



# MORE Toolkit

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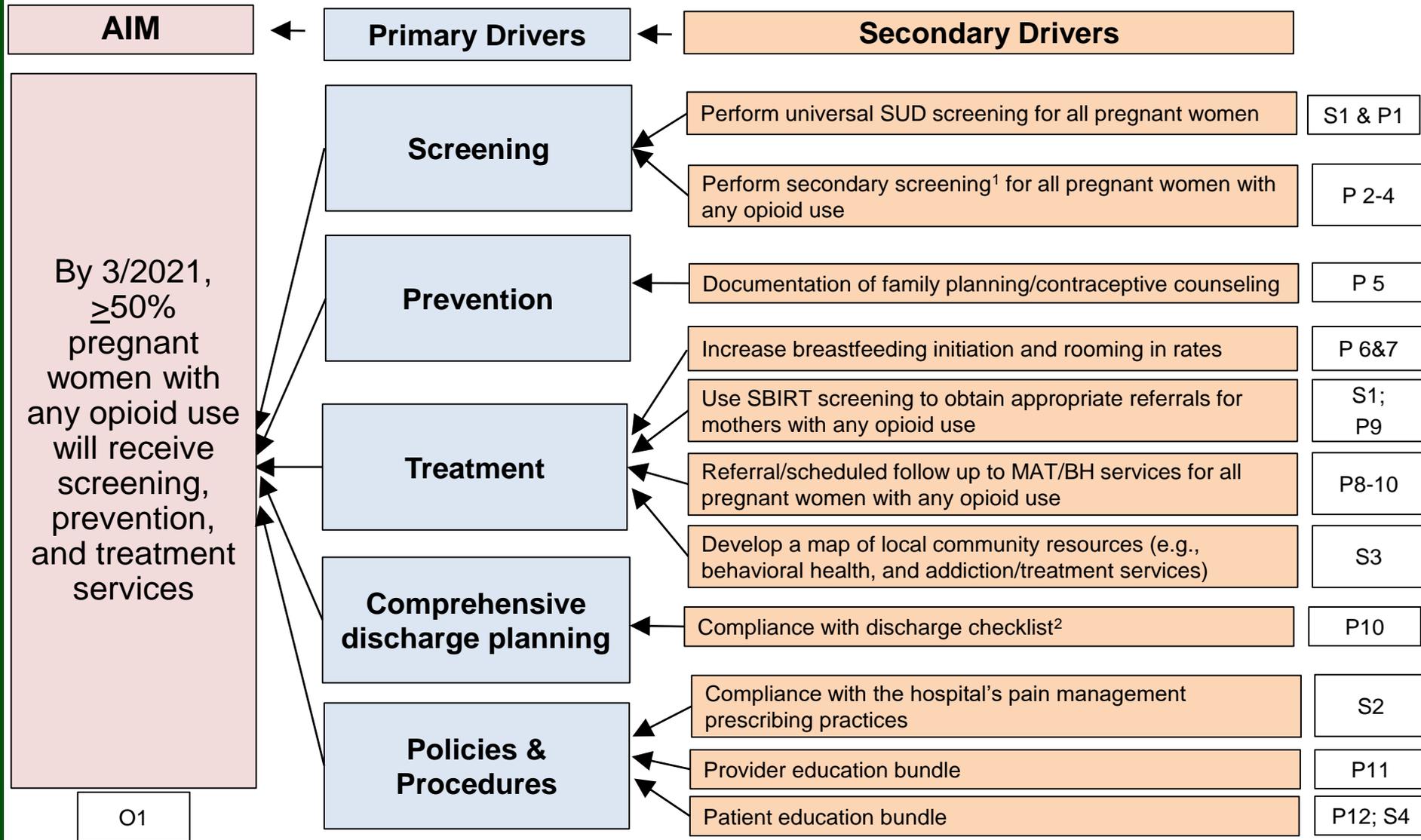
Betsy Wood, BSN, MPH

Partnering to Improve Health Care Quality  
for Mothers and Babies

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



O1

<sup>1</sup>Secondary screening: 1) infectious diseases: HIV, HepA, HepB, HepC, GC, CT, syphilis and TB; 2) mental health including postpartum depression; 3) Intimate partner violence  
<sup>2</sup> 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<sup>®</sup> (naloxone) use)  
 v.11/7/2019

# 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,  $\geq 50\%$  of pregnant women with any opioid use will receive screening, prevention, and treatment services

## Primary Drivers

## Secondary Drivers/Interventions

Screening

Perform universal SUD screening for all pregnant women

Perform secondary screening<sup>1</sup> for all pregnant women with any opioid use

Prevention

Documentation of family planning/contraceptive counseling

Increase breastfeeding initiation and rooming in rates

Treatment

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)

## Primary Drivers

## Secondary Drivers/Interventions

Comprehensive  
discharge  
planning

Compliance with discharge checklist<sup>2</sup>

Policies &  
Procedures

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**

Interview

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



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

### Resource Guide: Screening for Drug Use in General Medical Settings

#### The NIDA Quick Screen

Step 1: ASK about *past year* drug use

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

**Introduce yourself and establish rapport.**

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

Hi, I'm \_\_\_\_\_, nice to meet you. If it's okay with you, I'd like to ask you a few questions that will help me understand your health better. The questions relate to and about your medical history, including any drug use.

