Mothers and Newborns affected by Opioids: Universal Screening for OUD with a Validated Tool Strategies

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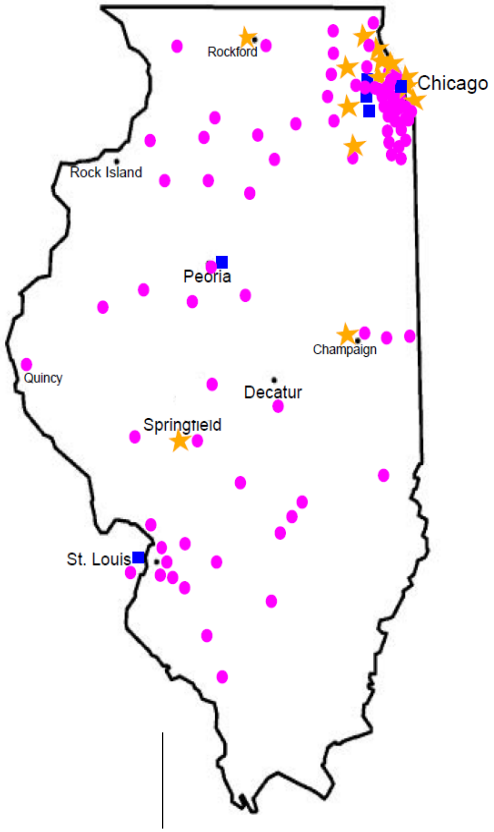
Overview

- ILPQC brief overview
- The OUD maternal crisis
- The Mothers and Newborns affected by Opioids Initiative
- What has been accomplished so far

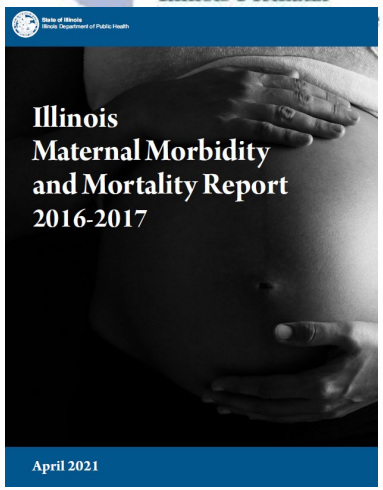
Illinois Perinatal Quality Collaborative

- Collaborative of physicians, nurses, hospital teams, patients, public health and community stakeholders
- Implementing data-driven, evidence-based practices to improve maternal and infant outcomes in Illinois
- 119 Illinois hospitals participating in one or more initiative covering 99% of IL births and all NICU beds
- ILPQC OB and Neonatal Advisory Workgroup participation across IL



Illinois Maternal Morbidity and Mortality Report, 2016-2017

IL PQC Illinois Perinatal



Top Four Underlying Causes of Pregnancy-Related Deaths in IL

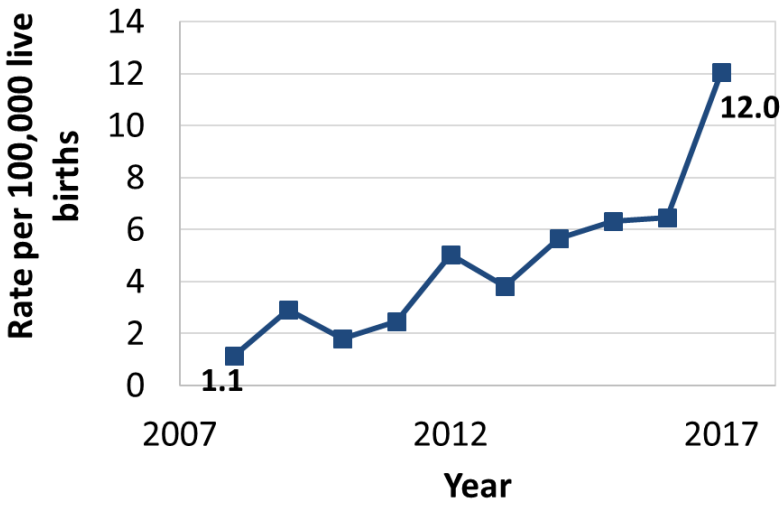
released April 29, 2021

Cause of Death Category	# Pregnancy-Related Deaths	% Pregnancy-Related Deaths
Mental Health Conditions (including substance use disorder)	24	40%
Pre-existing Chronic Medical Condition	5	8%
Hemorrhage	5	8%
Hypertensive Disorders of Pregnancy	5	8%
All Other Causes Combined	21	35%

Due to rounding, percentages do not add up to 100%

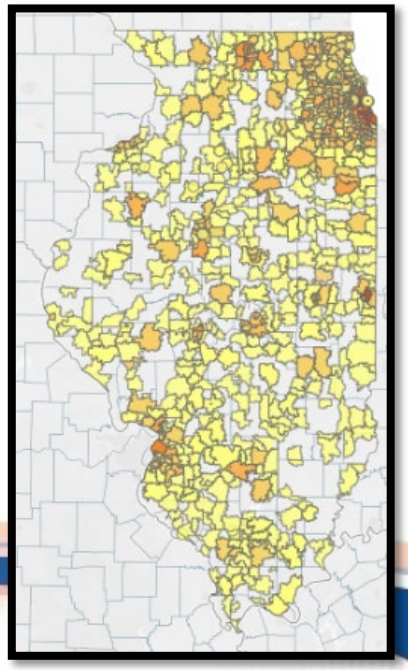
Opioid overdose is a leading cause of maternal death in IL

