

Welcome

MORE 2.0 Teams!

Maternal Opioid Recovery Effort

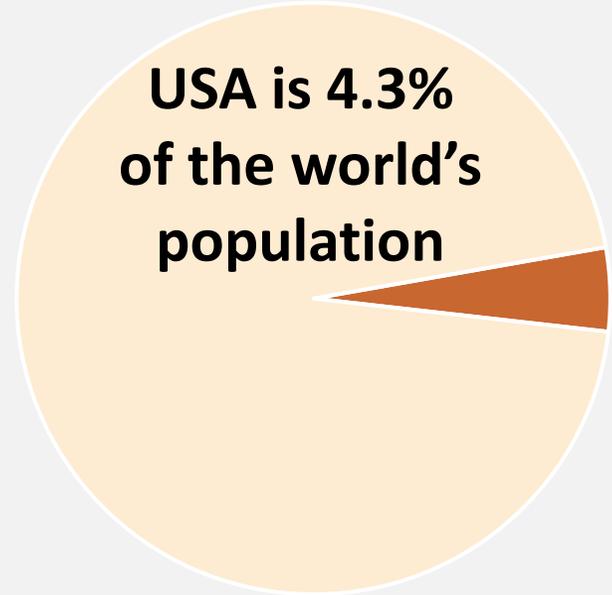
MORE Attention
Support
Services
Follow-up
Compassion



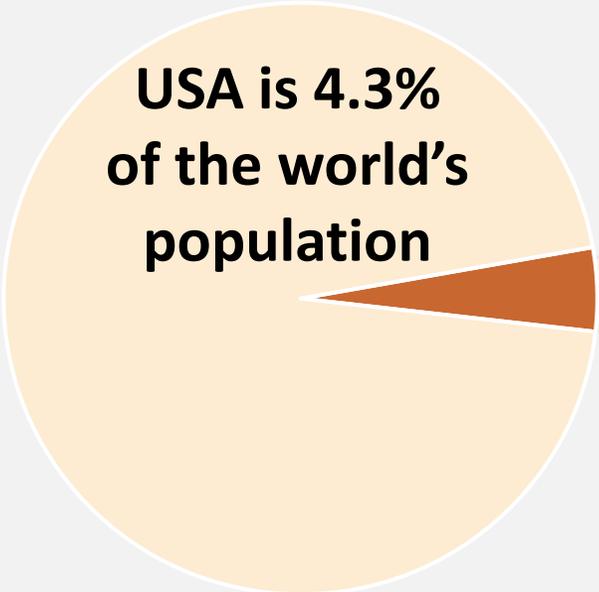
Improving the Quality of Care for Mothers with Opioids:
The Florida MORE Initiative



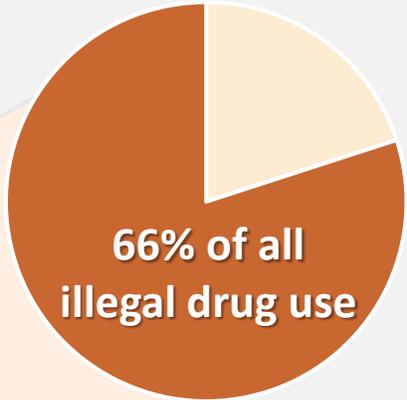
OPIOID EPIDEMIC STATISTICS



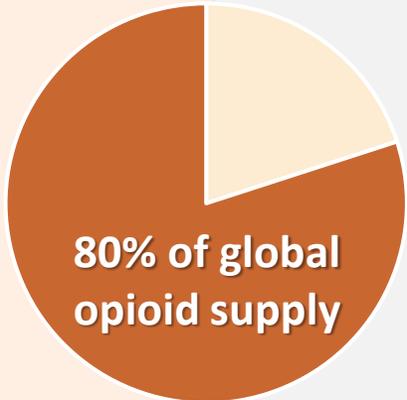
OPIOID EPIDEMIC STATISTICS



**USA is 4.3%
of the world's
population**



**66% of all
illegal drug use**



**80% of global
opioid supply**



**99% of global
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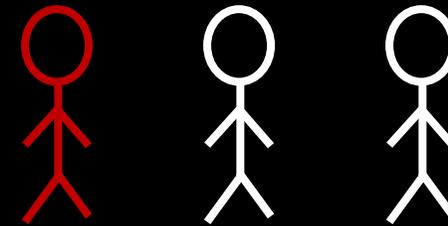
Opioids During Pregnancy Matters...

to Americans

**0.5
opioid
prescriptions
per American¹**

1. [cdc.gov/drugoverdose/pdf/pubs/2018-cdc-drug-surveillance-report.pdf](https://www.cdc.gov/drugoverdose/pdf/pubs/2018-cdc-drug-surveillance-report.pdf), Accessed: 3/25/21; 2. American Psychiatric Association. Nearly one in here people know someone addicted to opioids; more than half of millennials believe it is easy to get illegal opioids, 5/7/2018; 3. Substance Abuse and Mental Health Services Administration. The National Survey on Drug Use and Health;: 2017, Accessed :8/21/19. 4. [cdc.gov/pregnancy/meds/treatingfor two/features/opioid.html](https://www.cdc.gov/pregnancy/meds/treatingfor two/features/opioid.html), Accessed 3/25/21; 5. www.surgeongeneral.gov/priorities/opioids/; 6. Bateman BT, Hernandez-Diaz S, Rathmell JP, et al. Patterns of opioid utilization in pregnancy in a large cohort of commercial insurance beneficiaries in the United States. *Anesthesiology* 2014; 120: 1216.

