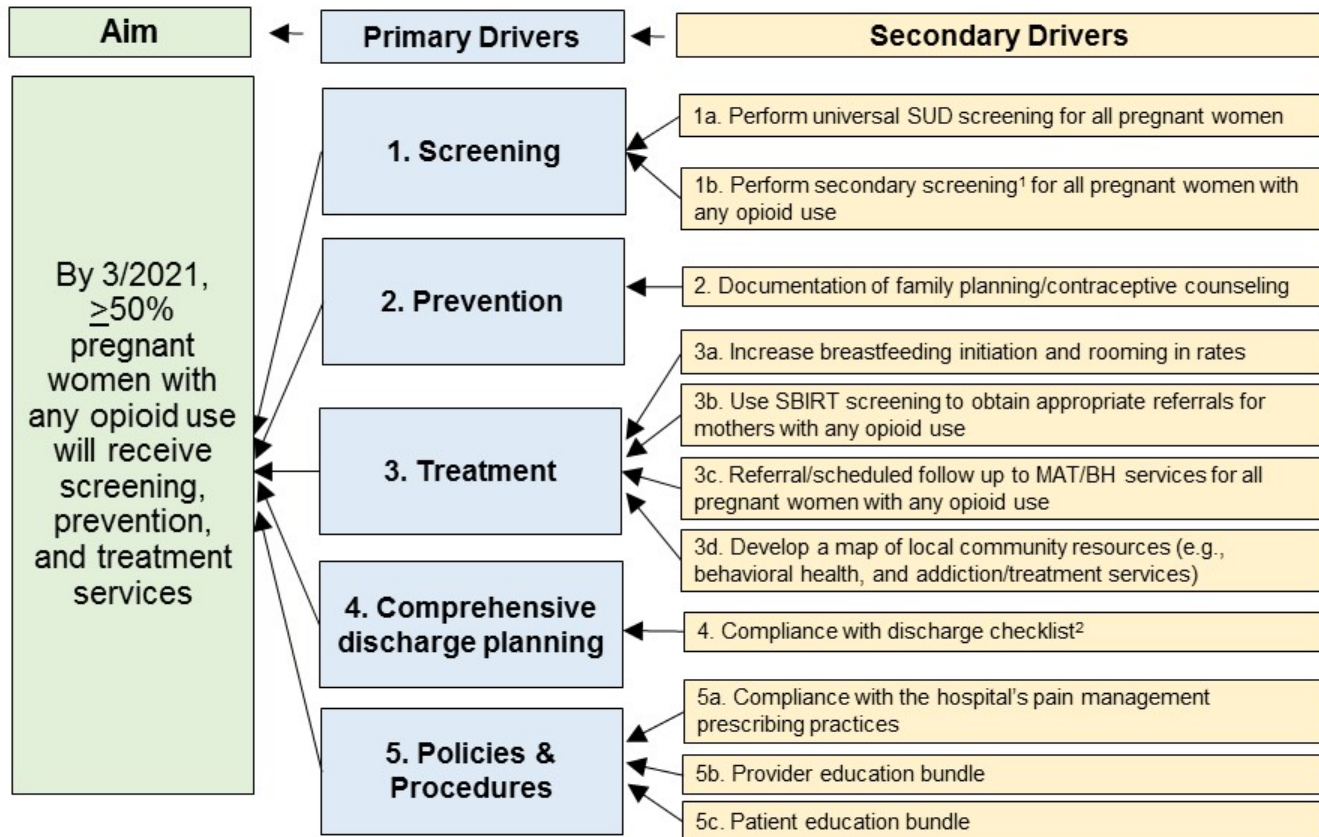
The consequences of treatment disruption during recovery can be severe, with risks for both mothers and infants.⁷ The MORE initiative is designed to help institutions develop strategies that support a continuum of care that extends beyond delivery and includes a Plan of Safe Care for both mother and infant.