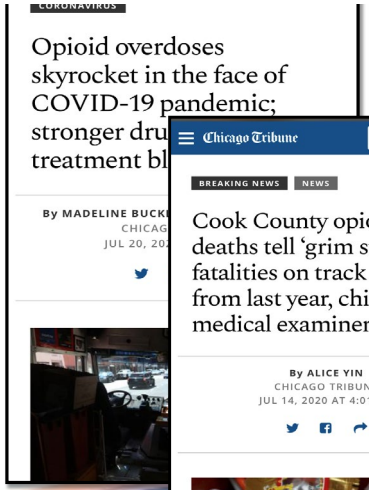
With the opioid crisis **worsening**, it is essential to **identify pregnant patients with OUD** and **provide optimal OUD care for every patient, every time**, to save lives



Rate of Pregnancy-Associated Deaths Due to Opioid Poisoning, Illinois Residents, 2008-2017

Overdose Counts by ZIP 2019 (IDPH)





Why we do this hard work… women are losing their lives to OUD

Madelyn Linsenmeir
1988 to 2018

The Burlington Free Press on Oct. 14, 2018
Photo Legacy.com

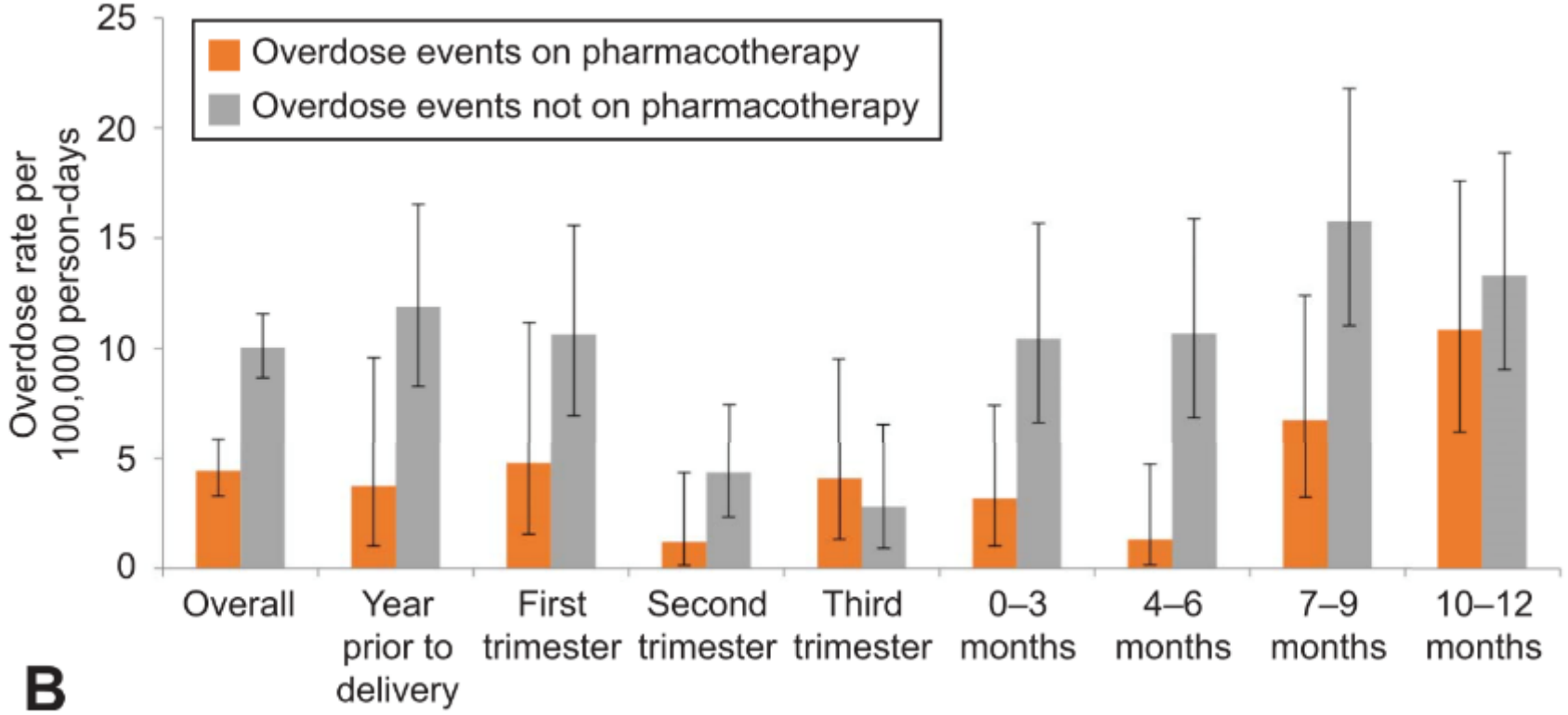
Anaya Rivers
1994 to 2019

Daily News Philly.com on February 17, 2019
Photo Pendleton Candles Obituary Service on Facebook.com

OUD is a life threatening medical condition
Screening and linking pregnant patients with OUD to treatment/services

- Reduces overdose deaths for moms
- Improves pregnancy outcomes
- Increases # women who can parent their baby

Treatment works: Decreased overdose on MAT



(1) MAT saves lives across pregnancy/postpartum
(2) Postpartum is a risky time for all moms with OUD

Schiff DM, et al. Fatal and Nonfatal Overdose Among Pregnant and Postpartum Women in Massachusetts. Obstet Gynecol. 2018;132(2):466–474. doi:10.1097/AOG.0000000000002734

Mothers and Newborns affected by Opioids - OB Initiative

Aim: ≥70% women with OUD receive MAT and are connected to Recovery Treatment Services prenatally or by delivery discharge

Goals:

- All pregnant women
  - screened with a universal validated screener prenatally and during their L&D admission
- Women with OUD during pregnancy or by delivery discharge
  - Assessed for readiness for MAT, linked to MAT and Recovery Treatment Services
  - OUD clinical care checklist completed
  - Receive Narcan, Hep C, contraception counseling, SW Consult
  - Pediatric / neonatal consult on NAS
  - Receive OUD/NAS patient education
- 107 hospitals participating in the MNO OB & Neonatal Initiative kick off May 2018
  - 101 MNO-OB Hospital QI Teams
  - 88 MNO-Neo Hospital QI Teams
- Facilitate monthly MNO-OB & Neo collaborative learning webinars, twice a year in-person meetings
- Paper & Online MNO-OB & Neonatal QI toolkit for teams including sample protocols, guidelines, and patient & provider education