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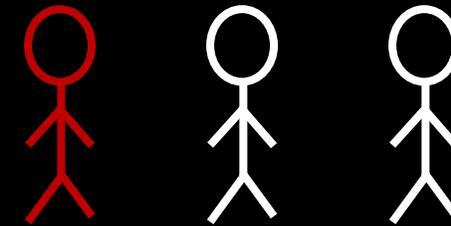
**1 in 3 Americans
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No change
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10.1 million people misused
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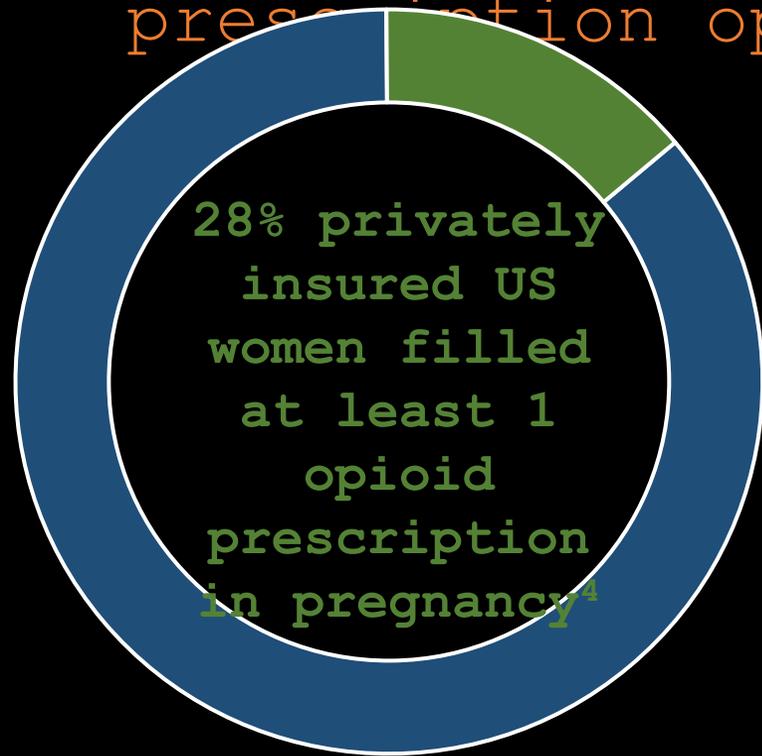


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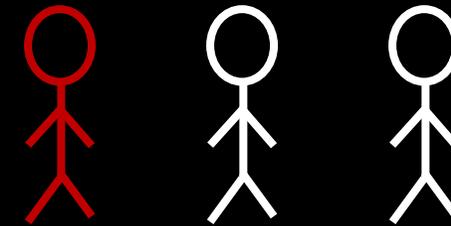
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Opioids During Pregnancy Matters...

to pregnant women

The number of women who used opioids during pregnancy increased 134% from 2010 to 8.2 per 1,000 deliveries in 2017.

Every 19 minutes a baby is born
suffering from opioid withdrawal

Drug-related overdose is the leading cause of pregnancy-associated mortality in Florida: >1 in 5 deaths. Most die after leaving the hospital.



Opioids During Pregnancy Matters...

to infants w/prenatal substance exposures

Characteristics of NAS infants

55-94%
have NAS
symptoms²

50-80%
have NAS
requiring
meds³

Characteristics of NAS infants

Male¹

Low birth weight¹

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¹Patrick SW, Davis MM, Lehman CU, Cooper WO. Increasing incidence & geographic distribution of neonatal abstinence syndrome: United States 2009 to 2012. *J Perinatol*. 2015;35(8):667 ; 2. Devlin LA, Lau T, Radmacher PG. Decreasing Total Medication Exposure and Length of Stay While Completing Withdrawal for Neonatal Abstinence Syndrome during the Neonatal Hospital Stay. *Front Pediatr* 2017;5:216; 3. Raffaelli G, Cavallaro G, Allegaert K, et al. Neonatal Abstinence Syndrome: Update on Diagnostic and Therapeutic Strategies. *Pharmacotherapy* 2017;37:814-23

Characteristics of NAS infants

Male¹

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COMMON DIAGNOSES¹

Jaundice
~33%

Respiratory
complications
~19%

Sepsis
~15%

Feeding
problems
~17%

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Consequences of substance exposure