**Screening Your Patients:**

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

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

The 5P's is an effective tool of engagement for use with pregnant women who may be at risk for substance use during her pregnancy and in her past. These are non-confrontational questions that elicit information which can be useful in evaluating the need for a more complete assessment and postpartum substance abuse.

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

1. Did any of your **Parents** have problems with alcohol or drug use?  
\_\_\_ No \_\_\_ Yes
2. Do any of your **Peers** have problems with alcohol or drug use?  
\_\_\_ No \_\_\_ Yes
3. Does your **Partner** have a problem with alcohol or drug use?  
\_\_\_ No \_\_\_ Yes
4. Before you were pregnant did you have problems with alcohol or drug use?  
\_\_\_ No \_\_\_ Yes
5. In the past month, did you drink beer, wine or liquor, or use other drugs? (If so, how often?)  
\_\_\_ No \_\_\_ Yes

Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Interpreter Used:  No  Yes Interpreter Name: \_\_\_\_\_

### The CRAFFT Screening Interview

Steps: "I'm going to ask you a few questions that I ask all my patients. I leave the internet. I will keep your answers confidential."

**Part A**

During the PAST 12 MONTHS, did you:

1. Drink any alcohol (more than a few sips)? (Do not count sips of alcohol taken during party or religious events.)
2. Drive or operate a motor vehicle while feeling dizzy or lightheaded?
3. Feel like you were in control of your car when you were drinking?
4. Have a close friend or family member who has ever been in a car accident while you were drinking?
5. Have you ever been arrested for driving while intoxicated or driving under the influence of alcohol or drugs, or for driving while impaired by drugs, over the counter or illegal drugs, or for driving while impaired by drugs, over the counter or illegal drugs, or for driving while impaired by drugs, over the counter or illegal drugs?

Use only: Did the patient answer "yes" to any questions in Part A?

If "No" to all questions, then stop. If "Yes" to any question, then ask all 6 CRAFT questions.

6. Have you ever ridden in a CAR driven by someone (including yourself) who was so drunk or on drugs or alcohol that you could not drive the car safely?
7. Do you ever use alcohol or drugs to relax, feel better about yourself, or to get the job done?
8. Do you ever use alcohol or drugs when you are by yourself, or ALONE?
9. Do you ever use alcohol or drugs to help you feel better about yourself, or to get the job done?
10. Do you ever use alcohol or drugs when you are by yourself, or ALONE?
11. Do you ever use alcohol or drugs when you are by yourself, or ALONE?
12. Do you ever use alcohol or drugs when you are by yourself, or ALONE?

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### Institute for Health and Recovery Integrated Screening Tool

Women's health can be affected by combined problems, alcohol, tobacco, other drug use, and domestic violence. Women's health is also affected when those same problems are present in people close to us. By "alcohol," we mean beer, wine, wine coolers, or liquor.

<b>Parents</b> Did any of your parents have a problem with alcohol or other drug use?	YES	NO
<b>Peers</b> Do any of your friends have a problem with alcohol or other drug use?	YES	NO
<b>Partner</b> Does your partner have a problem with alcohol or other drug use?	YES	NO
<b>Violence</b> Are you feeling at all unsafe in any way in your relationship with your current partner?	YES	NO
<b>Emotional Health</b> Over the last few weeks, has worry, anxiety, depression, or sadness made it difficult for you to do your work, go along with people, or take care of things at home?	YES	NO
<b>Past</b> In the past, have you had difficulties in your life due to alcohol or other drugs, including prescription medications? 1. How many days per month do you drink? 2. How many drinks on one given day? 3. How often did you have 4 or more drinks per day in the last month?	YES	NO
<b>Present</b> In the past month, have you drunk any alcohol or used other drugs? 1. How many days per month do you drink? 2. How many drinks on one given day? 3. How often did you have 4 or more drinks per day in the last month?	YES	NO
<b>Smoking</b> Have you smoked any cigarettes in the past three months?	YES	NO

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

Advise for Brief Intervention

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

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

# Secondary Screening

-  Infectious Disease
-  Mental Health
-  Intimate Partner Violence

# Example depression & IPV screening tools

**Edinburgh Postnatal Depression Scale (EPDS)**

Patient Label: \_\_\_\_\_  
 Mother's OB or Doctor's Name: \_\_\_\_\_  
 Doctor's Phone #: \_\_\_\_\_

Since you are either pregnant or have recently had a baby, we want to know how you feel. Please place a **CHECK MARK (✓)** on the blank by the answer that comes closest to how you have felt **IN THE PAST 7 DAYS**—not just how you feel today. Complete all 10 items and find your score by adding each number that appears in parentheses (#) by your checked answer. This is a screening test; not a medical diagnosis. If something doesn't seem right, call your health care provider regardless of your score.