MNO-OB Initiative Aims: What Must We Achieve to Save Lives

≥80%
Universal Validated OUD Screening

Prenatal &
Labor & Delivery

≥70%
Medication Assisted Treatment

≥70%
BH/Recovery Treatment Services

≥70%
OUD Clinical Care Checklist

Narcan provided

Hepatitis C screen

≥80%
Patient Education OUD/NAS

Counseling/Materials

Neo/Peds Consult

OB Clinical Team Key Messages to provide Optimal OUD Care

Opioid Use Disorder is an urgent obstetric issue

Opioid Use Disorder is a life-threatening chronic disease with lifesaving treatment available

There are key steps OB providers must take prenatally and on L&D to care for women with Opioid Use Disorder

Screening & Linking moms to MAT / Recovery Services

- Reduces overdose deaths for moms
- Improves pregnancy outcomes
- Increases # women who can parent their baby

Optimal care for all pregnant / postpartum persons with OUD

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Screen every pregnant patient for OUD with a validated screening tool

Provide Naloxone (Narcan) Counseling / prescription and screen for Hepatitis C

Assess readiness for Medication Assisted Treatment (MAT)

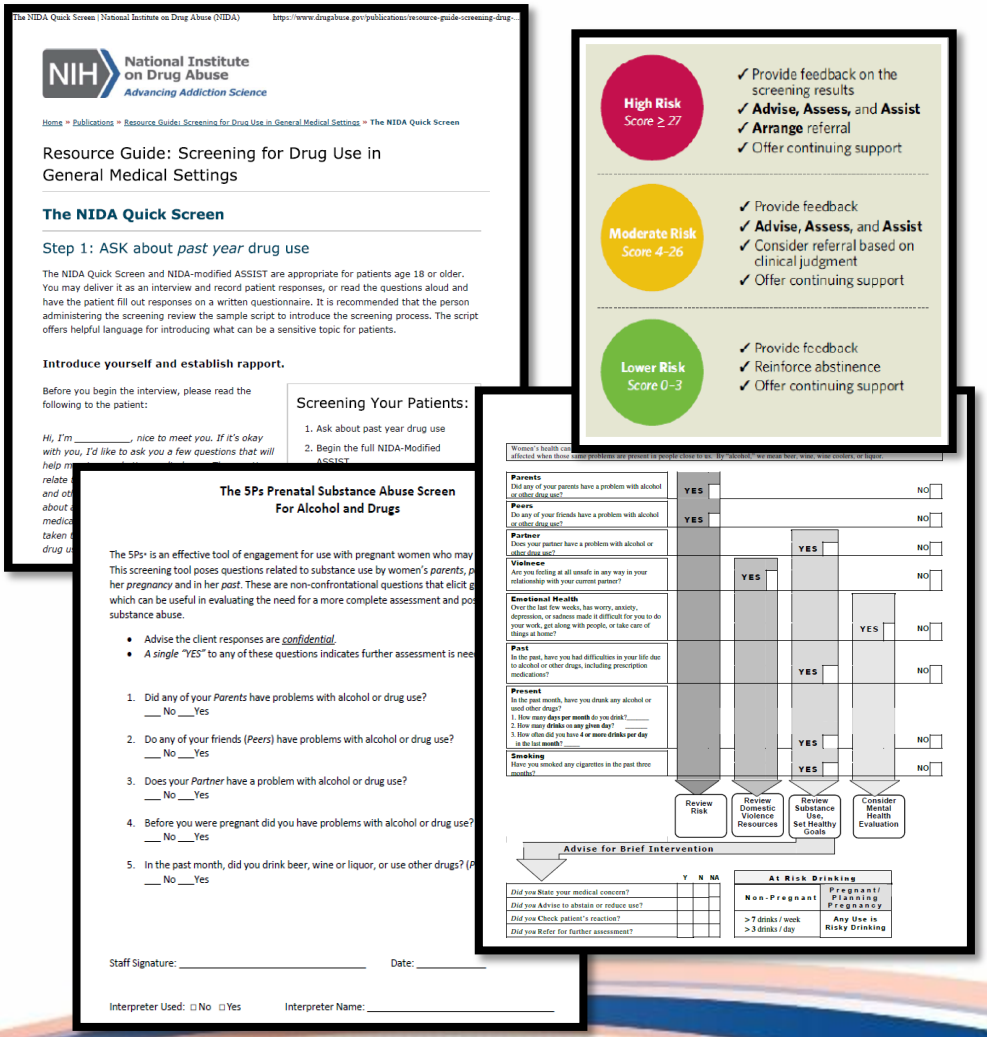
Warm hand-offs for MAT/recovery services and close OB follow up

Link to MAT and Recovery Treatment Services

Provide patient education on OUD/NAS and reduce stigma, promote empathy across clinical team