Drug misuse is a common reason for child removal

More likely to experience

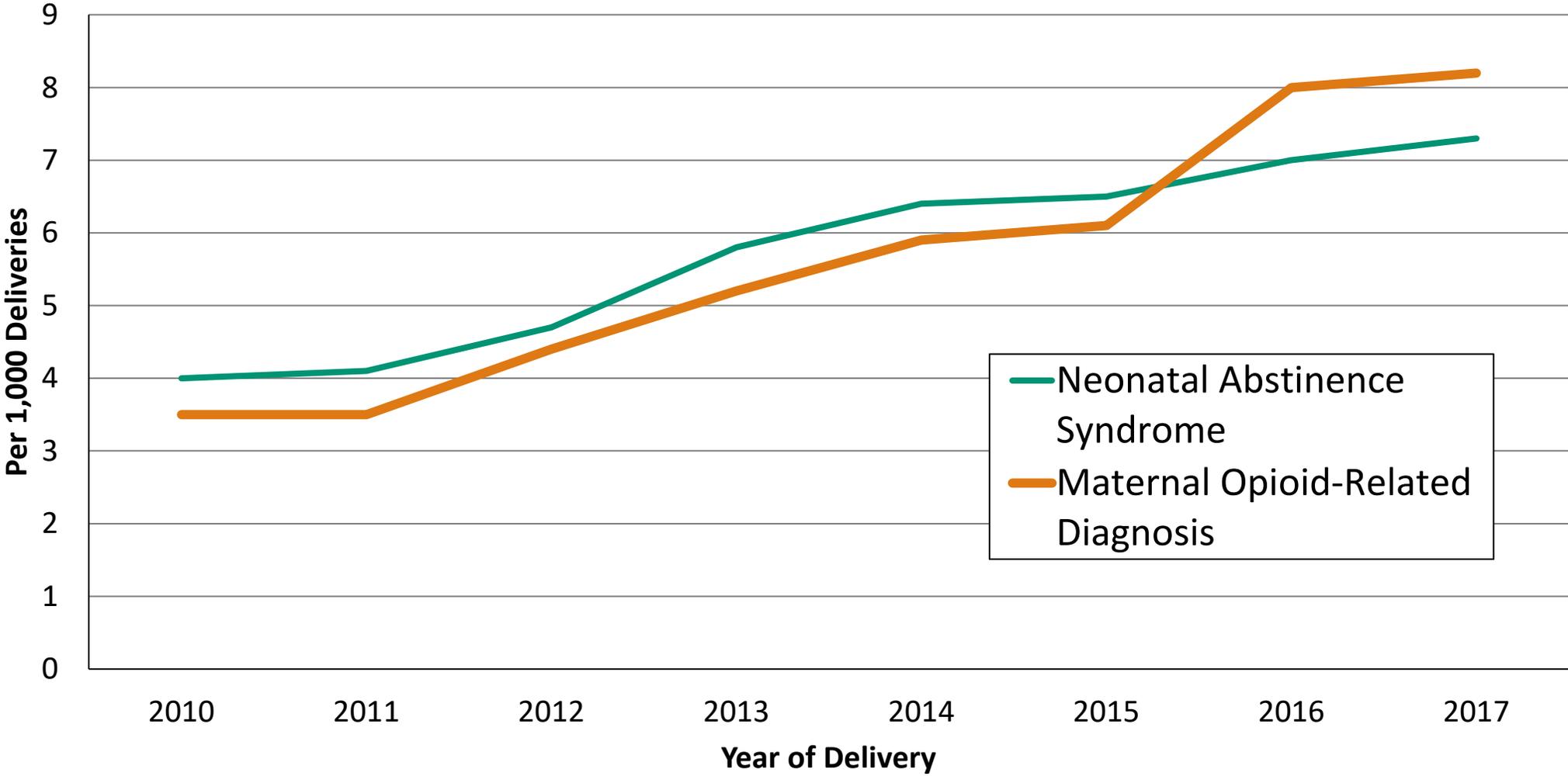
- Abuse or neglect
- Sudden infant death, shaken baby syndrome
- Adverse neurodevelopmental outcomes
- Re-hospitalization after birth hospitalization
- Child removals



Opioids During Pregnancy Matters...

to healthcare providers

Rate of Neonatal Abstinence Syndrome and Maternal Opioid-Related Diagnosis Per 1,000 Deliveries, US HCUP





Opioids During Pregnancy Matters...

