



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

Presented by:

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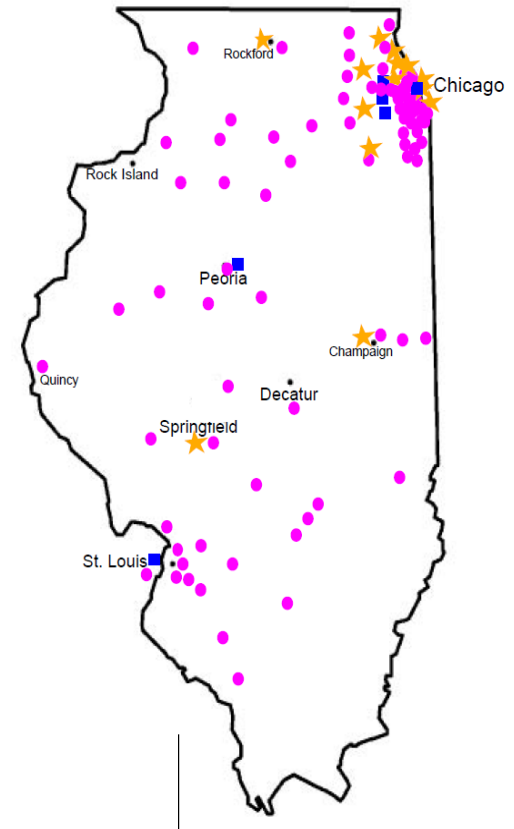
Overview

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

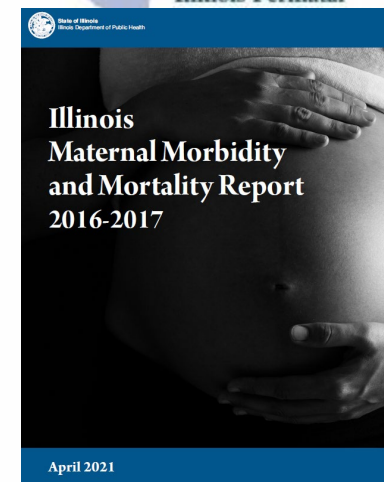
Illinois Perinatal Quality Collaborative