Universal Screening for SUD/ OUD with a validated screening tool

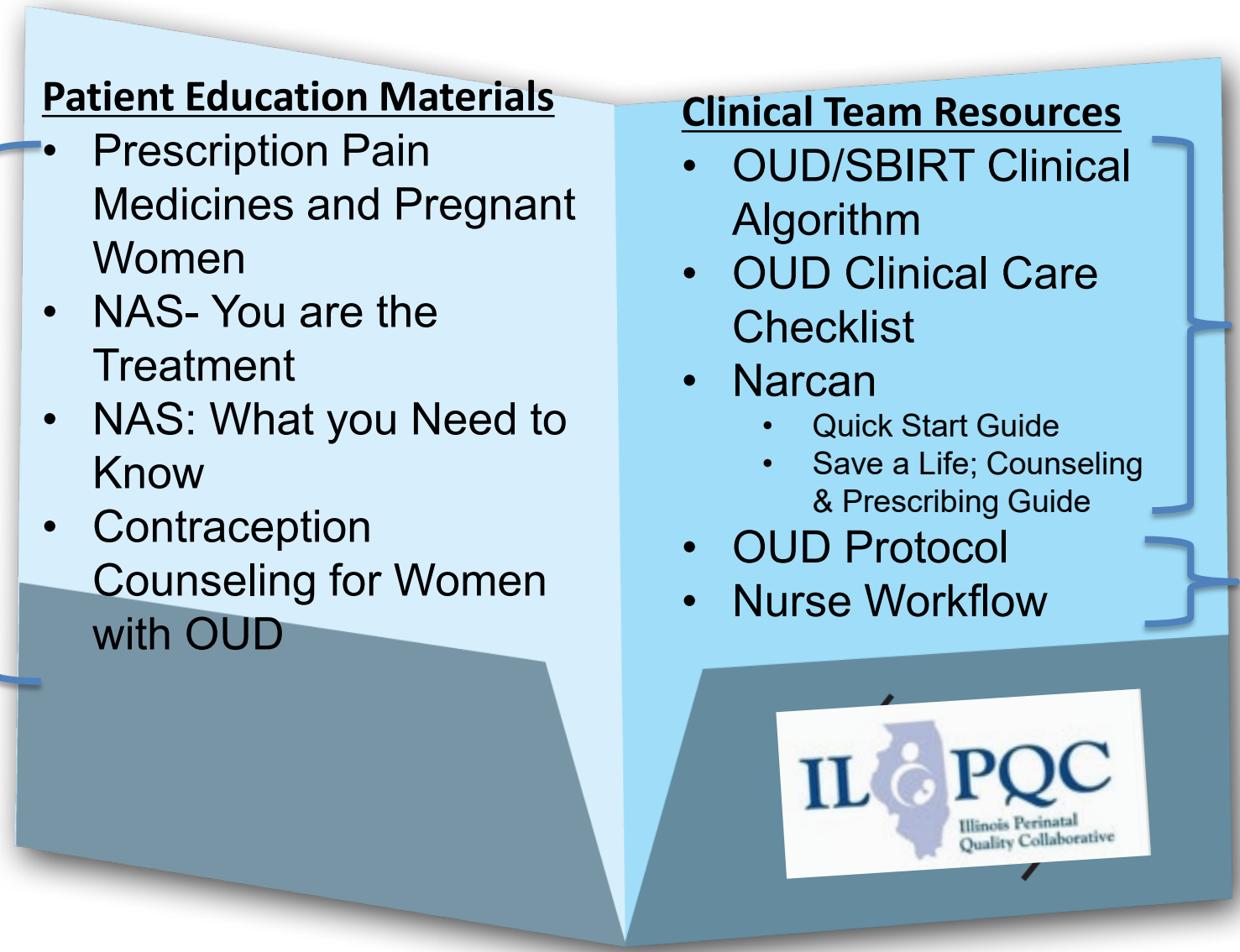
- **Recommended for all pregnant patients by ACOG, SMFM, ASAM**
- Screen all pregnant women **on entry to prenatal care and admission to L&D** and **document**
- Allows for the **earliest possible intervention** and referral to treatment
- The goal of screening is to identify women with life threatening illness to start treatment early in pregnancy or before delivery discharge



*www.doh.wa.gov and www.ilpqc.org

MNO Folder

- ✓ Store on L&D and all prenatal care sites
- ✓ Charge nurses to get folder when OUD screen + identified, engage OB providers
- ✓ Materials for provider, nurse and patient



Give to and review with Moms

For OB to complete

For nurse

Patient Education on OUD and NAS

Every patient with OUD needs education documented:

1) **Provide Patient Education Resources from MNO Folder**
2) **Neonatal / Peds consult**

- Include information on:
  - Treatment for OUD during and after their pregnancy
  - OUD and NAS
  - Maternal participation in newborn care: rooming in/ eat-sleep-console
  - Breastfeeding for OENs

Did you know?
Pregnant women have the greatest engagement for OUD treatment and recovery

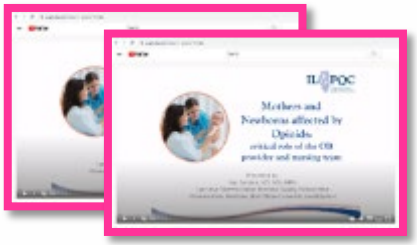
MNO Education for all OBs & RNs

Stigma & bias education

- **Words Matter e-Module** from ILPQC AC Conference
- **CDC Opioid Use and Pregnancy e-Module**