to hospitals & community/state agencies

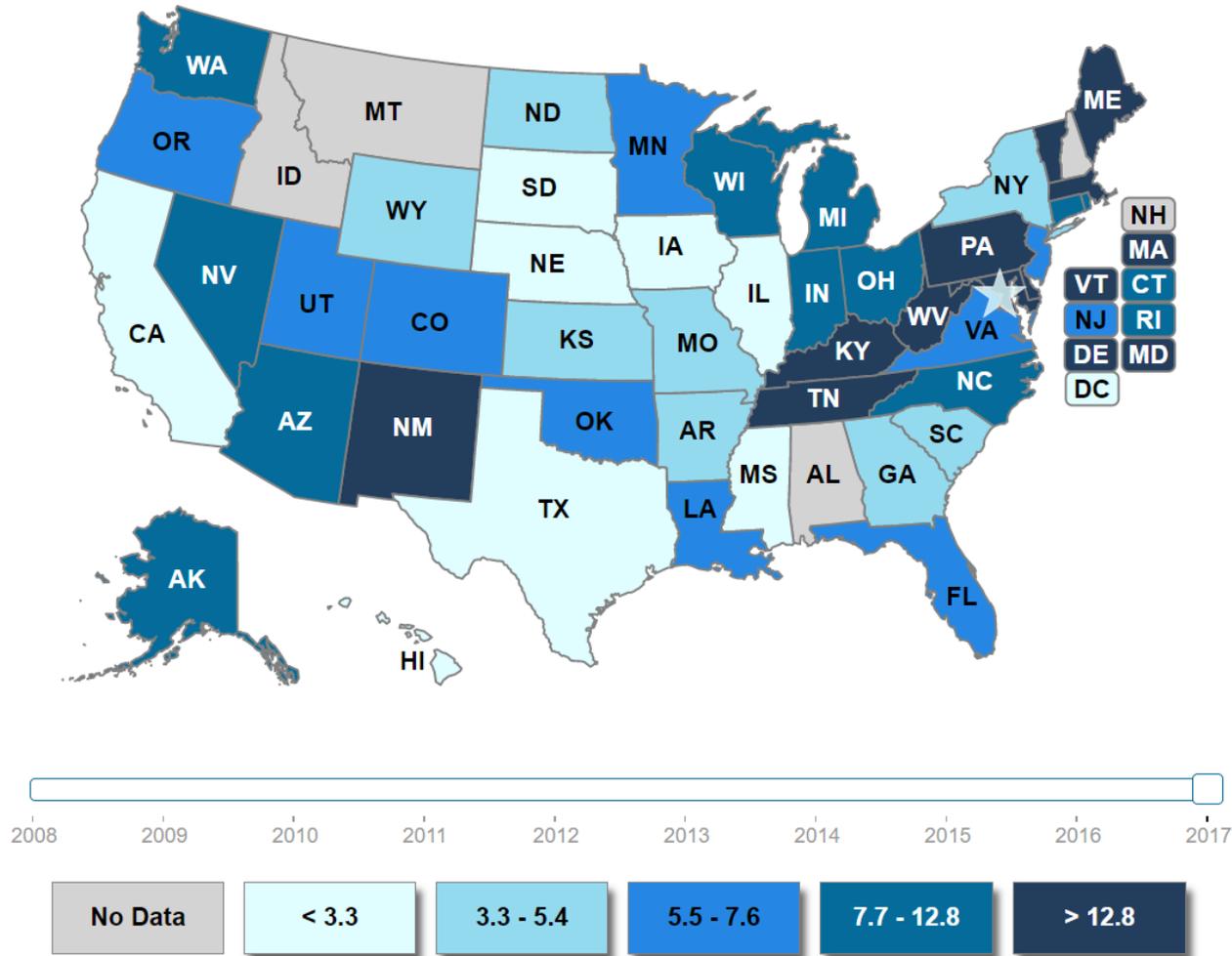
At any given time, NAS babies can occupy 3-4% of US NICU beds.

1. Wiles JR, Isemann B, Mizuno T, Tabangin ME, Ward LP, Akinbi H, et al. Pharmacokinetics of Oral Methadone in the Treatment of Neonatal Abstinence Syndrome: A Pilot Study. *J Pediatr*. 2015; 2. Patrick SW, Davis MM, Lehman CU, Cooper WO. Increasing incidence & geographic distribution of neonatal abstinence syndrome: United States 2009 to 2012. *J Perinatol*. 2015;35(8):667; 3. Patrick SW, Schumacher RE, Bennyworth BD, Krans EE, McAllister JM, Davis MM. Neonatal Abstinence Syndrome & Associated Health Care Expenditures, United States, 2000-2009. *JAMA* 2012. 307 (18): 1934-40; 4. Hall ES, Wexelblatt SL, Crowley M, Grow JL, Jasin LR, Klebanoff MA, et al. A multicenter cohort study of treatments & hospital outcomes in neonatal abstinence syndrome. *Pediatrics*. 2014;134(2):e527-534. 5. Tolia VN, Patrick SW, Bennett MM, Murthy K, Sousa J, Smith PB, Clark RH, Spitzer AR. Increasing incidence of the neonatal abstinence syndrome in the U.S. neonatal ICUs. *N Engl J Med*. 2015; 372(22):2118-26.