Here are two initial resources to help set the stage for addressing this issue and supporting the women, infants and families here in Florida:

1. [Rallying the Medical Community to Address Opioid Epidemic](#). The need for providers to begin treating opioid use disorder is discussed in this short video from Providers Clinical Support System (PCSS).
2. [Obstetric Care for Women with Opioid Use Disorder](#). The Alliance for Innovation on Maternal Health (AIM) is a national data-driven maternal safety and quality improvement initiative to eliminate preventable maternal mortality and severe morbidity across the United States. This maternal safety bundle addresses readiness, recognition & prevention, response, and reporting & systems learning related to obstetric care for women with OUD.

The following sections of the tool kit are organized by the primary drivers shown in the MORE Initiative Key Driver Diagram below. Each primary driver section includes additional information related to the secondary drivers in the diagram.

MORE Global aim: Improve identification, clinical care and coordinated treatment / support for pregnant women with any opioid use and their infants



¹Secondary 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, 6) 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 v.11/7/2019

Primary Driver #1: Screening

The American College of Obstetricians and Gynecologists (ACOG) Committee Opinion #711 recommends early universal Screening, Brief Intervention (such as engaging the patient in a short conversation, providing feedback and advice), and Referral for Treatment (SBIRT) of pregnant women with opioid use and opioid use disorder to improve maternal and infant outcomes.⁷ Ideally, screening for substance use disorder should be provided in any health care setting where a pregnancy is discovered (physician office, clinic, emergency room, urgent care center). Because women using opioids represent a diverse group, every pregnant woman should be screened, not just the women for whom the provider has suspicions.⁸ ACOG/SMFM (Society for Maternal and Fetal Medicine) guidelines recommend only proceeding with a biologic screen AFTER a positive screen from a validated screening tool. Both steps require patient consent.

Here are current clinical opinions and guidelines related to screening:

[ACOG Committee Opinion #711: Opioid Use and Opioid Use Disorder in Pregnancy](#): This August 2017 opinions provides recommendations for screening and treatment of pregnant women using opioids and is also endorsed by Society for Maternal Fetal Medicine (SMFM).

[SMFM Updated Screening and Testing Guidelines](#): This July 2019 article reports on the joint workshop of SMFM, ACOG and the American Society of Addiction Medicine (ASAM).

Secondary driver 1a: *Perform universal SUD screening for all pregnant women*

FPQC recommends using one of the following validated screening tools:

- [NIDA Quick Screen](#): Three question online tool. Validated in patients ≥ 18 years old.
- [5P's Screening Tool & Follow-up Questions](#): Designed specifically for pregnant women, this tool asks about substance use by women's parents, peers, partner, during pregnancy, and in her past.
- [CRAFFT](#): This provider guide for the CRAFFT (a mnemonic acronym for the first letters of key words in the six questions) screening tool offers information on how to use the screen. The CRAFFT is specifically for use with patients under 21 years of age.

Reference articles:

- [AIM Opioid Screening Tool Chart](#): A comparison of 11 screening tools with description, pros and cons, sensitivity/specificity developed by Alliance for Innovation for Maternal Health
- [Accuracy of Three Screening Tools for Prenatal Substance Use](#): This article assesses the accuracy of 4P's Plus, NIDA Quick Screen-ASSIST (Modified Alcohol, Smoking and Substance Involvement Screening Test), and the SURP-P (Substance Use Risk Profile-Pregnancy) screening tools. Also available in [PDF](#).

Slide decks:

- [AIM Screening Slides](#): Discusses SBIRT. Weighs benefits and disadvantages of the following screening tools: 4Ps Plus, Integrated 5P's, Substance Use Risk Profile – Pregnancy (SURP-P), NIDA Quick Screen, CRAFFT). Also covers Brief Interventions (including motivational interviewing), and Referral to Treatment (MAT, residential treatment, other ambulatory services). Includes state-specific referral resources.