Implement stigma & bias education

Provider & RN e-Modules



- **MNO-OB Provider** eModule
- **MNO-OB Nursing** eModule

Shares key strategies for caring for pregnant and pp women with OUD

Provider & RN education campaign

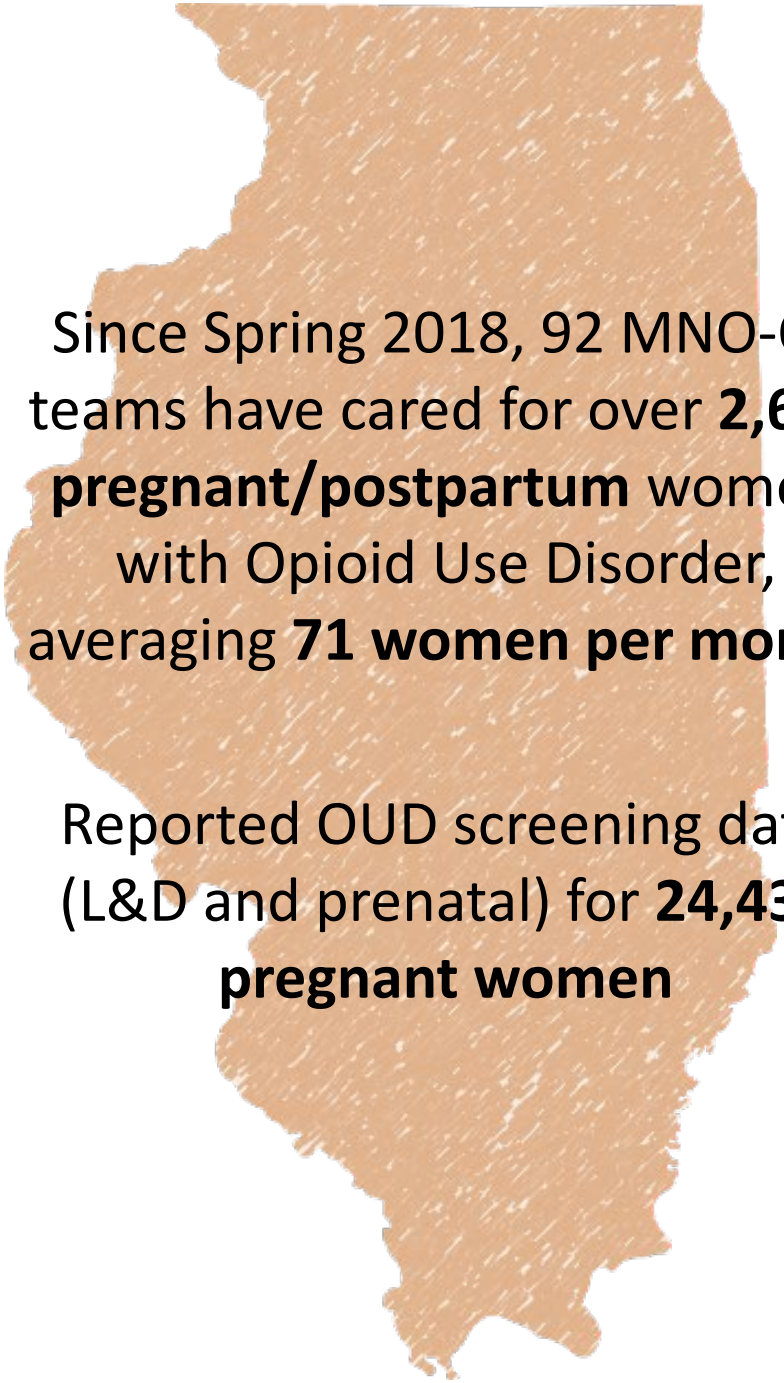
MNO-OB Education Flyers

Post & distribute in clinical areas including prenatal sites

SBIRT Simulations Guide and e-training

- 1hr SBIRT IRETA Training e-Module
- ACOG District II SBIRT Training 6 Min Video

Train providers to talk to patients about readiness for MAT & linking to recovery treatment services.



Since Spring 2018, 92 MNO-OB teams have cared for over **2,666 pregnant/postpartum** women with Opioid Use Disorder, averaging **71 women per month**

Reported OUD screening data (L&D and prenatal) for **24,430 pregnant women**

Making Systems Change Happen

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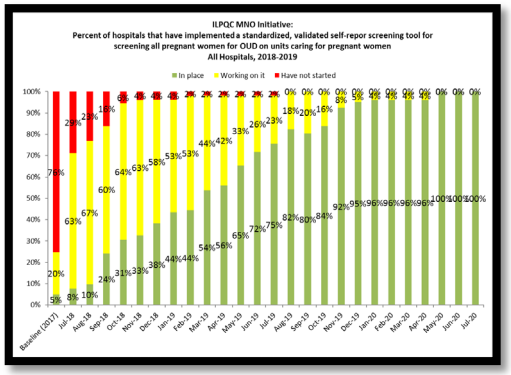
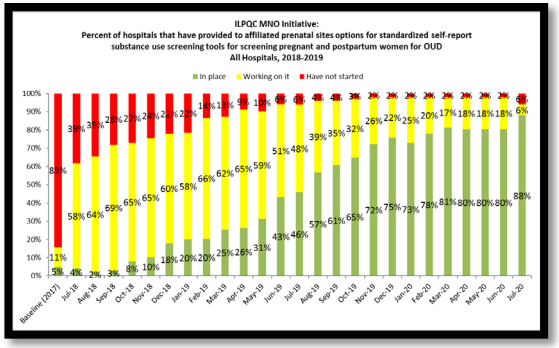
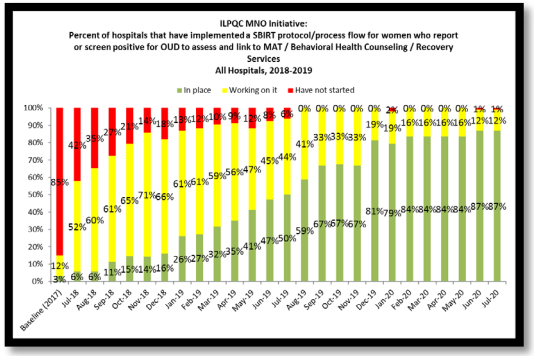


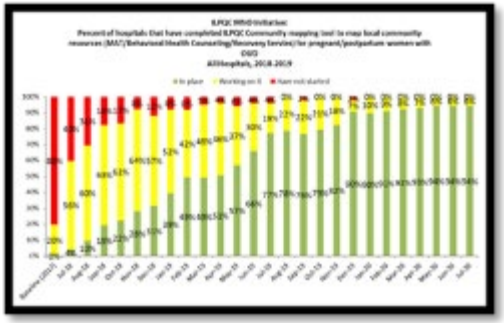
100% of teams have a validated screening tool in place on L&D