Neonatal Abstinence Syndrome Rate Per 1,000 Deliveries, US HCUP 2017

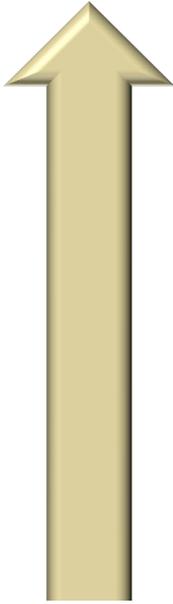
Where is the NAS problem?





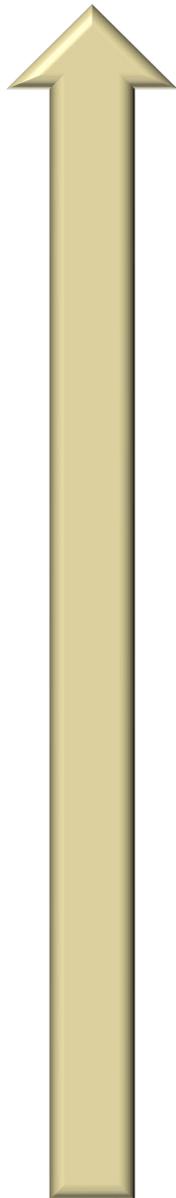
Opioids During Pregnancy Matter...

to All of Us!



Health Care Burden of Maternal Use & NAS

- Incidence of antenatal drug use
- Incidence of NAS
- Maternal mortality
- Healthcare expenditures



Health Care Burden of Maternal Use & NAS

- Incidence of antenatal drug use
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Public Health/Health Care Quality Measures

- Reduce antenatal exposures
- Increase maternal MAT/behavioral health
- Increase access to Naloxone
- Provide needed health & community services



MORE

Maternal Opioid Recovery Effort

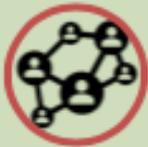
- ✓ Attention
- ✓ Support
- ✓ Services
- ✓ Follow up
- ✓ Compassion



**Toolkit
development**
Jan–Sep 2019

Kickoff
Nov 2019

**Project
end**
Jun 2021



Recruitment
Jul–Oct 2019

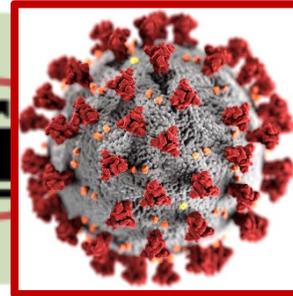
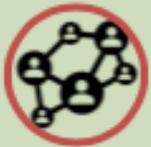
PDSA cycles
Jan 2020–
Apr 2021

Sustainability
Jun 2021–
Apr 2022

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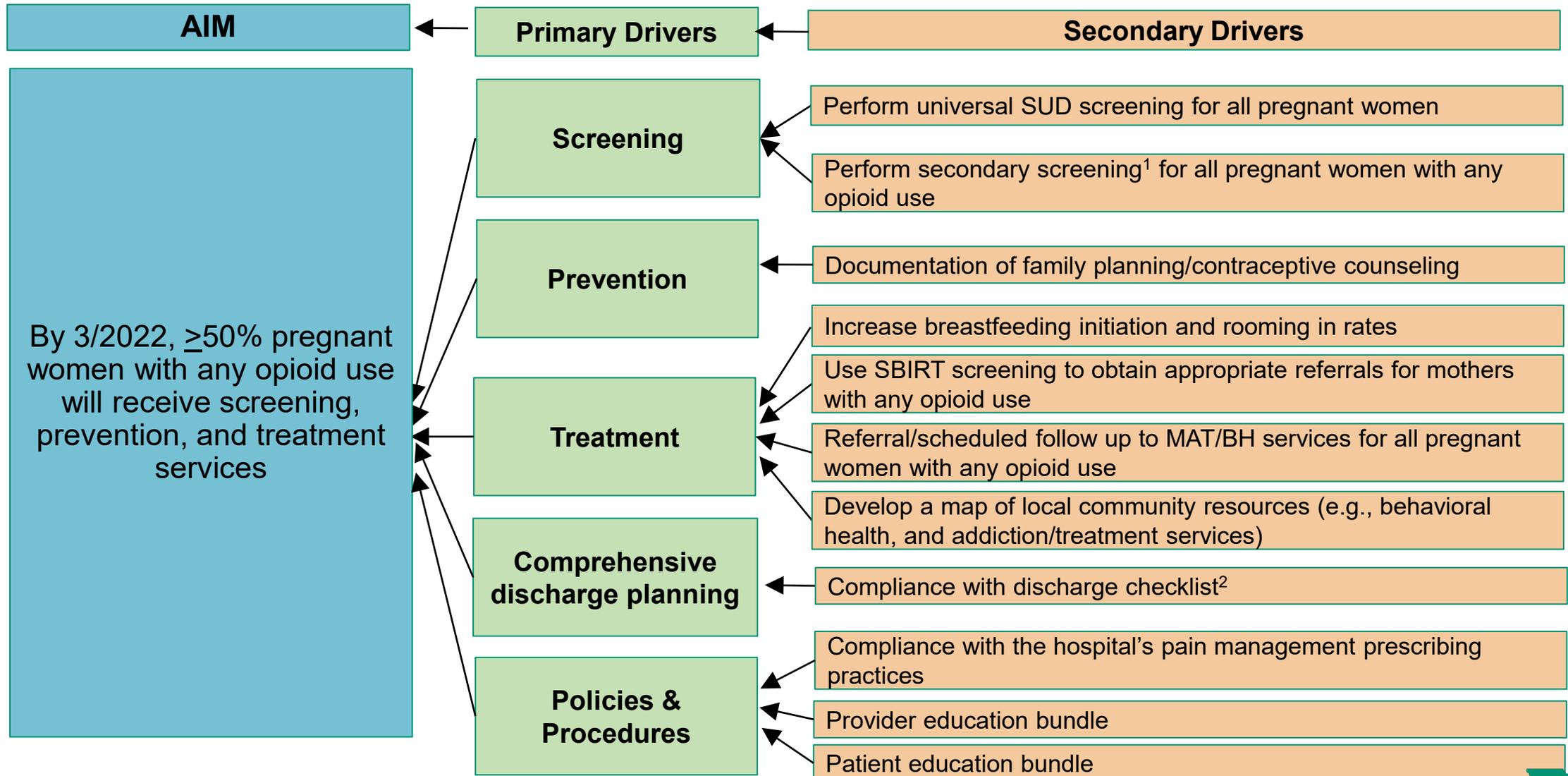