*Below is an example already completed.*

I have felt happy:  
 Yes, all of the time \_\_\_\_\_ (0)  
 Yes, most of the time  (1)  
 No, not very often \_\_\_\_\_ (2)  
 No, not at all \_\_\_\_\_ (3)

*This would mean: "I have felt happy most of the time" in the past week. Please complete the other questions in the same way.*

- I have been able to laugh and see the funny side of things:  
 As much as I always could \_\_\_\_\_ (0)  
 Not quite so much now \_\_\_\_\_ (1)  
 Definitely not so much now \_\_\_\_\_ (2)  
 Not at all \_\_\_\_\_ (3)
- I have looked forward with enjoyment to things:  
 As much as I ever did \_\_\_\_\_ (0)  
 Rather less than I used to \_\_\_\_\_ (1)  
 Definitely less than I used to \_\_\_\_\_ (2)  
 Hardly at all \_\_\_\_\_ (3)
- I have blamed myself unnecessarily when things went wrong:  
 Yes, most of the time \_\_\_\_\_ (3)  
 Yes, some of the time \_\_\_\_\_ (2)  
 Not very often \_\_\_\_\_ (1)  
 No, never \_\_\_\_\_ (0)
- I have been anxious or worried for no good reason:  
 No, not at all \_\_\_\_\_ (0)  
 Hardly ever \_\_\_\_\_ (1)  
 Yes, sometimes \_\_\_\_\_ (2)  
 Yes, very often \_\_\_\_\_ (3)
- I have felt scared or panicky for no good reason:  
 Yes, quite a lot \_\_\_\_\_ (3)  
 Yes, sometimes \_\_\_\_\_ (2)

- I have been so unhappy that I have had difficulty sleeping:  
 Yes, most of the time \_\_\_\_\_ (3)  
 Yes, sometimes \_\_\_\_\_ (2)  
 No, not very often \_\_\_\_\_ (1)  
 No, not at all \_\_\_\_\_ (0)
- I have felt sad or miserable:  
 Yes, most of the time \_\_\_\_\_ (3)  
 Yes, quite often \_\_\_\_\_ (2)  
 Not very often \_\_\_\_\_ (1)  
 No, not at all \_\_\_\_\_ (0)
- I have been so tired that I have had difficulty doing my usual work:  
 Yes, most of the time \_\_\_\_\_ (3)  
 Yes, quite often \_\_\_\_\_ (2)  
 Only occasionally \_\_\_\_\_ (1)  
 No, never \_\_\_\_\_ (0)
- The thought of harming myself has occurred to me:  
 Yes, quite often \_\_\_\_\_ (3)  
 Sometimes \_\_\_\_\_ (2)  
 Hardly ever \_\_\_\_\_ (1)  
 Never \_\_\_\_\_ (0)

Thank you for completing this survey and for your contribution to research.  
 Verbal consent to participate in research was witnessed by: \_\_\_\_\_

Revised 11/2018

 Women's Care  
FLORIDA

Name (please print) \_\_\_\_\_ Date of Birth \_\_\_\_\_ ID# \_\_\_\_\_  
 Today's Date \_\_\_\_\_

Please answer the following questions:

Over the last 2 weeks, how often have you been bothered by any of the following problems: (Check box)

	Not at all 0	Several Days 1	More than half the days 2	Nearly every day 3
Little interest or pleasure in doing things				
Feeling down, depressed, or hopeless				
Difficulty falling or staying asleep, or sleeping too much				
Feeling tired or having little energy				
Loss of appetite or overeating				
Feeling bad about yourself or that you are a failure, or have let yourself or your family down				
Difficulty concentrating on things, such as reading the newspaper or watching television				
Moving or speaking so slowly that other people could have noticed; or the opposite, being so fidgety or restless that you would be better off dead or of hurting yourself in some way				

Thank you for completing this questionnaire.

**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

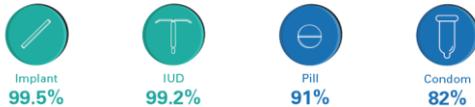
## Documentation of family planning/contraceptive counseling



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.