Secondary driver 1b: *Perform secondary screening for all pregnant women with any opioid use*

Reference articles on secondary screening:

- [Opioid Addiction with Medical Co-Morbidities](#): From Providers Clinical Support System (PCSS). Encourages treatment for substance use to reduce HCV and HIV risk. Discusses how individuals with chronic pain can avoid non-prescribed opioid use through MAT.
- [Opioid Addiction with Psychiatric Co-Morbidities](#): (PCSS). Brief, print-friendly document discussing how adults with mental illness are at higher risk for concomitant drug use.
- [ACOG Committee Opinion No. 757: Screening for Perinatal Depression](#): ACOG. Consensus opinion stating obstetric care providers should screen pregnant women for anxiety and depression.

Co-Morbidity screening tools:

- [Edinburgh Postnatal Depression Scale](#): Ten short statements to help health professionals in detecting mothers suffering from PPD. Takes approximately five minutes to administer.
- [Depression Screening Tool](#): Eight question screening tool adapted from the PHQ9 by Women’s Care Florida
- [Intimate Partner Violence and Sexual Violence Victimization Assessment Instruments for Use in Healthcare Settings](#): This CDC and National Center for Injury Prevention and Control document compiles existing tools for assessing intimate partner violence and sexual violence victimization in clinical/healthcare settings. Go to pages 22-24 for the Abuse Assessment Screen.

Primary Driver #2: Prevention

Among all women of childbearing age, 45 percent of pregnancies are unplanned⁹; however, as many as 86 percent of pregnancies among women with OUD are reported as unplanned.¹⁰ Many professional organizations, including SAMHSA, ACOG, SMFM, AAP, AWHONN, and ACNM emphasize the importance of discussing various forms of contraception with pregnant women, including supporting long acting reversible contraception (LARC) as one of the most effective contraceptive options. Ideally, this discussion should be a routine part of prenatal care but all too often this does not occur. Therefore, it is vital to provide comprehensive contraceptive choice counseling and access to her contraceptive choice prior to discharge for all women identified as using opioids, regardless of treatment status.

Secondary driver 2: *Documentation of family planning/contraceptive counseling*

Reference articles/resources:

- [Access is Power: Opioid Use Disorder and Reproductive Health](#): This short article from the not-for-profit Power to Decide campaign to prevent unplanned pregnancy recommends offering non-coercive immediate postpartum LARC to women with SUD.

- [Contraceptive Choice Counseling](#): Patient education and counseling resources from the FPQC’s Access LARC Initiative toolkit.

Patient education:

- [How Well Does Birth Control Work?](#): Bedside poster rating a range of birth control options. UCSF School of Medicine.
- [Birth Control Options: FPQC patient flyer](#). Recommends postpartum LARC for women weighing birth control options.
- [Are You in Treatment or Recovery](#): Ohio Perinatal Quality Collaborative (OPQC) patient flyer discussing the benefits of birth control while women are in recovery.

Primary Driver #3: Treatment

Women should understand that treatment for opioid use disorder is safe and encouraged during pregnancy.⁶ Providers should have a resource list and a mechanism in place for immediate referral for medication assisted treatment (MAT), either through referral to a MAT provider or starting buprenorphine therapy themselves. Connection to community resources can be critical to assist with other psychosocial or mental health conditions to improve the chances of treatment success.

Pregnancy can present a window of opportunity to address not just a woman’s opioid use, but also treatment of other chronic and infectious diseases and disorders. Many women have greater access to insurance (i.e., pregnancy Medicaid) and may be more motivated to make positive behavioral changes and follow plans of safe care in order to provide the best start in life for their infant. Pain management during labor and postpartum may be challenging for women.

Secondary driver 3a: *Increase breastfeeding initiation and rooming in rates*

- [Breastfeeding Recommendations for Women Who Receive Medication- Assisted Treatment for Opioid Use Disorders: AWHONN Practice Brief Number 4](#): AWHONN’s recommendation promoting breastfeeding for women who receive MAT for OUD.
- [Rooming-In to Treat Neonatal Abstinence Syndrome: Improved Family-Centered Care at Lower Cost](#): Rooming-in with family and decreased use of NICU beds contributes to reduced pharmacologic therapy, length of stay, and hospital costs for infants with NAS.
- [Association of Rooming-in With Outcomes for Neonatal Abstinence Syndrome: A Systematic Review and Meta-analysis](#): Robust review of the literature and quantitative meta-analysis of several studies on rooming-in for opioid-exposed newborns. Recommends rooming-in as a best practice for NAS.