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Sustainability

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

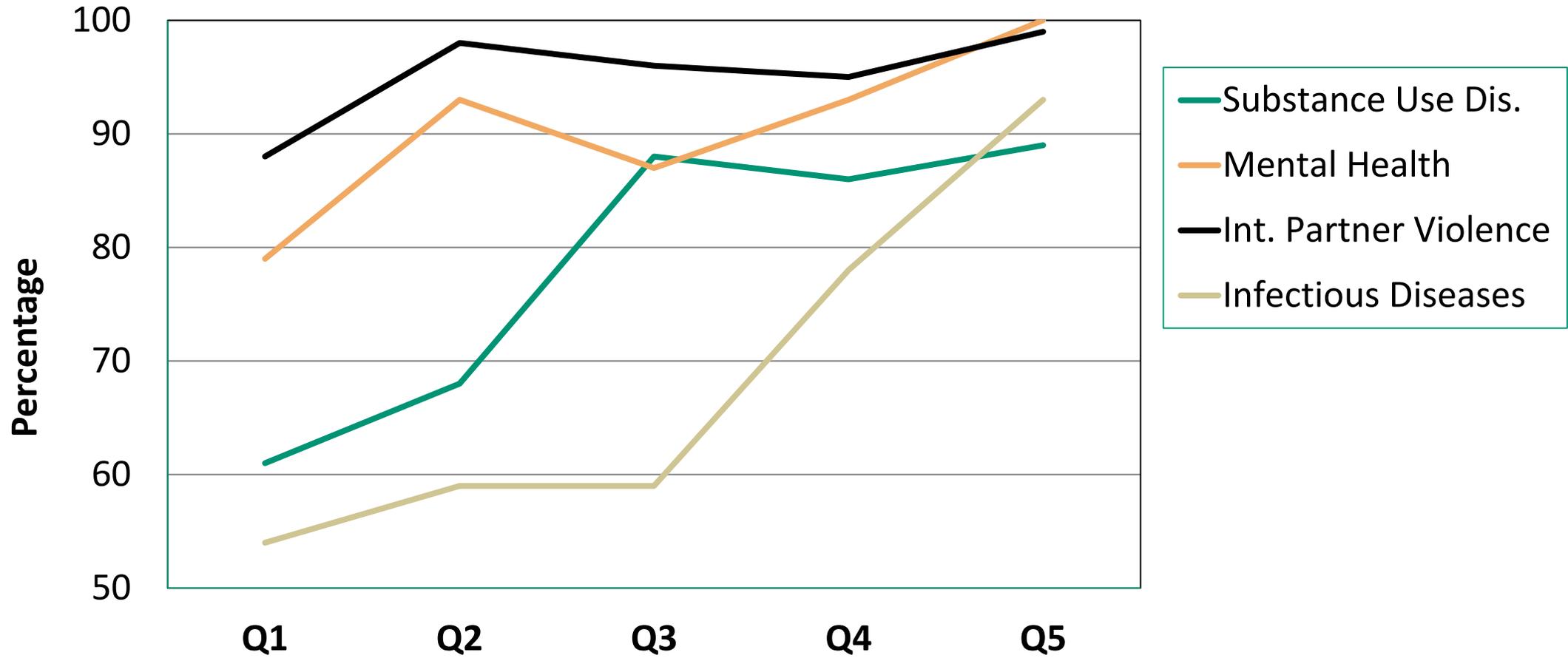


¹Secondary screening: 1) infectious diseases: HIV, HepA, HepB, HepC, GC, CT, syphilis and TB; 2) mental health including postpartum depression; 3) Intimate partner violence