- Tubal ligation/vasectomy
- Shot, patch, pill, ring
- Condoms and other natural methods
- Implant, Intrauterine device (IUD)

### What's most effective?



Content source: Centers for Disease Control and Prevention's Division of Reproductive Health, National Center for Chronic Disease Prevention and Health Promotion

The most safe and effective reversible option for women is also known as long-acting reversible contraception (LARC). LARC includes the implant and the IUD.

LARC can prevent pregnancy for years and can be removed at any time. You can become pregnant soon after it's removed. Talk to your health care provider about your options.

\*Cost of birth control may depend on when you get the method and your health insurance.



COLLEGE OF PUBLIC HEALTH  
UNIVERSITY OF SOUTH FLORIDA



Florida Perinatal  
Quality Collaborative

**Long Acting Reversible Contraception (LARC)**

**What is LARC and why is it important?**  
LARC is a safe and effective way to prevent pregnancy for years. It's a reversible option that can help you avoid the stress and expense of pregnancy. LARC is a long-acting reversible contraceptive that can be removed at any time. It's a safe and effective way to prevent pregnancy for years. It's a reversible option that can help you avoid the stress and expense of pregnancy.

**How effective is LARC?**  
LARC is 99% effective at preventing pregnancy. It's one of the most effective ways to prevent pregnancy. It's a safe and effective way to prevent pregnancy for years. It's a reversible option that can help you avoid the stress and expense of pregnancy.

**What are the benefits of LARC?**  
LARC is a safe and effective way to prevent pregnancy for years. It's a reversible option that can help you avoid the stress and expense of pregnancy. It's a safe and effective way to prevent pregnancy for years. It's a reversible option that can help you avoid the stress and expense of pregnancy.

**What are the risks of LARC?**  
LARC is a safe and effective way to prevent pregnancy for years. It's a reversible option that can help you avoid the stress and expense of pregnancy. It's a safe and effective way to prevent pregnancy for years. It's a reversible option that can help you avoid the stress and expense of pregnancy.

**Does LARC cause pain or discomfort?**  
LARC is a safe and effective way to prevent pregnancy for years. It's a reversible option that can help you avoid the stress and expense of pregnancy. It's a safe and effective way to prevent pregnancy for years. It's a reversible option that can help you avoid the stress and expense of pregnancy.

ACOH DISTRICT XII  
FPQC  
MFLORIDA MATERNITY  
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# Treatment

Increase breastfeeding initiation and rooming in rates



Use SBIRT screening to obtain appropriate referrals for mothers with any opioid use

## 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)



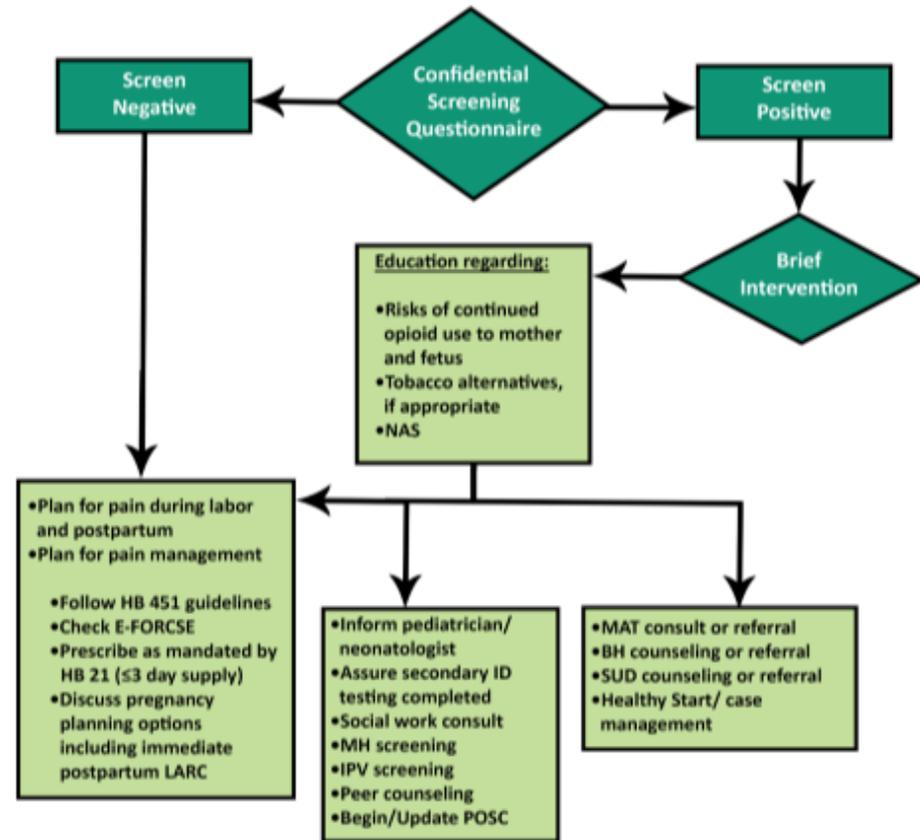
## Sample Script for a Brief Intervention