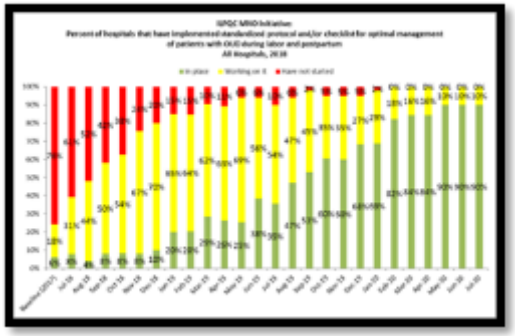
80% of teams have a validated screening tool in place prenatally



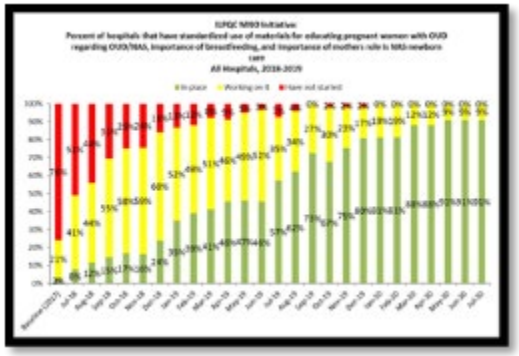
93% of teams have a SBIRT protocol/algorithm in place on L&D



93% of teams have mapped community resources for women with OUD

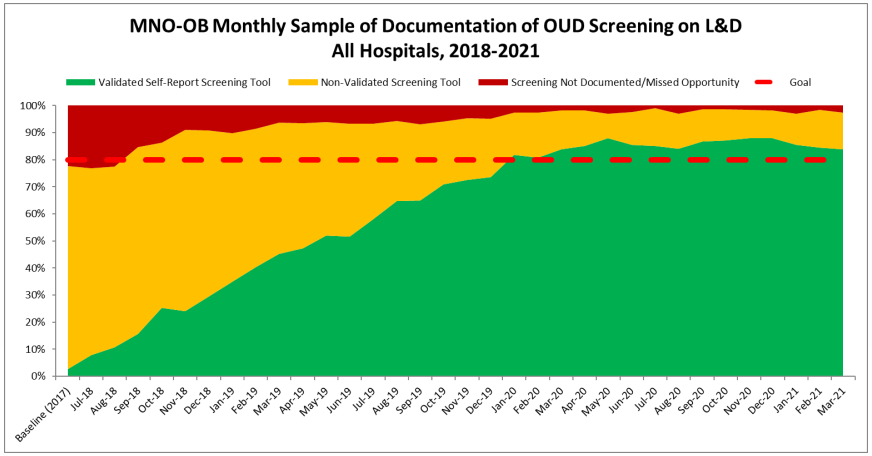


93% of teams have implemented an OUD Clinical Care Checklist on L&D



93% of teams have implemented standardized patient education on L&D

Universal Screening for SUD/OUD



87%

Random sample of 10 deliveries per month reviewed for documentation of SUD/OUD screening
N = 24,430 to date

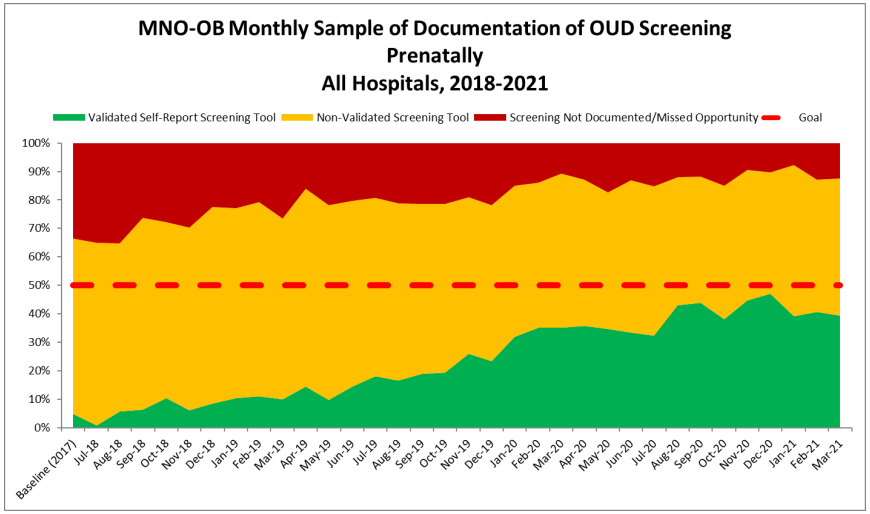
L&D

GOAL: ≥ 80%

Red = No screening
Yellow = Screened single question
Green= Screened with validated SUD/OUD screening tool