Secondary driver 3b: *Use SBIRT (Screening, Brief Interventions, Referral to Treatment) to determine appropriate referrals for pregnant women with any opioid use*

- [FPQC SBIRT Pocket Card](#): Adapted with permission from the SBIRT Oregon.

- Wright, T. E., M. Terplan, S. J. Ondersma, C. Boyce, K. Yonkers, G. Chang and A. A. Creanga. [The role of screening, brief intervention, and referral to treatment in the perinatal period.](#) *Am J Obstet Gynecol* 2016.

Secondary driver 3c: *Refer/schedule follow up to MAT/BH services for all pregnant women with any opioid use*

- FPQC Clinical Pathway checklist for pregnant women using opioids (*in development*)
- FPQC Clinical Pathway Algorithms:
 - [Prenatal Care](#)
 - [Delivery Hospital Visit](#)
 - [Antepartum Hospital Visit](#)
- [SAMHSA Treatment Services Locator Overview Video](#): Five minute video describing how to use online treatment services locator.

Secondary driver 3d: *Develop a map of local resources for community resources*

- [FPQC Community Mapping Tool](#): This document can be downloaded and filled in with local information on hospital area resources and services for women with OUD.
- [Buprenorphine Providers in FL](#): Map of buprenorphine providers searchable by city, state, or zip code. SAMHSA.
- [Opioid Treatment Program Directory](#): Opioid treatment programs searchable by state. SAMHSA.
- [National Treatment Locator](#): SAMHSA is beta testing a new design for its substance use treatment locator. This version is searchable by city, zip code, treatment type, payment options, and types of MAT offered.
- [Florida Maternal Mental Health Collaborative](#): Resources for providers, mothers, and fathers on perinatal mental illness. Offers options to search by healthcare need, preferred payment type, and geographic location.
- [FL Healthy Start Connect](#): This one-stop entry point provides phone numbers by county to link pregnant women and families with Healthy Start services.
- [Florida Network of Care](#): Mental health and substance abuse information, resources, and service navigation for the state of Florida (sponsored by Florida Department of Children and Families). Searchable by region and zip code

Primary Driver #4: Comprehensive Discharge Planning

Women with OUD need additional support and services to assure they will continue treatment and have access to resources to help them care for their new infant once they leave the hospital. In addition, those whose babies have been affected by exposure to controlled substances (illegal or legal) and alcohol must have a plan of safe care developed and implemented.

Women in the postpartum period experience many new stressors that contribute to increased vulnerability to relapse. In addition to the pressures of sleep deprivation and caring for a new baby, they may need dosage adjustment in their treatment. It is also a period of increased risk of overdose. A comprehensive post-partum discharge plan is an essential component of coordinated care to help connect women with a network of support services and assure that there is a plan of support that includes contraceptive options, post-partum visits, and routine screening and assessment for post-partum depression and other mental health conditions.

Secondary driver 4: *Compliance with discharge checklist*

- [MORE Discharge Checklist](#): This tool will assist hospitals with assuring they cover all of the recommended elements to plan for women’s discharge from the hospital.
- [Medicaid Managed Care Health Plan and Program Information](#): Enter the county or zip code at this AHCA website to see expanded benefits provided by managed care plans that can enhance discharge planning and connection to needed services.
- [Collaborative Approach to the Treatment of Pregnant Women with Opioid Use Disorders](#): Comprehensive document to assist states and communities address the needs of pregnant women with OUD. SAMHSA.
- [Child Abuse and Treatment Act \(CAPTA\)](#): Official congressional language that describes the CAPTA Reauthorization Act of 2010, includes SUD prevention and treatment for patients and communities.
- [Florida Healthy Families Plan of Safe Care link to resources](#): Florida DCF website. Describes Florida’s policy and procedure responses to CAPTA and the Comprehensive Addiction and Recovery Act of 2016 (CARA). Includes several documents on Plans of Safe Care (POSC).
- [Comprehensive Addiction and Recovery Act of 2016: Plans of Safe Care Training Video \(2/5/19\)](#): Twenty minute video on POSC.
- Other POSC templates:
 - [Florida Healthy Families Plan of Safe Care document](#) – DCF template. Includes maternal, infant, and family POSC components.
 - [Plan of Safe Care form – Flagler/Volusia Healthy Start](#): Sample form.
 - [Plan of Safe Care Template – District 1](#): Sample form