- 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



Top Four Underlying Causes of Pregnancy-Related Deaths in IL

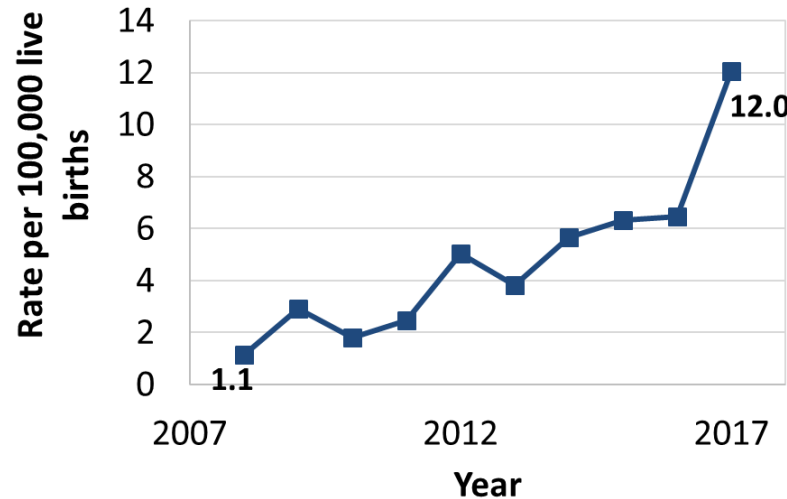
released April 29, 2021

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%

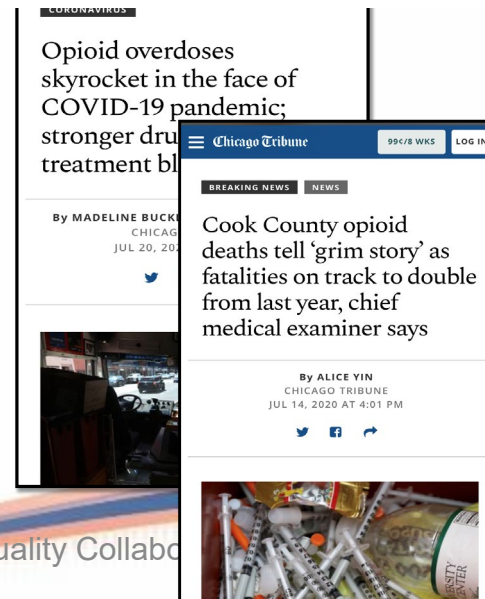
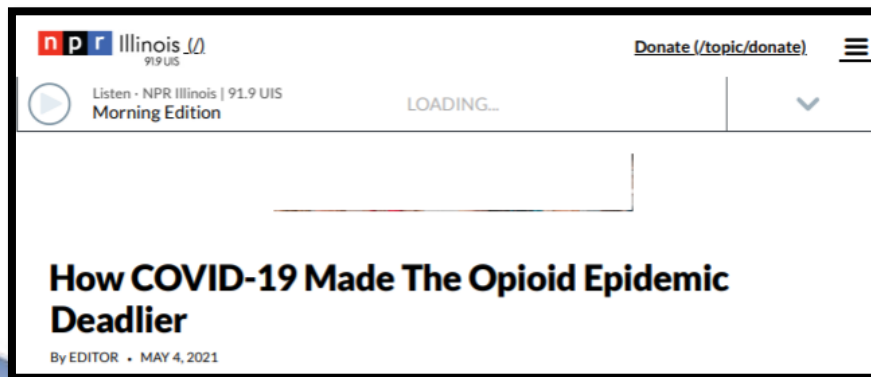
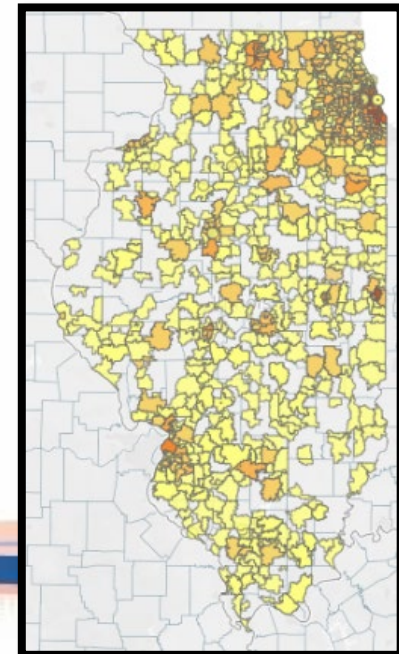
Opioid overdose is a leading cause of maternal death in IL

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



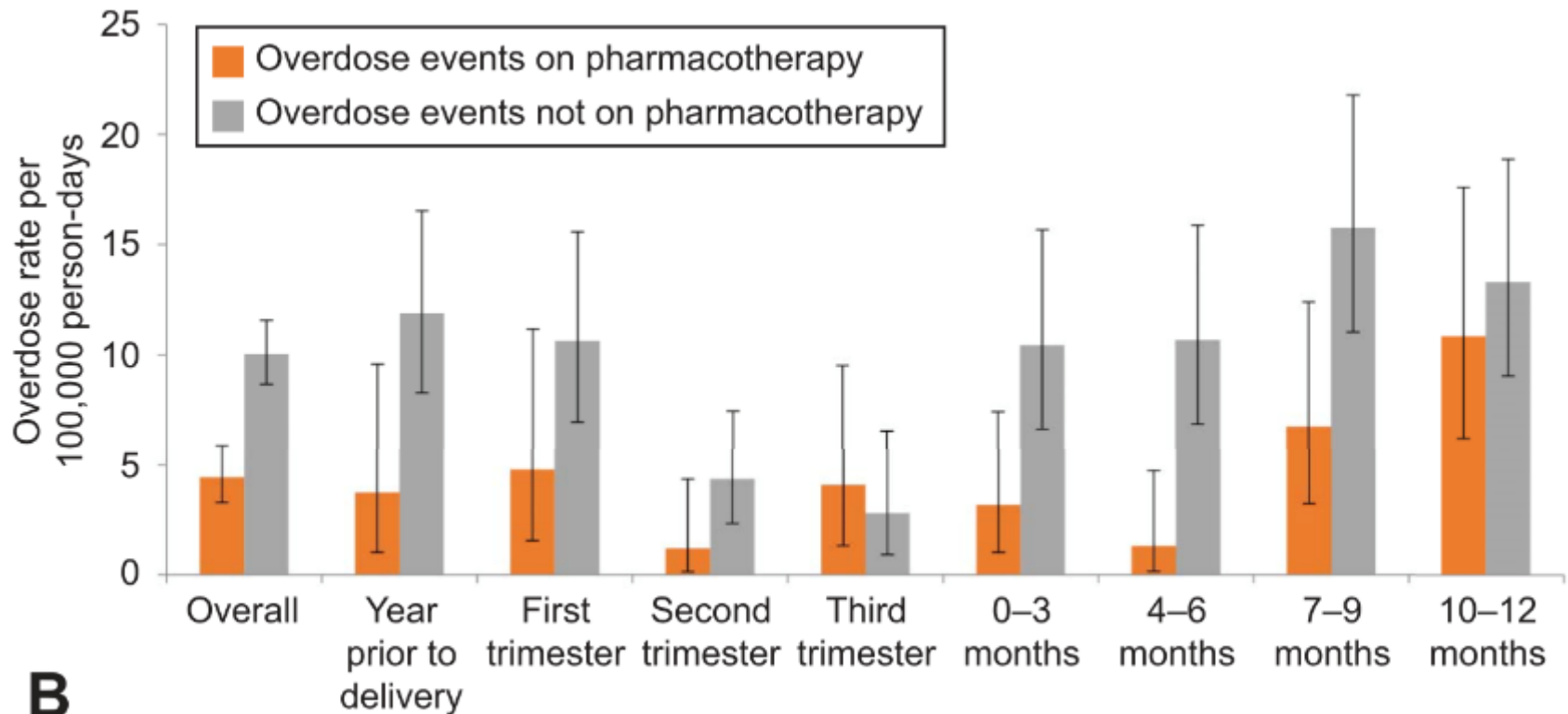
Daily News Philly.com on February 17, 2019
Photo Pendleton Candles Obituary Service on Facebook.com