Prenatal

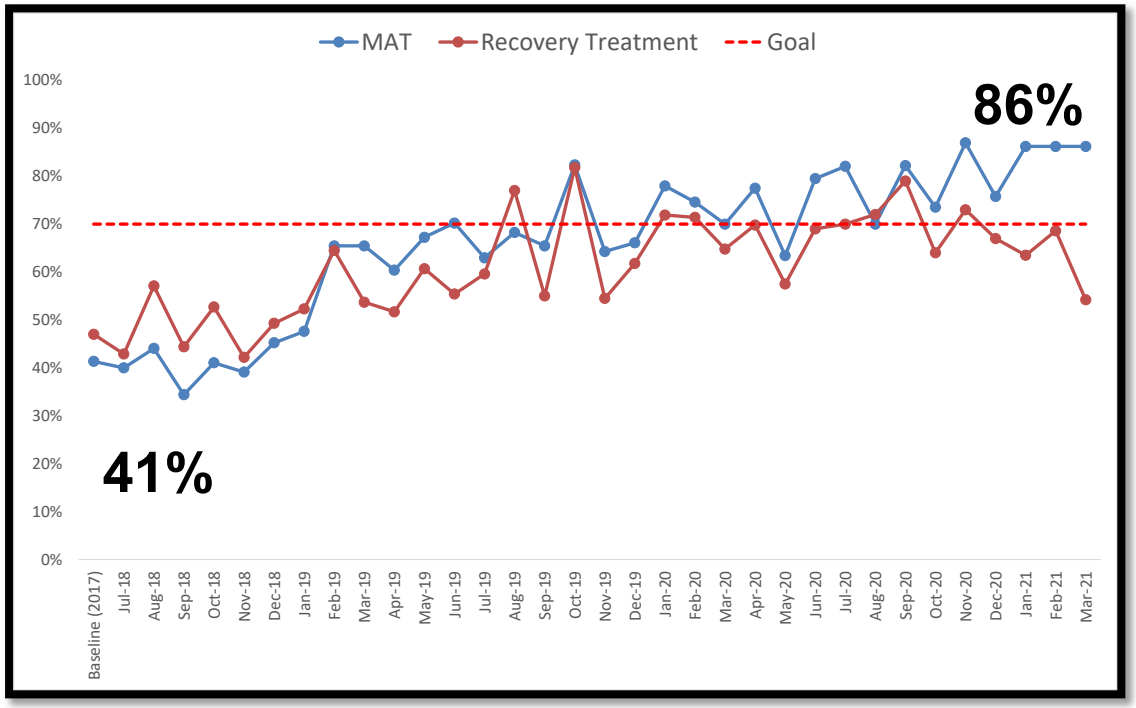
GOAL: ≥ 50%



40%

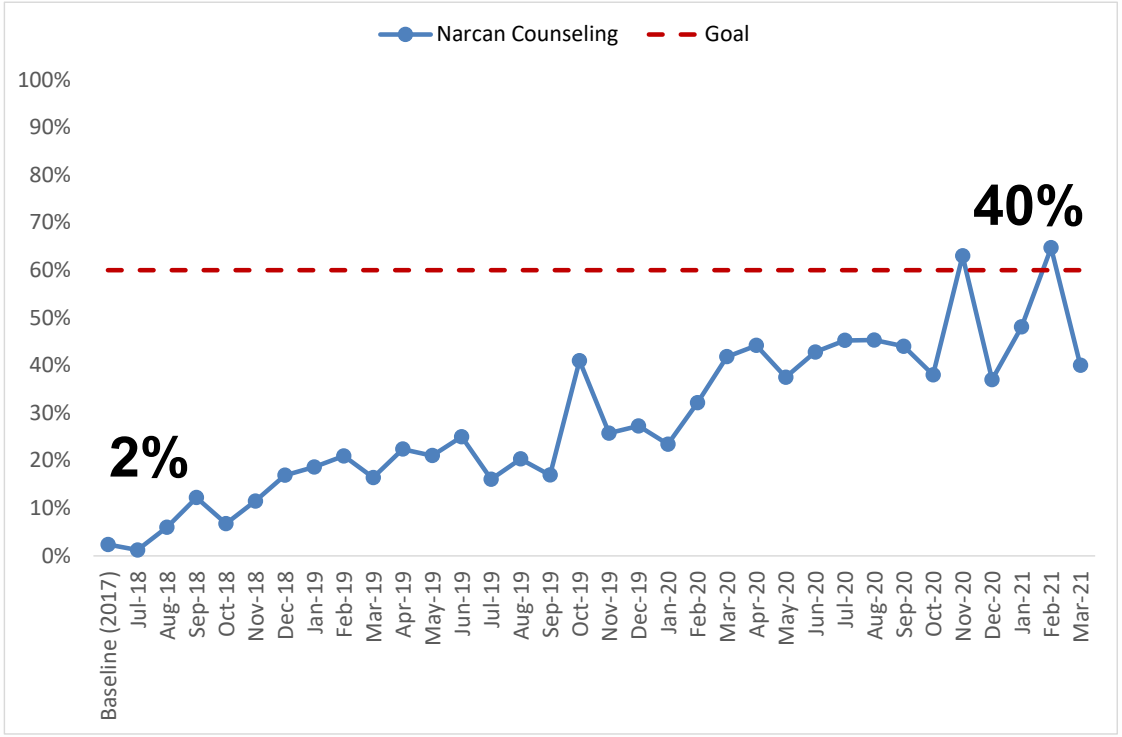
MNO's Impact Since 2018: MAT and Recovery Treatment Services

- Linkage to MAT and Recovery Treatment Services prenatally or before delivery discharge increased from 40% baseline to > 70% goal over 2 years of the initiative