Primary Driver #5: Policies and Procedures

Florida has taken several steps to address the opioid epidemic, including passage of House Bill 21 in 2018, which requires a practitioner to consult the Electronic – Florida Online Reporting of Controlled Substances Evaluation (E-FORCE) Program to review a patient’s controlled substances history prior to prescribing or dispensing a controlled substance. In addition, prescriptions for Schedule II opioids for acute pain may not exceed a three day supply. Updated hospital policies on issues related to the care and treatment of pregnant women with OUD will help standardize their management. In addition, ready access to provider and patient education resources will give hospital staff tools to expand their understanding and optimize their engagement with patients.

Secondary driver 5a: *Compliance with the hospital’s pain management prescribing practices*

- [UCSF Cesarean Delivery ENHANCED RECOVERY PATHWAY](#): *Sample protocol*
- [Rates of New Persistent Opioid Use After Birth](#) *JAMA article*

Secondary driver 5b: *Promote completion of the provider education bundle*

- [MORE provider education resources list](#): The MORE resources on this grid cover the topic areas in the MORE provider education bundle including universal screening, trauma-informed care, psychology of addiction, motivational interviewing, drug-related stigma, pain management, family planning, and infectious/mental health comorbidities. Makes it easy and quick to find.

Webinars for Providers

- [Applying CDC’s Guideline for Prescribing Opioids](#): Physicians, nurses, and other health professionals can receive free continuing education for this training by registering and completing the evaluation.
- [OUD in Pregnancy](#): This hour-long National Institute for Children’s Health Care Quality webinar has a strong focus on personal stories, addressing stigmas and barriers in the system of care, and OUD as a chronic disease.
- [Improving Outcomes for Mothers & Newborns Affected by Opioids](#): This hour-long California Maternal Quality Care Collaborative (CMQCC) webinar discusses the scope of the perinatal opioid epidemic and quality improvement concepts to address it.

Stigma resources:

- [The Power of Perceptions and Understanding: Changing How We Deliver Treatment and Recovery Services](#). This four-part webcast series educates healthcare professionals about the importance of using approaches that are free of discriminatory attitudes and behaviors in treating individuals with substance use disorders (SUDs) and related conditions, as well as patients living their lives in recovery.

- [Beyond Labels](#): This March of Dimes toolkit is designed to raise awareness about stigma and provides some sample language, stories about stigma from women and healthcare providers, and a very nice list of resources on bias and stigma.
- [Stigma and OUD \[Opioid Use Disorder\]](#): This course from the Providers Clinical Support System (PCSS) is led by Nurse Practitioner Vanessa Loukas, a PCCS clinical expert. She discusses the issue of stigma in treating patients with opioid use disorder—from the patients to the providers who treat them.
- [Reversing the Stigma of Opioid Addiction](#): This short video addresses stigma related to drug use in pregnancy – produced by NBC Left Field.

Secondary driver 5c: *Promote completion of the patient education bundle*

- [MORE patient education resources](#): This table of resources covers the topic areas in the MORE patient education bundle including universal screening, MAT/treatment issues, infection/mental health comorbidities, NAS and non-pharmacologic management, family planning, breastfeeding, and Narcan use
- March of Dimes provides infographics, videos, and other easy-to-read patient education materials related to pregnancy and opioids:
 - [Prescription Opioids during Pregnancy](#): Website provides comprehensive information on prescription opioid use in pregnancy including English and Spanish health action sheets.
 - [Neonatal Abstinence Syndrome](#): Website provides information on NAS signs, complications, and treatment.
 - [Preventing NAS in Your Baby](#): Downloadable infographic on NAS.
 - [Caring for a Baby with NAS](#): Downloadable infographic on caring for infants with NAS.
- [Opioid Use Disorder and Pregnancy](#): An ACOG patient handout that discusses treatment options for mother and baby.