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)

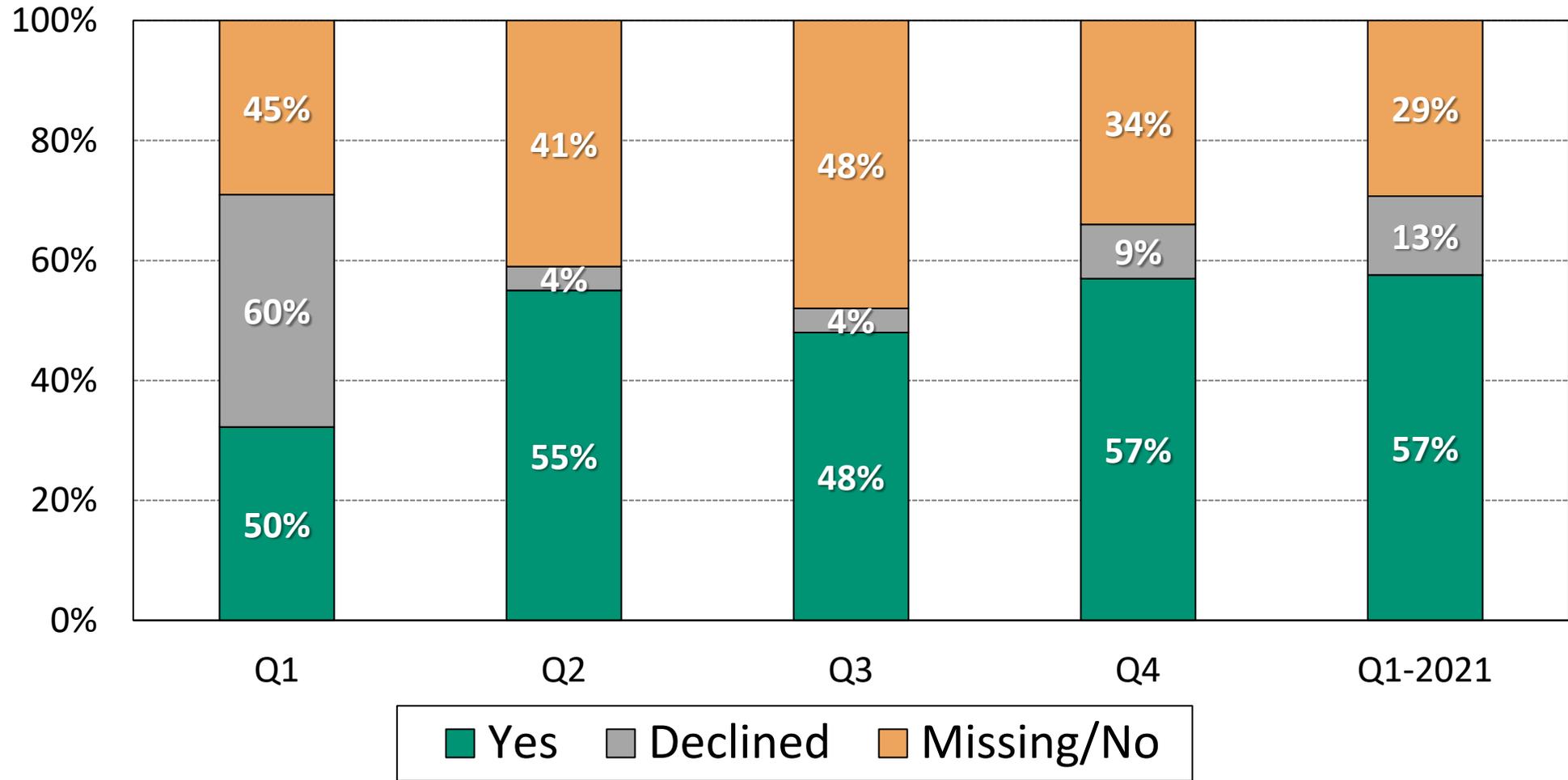
Maternal Screening in Hospital MORE, 14 Hospitals Reporting