Raise the subject	<ul style="list-style-type: none"> <li>•“Thank you for completing this questionnaire and for being honest about this subject -is it ok with you if we review your results?”</li> <li>•“Can you tell me more about your past/current drinking or drug use? What does a typical week look like?”</li> </ul>
Provide feedback	<ul style="list-style-type: none"> <li>•“I also thank you for trusting me and being willing to talk about this subject.”</li> <li>•“Sometimes patients who give similar answers on this questionnaire are continuing to use drugs or alcohol during their pregnancy.”</li> <li>•“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)</li> </ul>
Enhance motivation	<ul style="list-style-type: none"> <li>•“What are your thoughts about this recommendation?”</li> <li>•“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.”</li> </ul>
Negotiate plan	<ul style="list-style-type: none"> <li>•Summarize conversation. Then: “What steps do you think you can take to reach your goal of having a healthy pregnancy and baby?”</li> <li>•“We can talk about this again at your next appointment.”</li> </ul>
<p>SAMHSA Toll-Free Treatment Referral Hotline Florida Department of Children and Families mental health and substance use information, resources and treatment service website</p>	
<p>1-800-662-HELP (4357) <a href="http://www.myflorida.networkofcare.org">www.myflorida.networkofcare.org</a></p>	

## Interpreting the SPs Screening Tool

Answers	Zone	Indicated Action	SBIRT Billing
No to all substance use questions	Low Risk	Positive reinforcement	SBIRT is currently reimbursed as part of the global fee by Medicaid. Check with Managed Care Plans in your area to determine if they offer separate reimbursement or are willing to consider doing so for enrollees in their plans.
“Yes” to Parents	Risky	Review risk	
“Yes” to Peer Questions		Perform Brief Intervention/Referral	 <p>Modified with permission from <a href="http://www.sbirtoregon.org">www.sbirtoregon.org</a></p>
“Yes” to Partner, Past, or Present Questions	Harmful or Severe	Refer for further assessment and possible specialized treatment	

Referral/  
scheduled follow  
up to MAT/BH  
services for all  
pregnant women  
with any opioid  
use



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

Develop a map of local community resources (e.g., behavioral health and addiction/treatment services)

<b>MORE Community Resources</b>		
<b>Resource</b>	<b>Program</b>	<b>Contact</b>
<b>Drug Treatment and Behavioral Health</b>		
Methadone Maintenance Provider		
Buprenorphine Provider		
Behavioral Health (Outpatient)		
Behavioral Health (Intensive TX)		
Residential Treatment Facility		
Peer Recovery Support		
<b>Support Services (Home-Based)</b>		
Florida Healthy Start		
Home Visiting Resources		
<b>Medicaid Health Plans</b>		
Medicaid Health Plan Services		

Other Services

Specialized Assistance Services

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

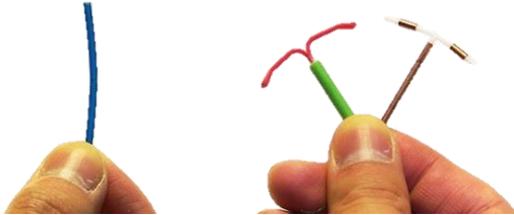


 Social work consult





 Pediatric consult



 Contraception counseling  
and plan



 Healthy Start/home visiting/  
case management referral

# Patient education bundle



**Introduction**

If you have an opioid use disorder (OUD) and are pregnant, you can take helpful steps now to ensure you have a healthy pregnancy and a healthy baby. During pregnancy, OUD should be treated with medication, counseling, and recovery support. Good prenatal care is also very important. Ongoing contact between the healthcare professionals treating your OUD and those supporting your pregnancy is very important.

The actions you take or don't take play a vital role during your pregnancy. Below are some important things to know about OUD and pregnancy, as well as the Dos and Don'ts for making sure you have a healthy pregnancy and a healthy baby.

**Things to know**

- OUD is a treatable illness like diabetes or high blood pressure.
- You should not 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 overdoses.
- For pregnant women, OUD is best treated with the medicines called methadone or buprenorphine along with counseling and recovery support services. Both of these medicines stop and prevent withdrawal and reduce opioid cravings, allowing you to focus on your recovery and caring for your baby.
- Tobacco, alcohol, and benzodiazepines may harm your baby, so make sure 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 professionals should check for these conditions regularly and, if you have them, help you get treatment for them.
- Mothers with OUD are at risk for hepatitis and HIV. Your healthcare professionals should do regular lab tests to make sure you are not infected and, if you are infected, provide treatment.
- Babies exposed to opioids and other substances before birth may develop neonatal abstinence syndrome (NAS) after birth. NAS is a group of withdrawal signs. Babies need to be watched for NAS in the hospital and may need treatment for a little while to help them sleep and eat.