Additional Tool Kit References

1. Haight SC, Ko JY, Tong VT, Bohm MK, Callaghan WM. Opioid Use Disorder Documented at Delivery Hospitalization — United States, 1999–2014. *MMWR Morb Mortal Wkly Rep* 2018;67:845–849. Accessed 11-5-19 at <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6089335/pdf/mm6731a1.pdf>
2. Ko JY, Patrick SW, Tong VT, Patel R, Lind JN, Barfield WD. Incidence of Neonatal Abstinence Syndrome - 28 States, 1999-2013. *MMWR Morb Mortal Wkly Rep* 2016;65:799-802. Accessed 11-5-19 at <https://www.cdc.gov/mmwr/volumes/65/wr/mm6531a2.htm>
3. Winkelman TNA, Villapiano N, Kozhimannil KB, Davis MM, Patrick SW. Incidence and costs of neonatal abstinence syndrome among infants with Medicaid: 2004-2014. *Pediatrics* 2018;141(4). Accessed 11-6-19 at <https://pediatrics.aappublications.org/content/pediatrics/141/4/e20173520.full.pdf>
4. Desal RJ, Hernandez-Diaz S, Bacterman BT, Huybrechts KF. Increase in prescription opioid use during pregnancy among Medicaid-enrolled women. *Obstet Gynecol* 2014;123:997-1002. Accessed 11-5-19 at <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4020039/pdf/nihms-580212.pdf>
5. McNeely J, Kumar PC, Rieckmann T, Sedlander E, Farkas S, Chollak C, Kannry JL, Vega A, Waite EA, Peccoraro LA, Rosenthal RN, McCarty D, Rotrosen J. Barriers and facilitators affecting the implementation of substance use screening in primary care clinics: a qualitative study of patients, providers, and staff. *Addict Sci Clin Pract*. 2018; 13: 8. Accessed 11-5-19 at https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5890352/pdf/13722_2018_Article_110.pdf
6. Institute of Medicine. “The Development of Medications for the Treatment of Opiate and Cocaine Addictions: Issues for the Government and Private Sector” National Academy Press, Washington D.C., 1995. Available for free download at <https://www.nap.edu/catalog/4906/the-development-of-medications-for-the-treatment-of-opiate-and-cocaine-addictions>
7. ACOG Committee Opinion 711: Opioid Use and Opioid Use Disorder in Pregnancy. August 2017. Accessed 11-5-19 at <https://www.acog.org/-/media/Committee-Opinions/Committee-on-Obstetric-Practice/co711.pdf>
8. SMFM Special Report: Substance use disorders in pregnancy: clinical, ethical, and research imperatives of the opioid epidemic: a report of a joint workshop of the Society for Maternal-Fetal Medicine, American College of Obstetricians and Gynecologists, and American Society of Addiction Medicine. 2019. Accessed 11-5-19 at [https://www.ajog.org/article/S0002-9378\(19\)30500-9/pdf](https://www.ajog.org/article/S0002-9378(19)30500-9/pdf)
9. National Data. (n.d.). Power to Decide. Retrieved from <https://powertodecide.org/what-wedo/information/national-state-data/data>
10. Heil, S. H., Jones, H. E., Arria, A., Kaltenbach, K., Coyle, M., Fischer, G., Martin, P. R. (2011). Unintended Pregnancy in Opioid-abusing Women. *Journal of Substance Abuse Treatment*, 40(2), 199– 202. <http://doi.org/10.1016/j.jsat.2010.08.011>. Accessed 11-5-19 at <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3052960/pdf/nihms234989.pdf>