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



B

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

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%

**OUD Clinical Care
Checklist**

Narcan provided
Hepatitis C screen

≥70%

**Medication
Assisted
Treatment**



≥70%

**BH/Recovery
Treatment
Services**

≥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



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

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

NIH National Institute on Drug Abuse
Advancing Addiction Science

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 relate and offer about medical care taken, drug use.

Screening Your Patients:

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

The 5Ps Prenatal Substance Abuse Screen For Alcohol and Drugs

The 5Ps is an effective tool of engagement for use with pregnant women who may have substance use problems. This screening tool poses questions related to substance use by women's parents, partners, friends, and themselves. These are non-confrontational questions that elicit information which can be useful in evaluating the need for a more complete assessment and possible 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 **Friends (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: _____

Women's health can be affected when these same problems are present in people close to us. By "checking" we mean hear what your words, or figure.

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

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

Advise for Brief Intervention

Did you state your medical concerns?	Y	N	NA
Did you Advise to abstain or reduce use?	☐	☐	☐
Did you Check patient's reactions?	☐	☐	☐
Did you Refer for further assessment?	☐	☐	☐

At Risk Drinking

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

Risk Levels:

- High Risk** Score ≥ 27
 - ✓ Provide feedback on the screening results
 - ✓ Advise, Assess, and Assist
 - ✓ Arrange referral
 - ✓ Offer continuing support
- Moderate Risk** Score 4-26
 - ✓ Provide feedback
 - ✓ Advise, Assess, and Assist
 - ✓ Consider referral based on clinical judgment
 - ✓ Offer continuing support
- Lower Risk** Score 0-3
 - ✓ Provide feedback
 - ✓ Reinforce abstinence
 - ✓ Offer continuing support

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

Patient Education Materials

- Prescription Pain Medicines and Pregnant Women
- NAS- You are the Treatment
- NAS: What you Need to Know
- Contraception Counseling for Women with OUD

Give to
and
review
with
Moms

Clinical Team Resources

- OUD/SBIRT Clinical Algorithm
- OUD Clinical Care Checklist
- Narcan
 - Quick Start Guide
 - Save a Life; Counseling & Prescribing Guide
- OUD Protocol
- Nurse Workflow