**About OUD**

People with OUD typically feel a strong craving for opioids and find it hard to cut back or stop using them. Over time, many people build up a tolerance to opioids and need large amounts. They also spend more time looking for and using opioids, and less time on everyday tasks and relationships. Those who suddenly reduce or stop opioid use may suffer withdrawal symptoms such as nausea or vomiting, muscle aches, diarrhea, fever, and trouble sleeping.

If you are concerned about your opioid use or have any of these symptoms, please check with your healthcare professionals about treatment or tapering or find a provider at this website: [www.samhsa.gov/find-help](http://www.samhsa.gov/find-help).

**✓ 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 medicine dose 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 medicine unless you are taking naltrexone, which has not been studied in pregnancy. Changing your OUD medicine 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 or severity of NAS for your baby.

# Policies and Procedures

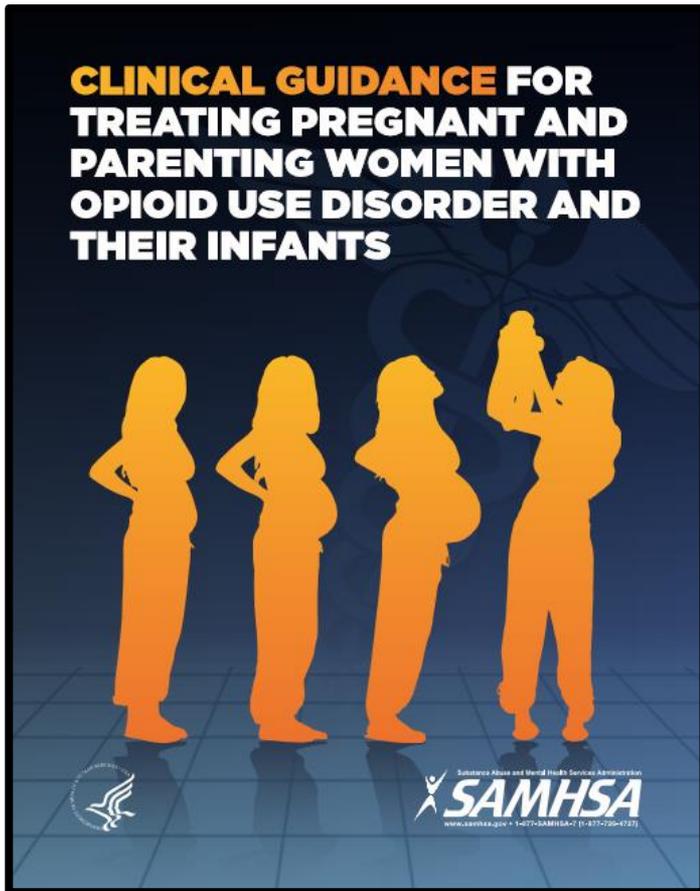
- 👤 Develop/revise hospital's pain management prescribing practices focusing on limiting opioid prescriptions
- 👤 Develop/revise hospital's specific OUD pain management and opioid prescribing guidelines/protocol

# 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



## Opioid Use Disorder in Pregnancy

Updated 10/1/2019



**ACOG**  
District II

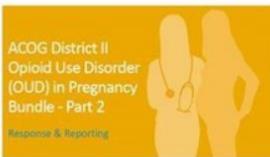
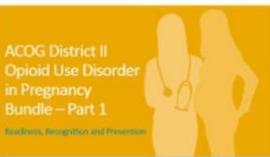
**MANAGING  
OPIOID USE DISORDER  
IN PREGNANCY**

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### Provider Education for OUD in Pregnancy



ACOG District II  
Opioid Use Disorder  
in Pregnancy  
Bundle - Part 1  
*Readiness, Recognition and Prevention*

ACOG District II  
Opioid Use Disorder  
(OUD) in Pregnancy  
Bundle - Part 2  
*Response & Reporting*

# Provider Education Series

This screenshot shows a video player interface for a presentation titled "Supporting Safe Plans of Care". The header includes the Florida Perinatal Quality Collaborative (FPQC) logo and the text "Partnering to Improve Health Care Quality for Mothers and Babies". The video title is "Florida Perinatal Quality Collaborative's Neonatal Abstinence Syndrome Initiative", and the specific topic is "Topic 6: Safe Discharge, Segment 2: Supporting Safe Plans of Care". The presenter is listed as Dixie Morgese, BA, CAP, ICADC. The video player includes a progress bar and a "Our Practice Is Our Passion" banner at the bottom.