MNO's Impact Since 2018: Narcan

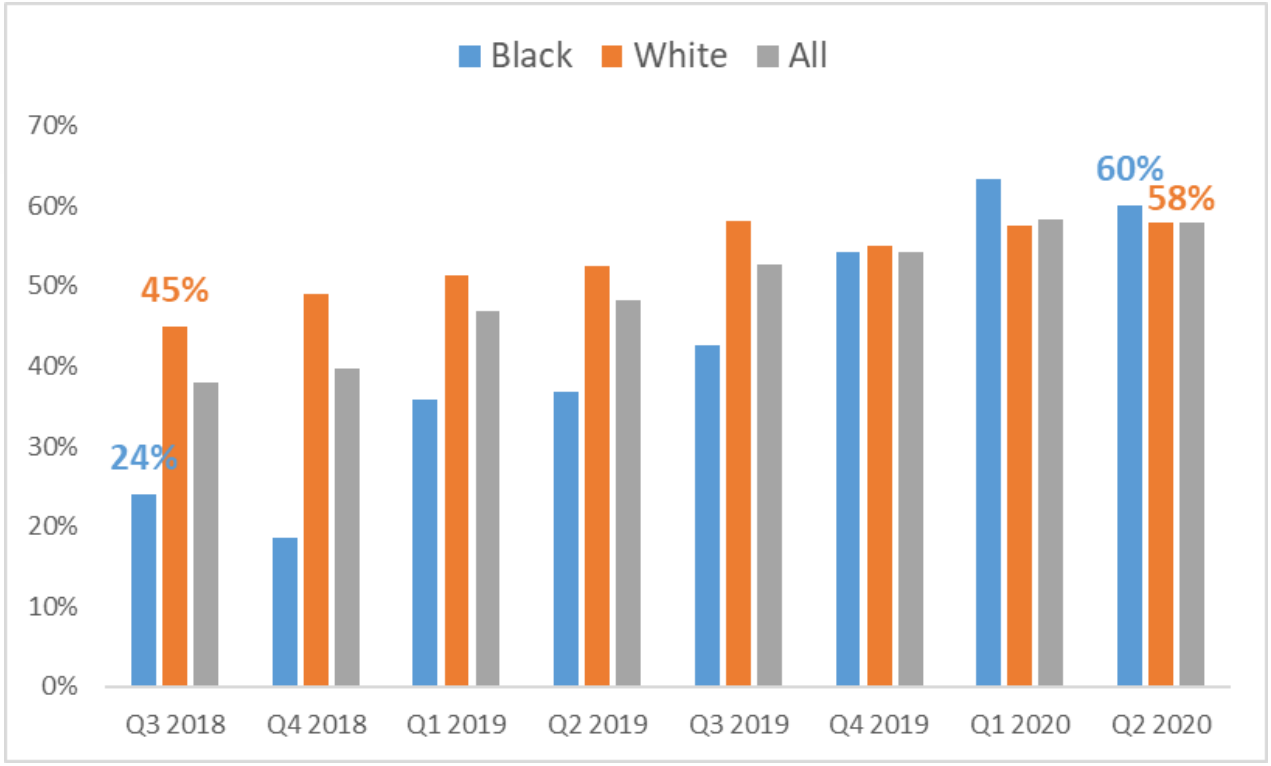
- Teams increased Narcan counseling rates prenatally or before delivery discharge from 2% to over 40% across the initiative



Improving equitable care and reducing disparities for patients receiving MAT

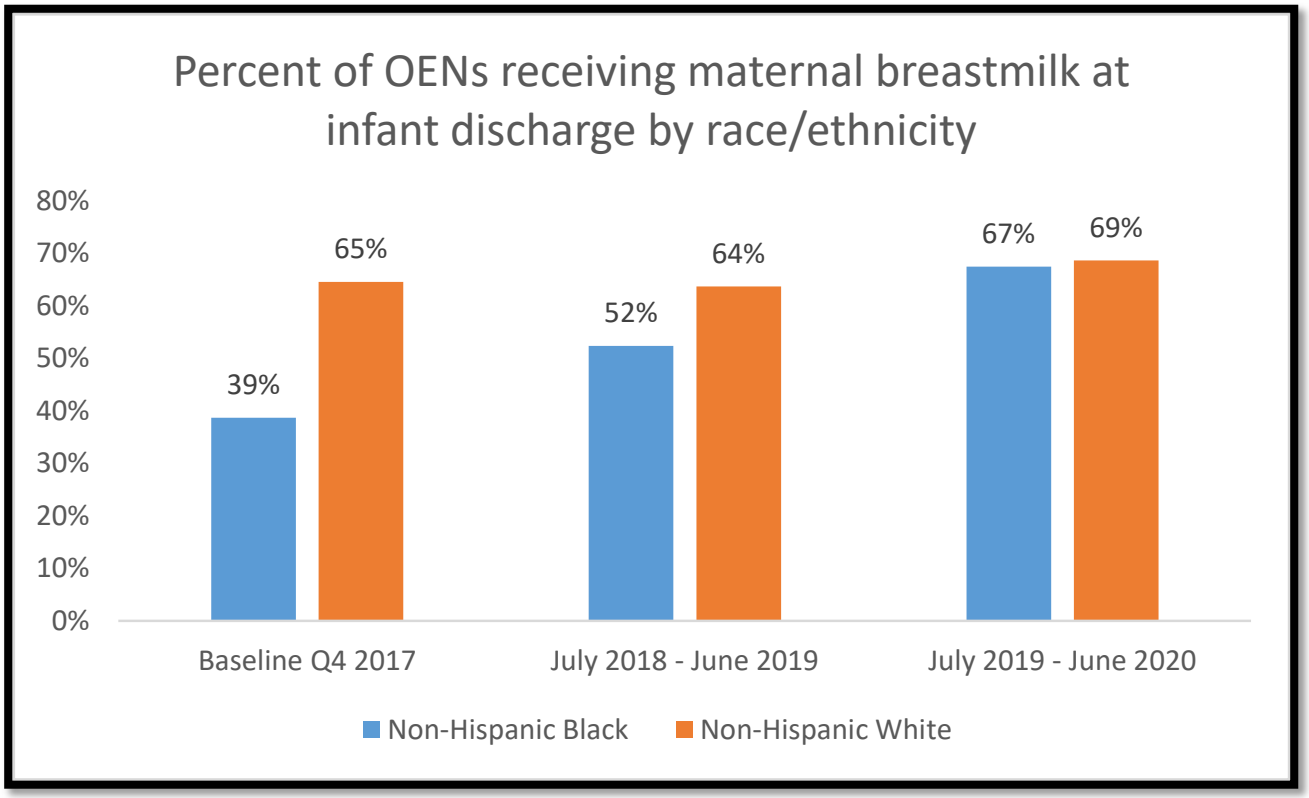
Illinois Perinatal Quality Collaborative

Comparison of percent of patients with OUD receiving MAT by delivery discharge by race/ethnicity across the MNO Initiative



At baseline, Black patients with OUD were less likely to be on MAT, however across the initiative improvements in MAT rates were seen for all patients with the greatest improvement for Black patients.

Providing Equitable Care for All Opioid Exposed Newborns (OENs): Breastfeeding



Inequities in providing maternal breastmilk at infant discharge existed at baseline

By the end of the initiative the goal was achieved by both groups

Contact

- Email info@ilpqc.org
- Visit us at www.ilpqc.org

THANKS TO OUR

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CDC Centers for Disease Control and Prevention

IDHS

AIM Alliance for Innovation on Maternal Health

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