1) Screening



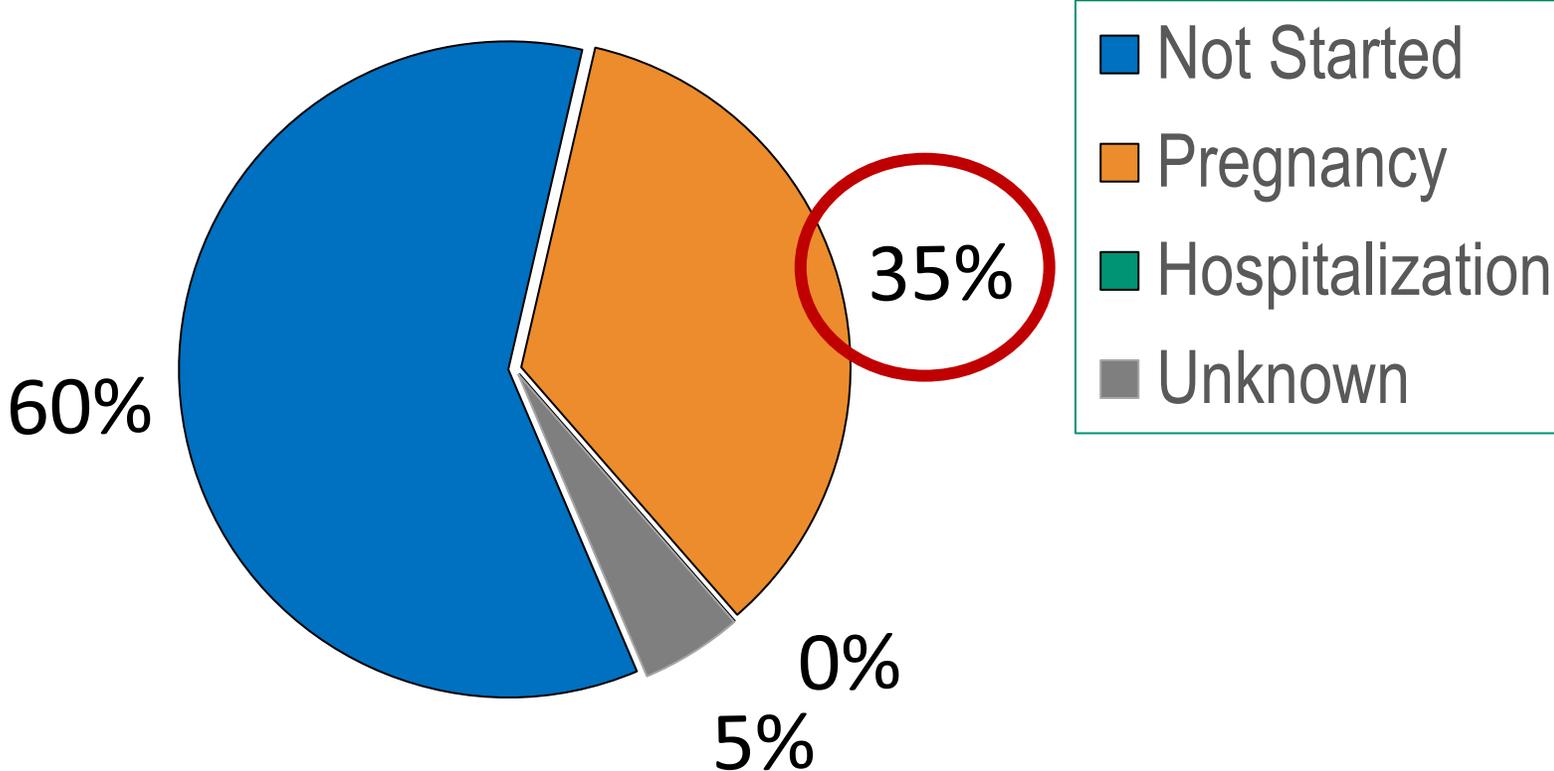
% Mothers with Opioid Use with Contraception Counseling & Plan Documented, MORE, 14 Hospitals Reporting

2) Prevention



Behavioral Health / Medication-Assisted Treatment, MORE, 14 Hospital Reporting

3) Treatment

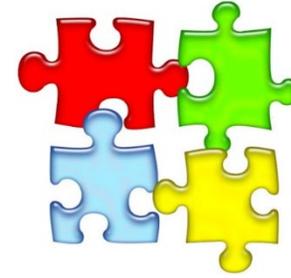


4) Comprehensive Discharge

Comprehensive Discharge Planning MORE, 14 Reporting Hospitals

	Q1	Q2	Q3	Q4	Q1-2021
Narcan education	21%	1%	5%	10%	8%
Social work consultation	96%	94%	95%	94%	96%
Contraceptive plan	56%	58%	52%	66%	71%
OB postpartum visit	16%	23%	21%	14%	21%
Pediatric consult	72%	78%	72%	89%	99%
Behavioral/MAT referral	46%	48%	31%	28%	38%
Healthy Start referral	85%	77%	75%	77%	86%

Putting Pieces Together for Opioid Exposed Mothers



Community resource directories from Florida Healthy Start

Plans of Safe Care: Common messages & reporting system

Plans to give Naloxone free at discharge on maternity units

Statewide committee to address MAT barriers

Opioid training for OB & FP residents & practitioners

Questions?

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fpqc@usf.edu

www.fpqc.org

 Florida Perinatal Quality Collaborative

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 @TheFPQC



“To improve the health and health care of Florida’s mothers and babies”