This screenshot shows a video player interface for a presentation titled "Tips on Providing TI Care". The header includes the Florida Perinatal Quality Collaborative (FPQC) logo and the text "Partnering to Improve Health Care Quality for Mothers and Babies". The video title is "Florida Perinatal Quality Collaborative's Neonatal Abstinence Syndrome Initiative", and the specific topic is "Topic 1: Trauma-Informed Care, Segment 3: Tips on Providing Trauma-Informed Care". The presenter is listed as Dr. Heather Howard. The video player includes a progress bar and a "Our Practice Is Our Passion" banner at the bottom.

This screenshot shows a video player interface for a presentation titled "Treatment Options in Pregnancy". The header includes the Florida Perinatal Quality Collaborative (FPQC) logo and the text "Partnering to Improve Health Care Quality for Mothers and Babies". The video title is "Florida Perinatal Quality Collaborative's Neonatal Abstinence Syndrome Initiative", and the specific topic is "Topic 2: Nature of Addiction, Segment 3: Treatment Options in Pregnancy". The presenter is listed as Jason Fields, MD. The video player includes a progress bar and a "Our Practice Is Our Passion" banner at the bottom.

[fpqc.org/opioids](https://fpqc.org/opioids)



# Provision of patient education bundle

Fact sheet 1 of 4



## Opioid Use Disorder and Pregnancy

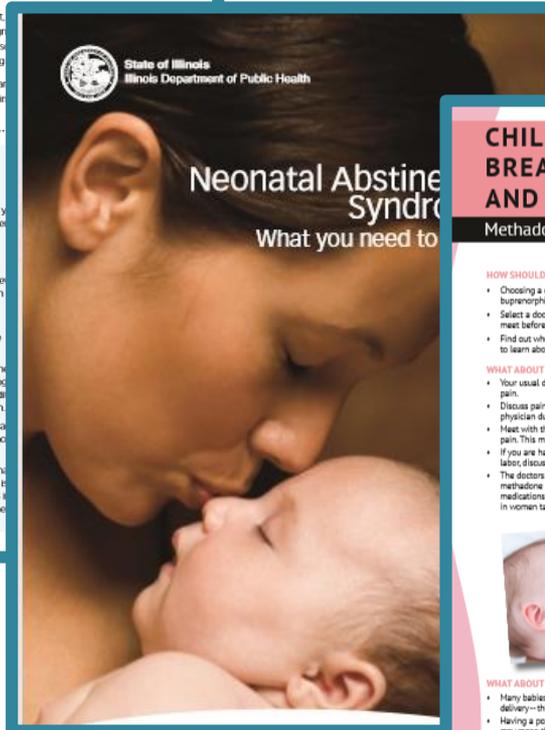
Taking helpful steps for a healthy pregnancy

### Introduction

If you have an opioid use disorder (OUD) and are pregnant, you can have a healthy pregnancy and a healthy baby. During pregnancy, you will receive counseling, and recovery support. Good prenatal care is also important. The healthcare professionals treating your OUD and those supporting your pregnancy are working together to help you have a healthy pregnancy. The actions you take or don't take play a vital role during your pregnancy about OUD and pregnancy, as well as the Do's and Don'ts for making a healthy baby.

### Things to know

- OUD is a treatable illness like diabetes or high blood pressure.
- You should not 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 have a worse experience.
- For pregnant women, OUD is best treated with the medicines called methadone or buprenorphine along with counseling and recovery support services. Both of these medicines stop and prevent withdrawal and reduce opioid cravings, allowing you to focus on recovery and caring for your baby.
- Tobacco, alcohol, and benzodiazepines may harm your baby, so make sure your treatment includes steps to stop using these substances.
- Depression and anxiety are common in women with OUD, and mothers may also experience depression and anxiety after giving birth. Your healthcare professionals should check for these conditions regularly and, if you have them, help you get treatment for them.
- Mothers with OUD are at risk for hepatitis and HIV. Your healthcare professionals should do regular lab tests to make sure you are not infected and, if you are infected, provide treatment.
- Babies exposed to opioids and other substances before birth may develop neonatal abstinence syndrome (NAS) after birth. NAS is a group of withdrawal signs. Babies need to be watched for NAS in the hospital and may need treatment for a little while to help them sleep and eat.



## CHILDBIRTH, BREASTFEEDING AND INFANT CARE: Methadone and Buprenorphine

### HOW SHOULD I PREPARE FOR DELIVERY?

- Choosing a doctor and hospital with experience in methadone and buprenorphine during labor and delivery can be helpful.
- Select a doctor for your baby (a pediatrician or family physician) and meet before delivery to talk about the care of your baby.
- Find out whether you can tour the nursery before your baby is born to learn about how the nursery cares for opioid exposed infants.

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

- Your usual daily methadone or buprenorphine dose will not treat pain.
- Discuss pain control for childbirth and after delivery with your physician during prenatal care.
- Meet with the anesthesia doctor to discuss your labor and delivery pain. This meeting can happen before labor or early in labor.
- If you are having a planned cesarean delivery or have one after labor, discuss postoperative pain.
- The doctors on labor and delivery MUST know that you are taking methadone or buprenorphine so that you are not given labor pain medications such as Stadol and Nubain which can cause withdrawal in women taking methadone or buprenorphine.



### WHAT ABOUT CHILD PROTECTIVE SERVICES?

- Many babies and mothers get tested for drugs and alcohol at delivery—this might include methadone and buprenorphine.
- Having a positive drug test, even if it's for prescribed medications, may mean that social workers or a child protection agency will want to talk to you and your family.
- A child services worker may come to your home to see how safe the environment is for your baby.
- Please talk to your doctor and other health care providers about the child protection laws in your state.

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

Or are you a pregnant woman using heroin or prescription opioids and considering treatment with methadone or buprenorphine?

### HOW DOES OPIOID WITHDRAWAL AFFECT THE BABY AFTER DELIVERY?

- After delivery, the baby no longer receives nutrients and medications such as buprenorphine and methadone from the mother's bloodstream. Your baby may develop withdrawal—called Neonatal Abstinence Syndrome (NAS).
- Not all babies born to moms on methadone or buprenorphine develop NAS.
- Each baby shows withdrawal differently. The following are some of the most common signs in opioid exposed babies:
 

Tremor or shakes	Crying	Frequent sneezing
Poor feeding/sucking	Sleep problems	Stuffy nose
Fever	Sweating	Tight muscles
Vomiting	Diarrhea	Loose stool (poop)
- These signs may happen from birth to 7 days after delivery and can last days, weeks, or months.
- Your baby may need medication to treat these symptoms and make the baby feel better. The baby's dose will then be decreased over time, until the symptoms have stopped.
- Your baby may be watched for four or five days in the hospital to see if medication will be needed.
- If a baby has NAS, it does not mean that he or she will have long-term problems.

### CAN I BREASTFEED IF I AM TAKING BUPRENORPHINE OR METHADONE?

- Breastfeeding is usually encouraged for women who are taking methadone or buprenorphine, except in some cases.
- Breastfeeding is not safe for women those with HIV, taking certain medicines that are not safe in breastfeeding, or who are actively using street drugs.
- Only very small amounts of methadone and buprenorphine get into the baby's blood and may help lessen the symptoms of NAS.

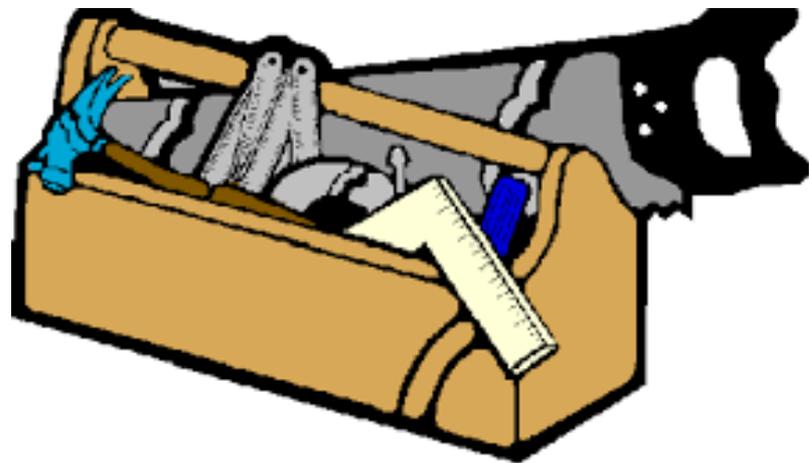
### HOW WILL HAVING A NEWBORN AFFECT MY RECOVERY?

- The weeks and months after the baby is born can be a stressful time for women in recovery. Be sure to continue counseling, and use parenting support programs.
- Do not make a decision to stop your opioid medication too quickly or too soon because this increases the risk of relapse.
- It is important to discuss decisions about your medication with your doctors and your counselor. For further information, please see [Brochure: Pregnancy and Methadone and Buprenorphine](#).

# 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

Florida Perinatal Quality Collaborative

Home > ... > Florida Perinatal Quality Collaborative > MORE

Home

Who We Are

Governance & Structure

Get Involved

Communications

Testimonials

Projects >

Events

Provider Education >

Patient Education >

Staff & Information

## 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>



Partnering to Improve Health Care Quality  
for Mothers and Babies

QUESTIONS?