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

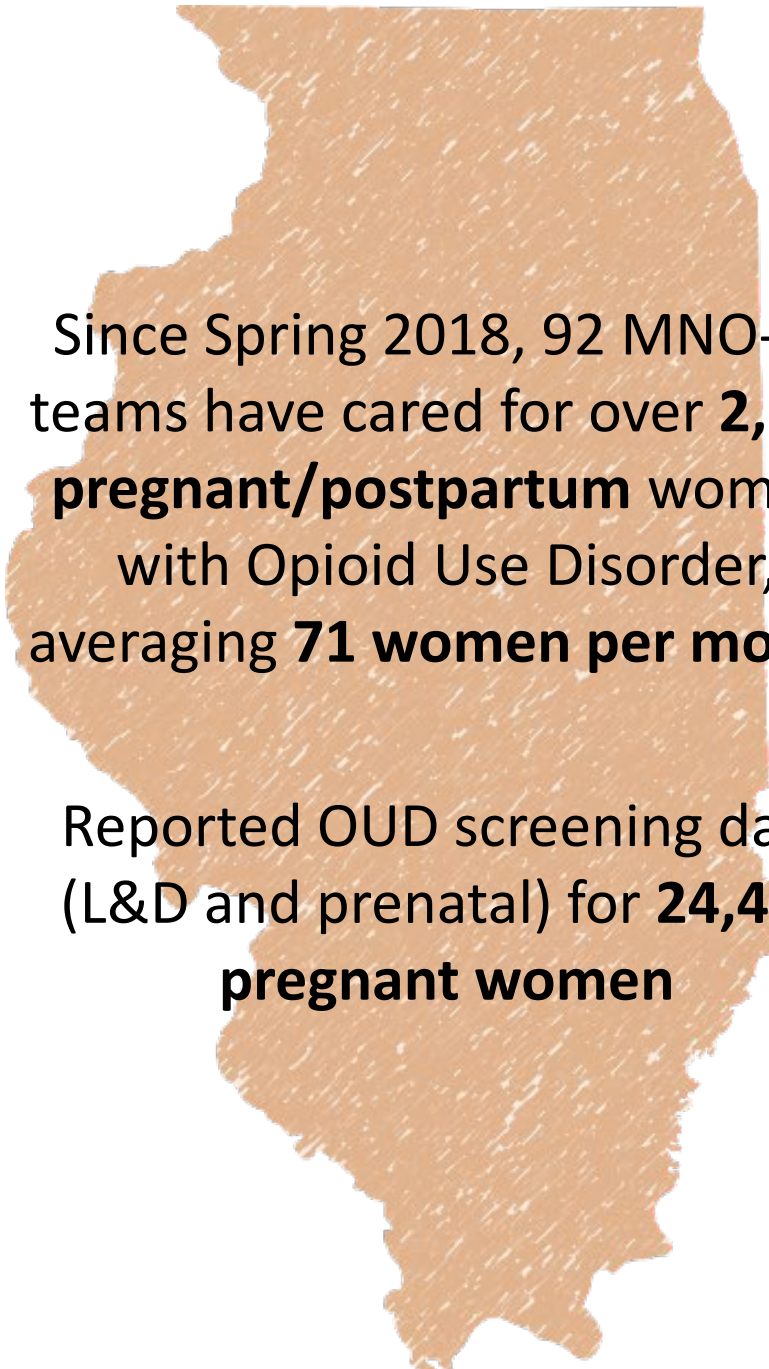
[MNO-OB Education Flyers](#)

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.

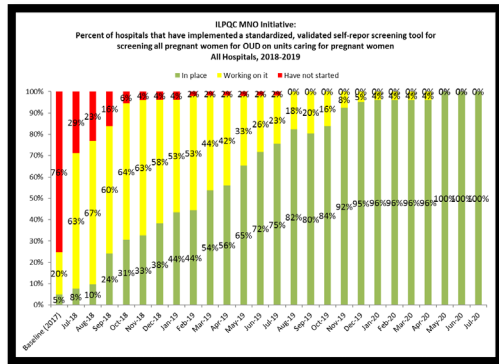


Since Spring 2018, 92 MNO-OB teams have cared for over **2,666 pregnant/postpartum** women with Opioid Use Disorder, averaging **71 women per month**

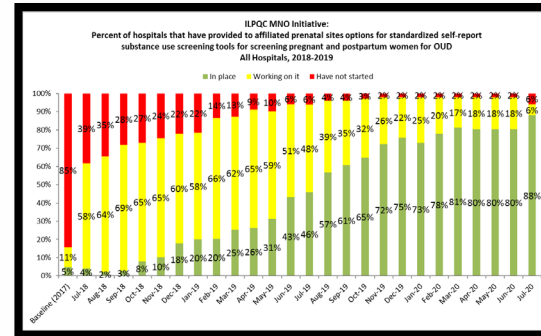
Reported OUD screening data (L&D and prenatal) for **24,430 pregnant women**



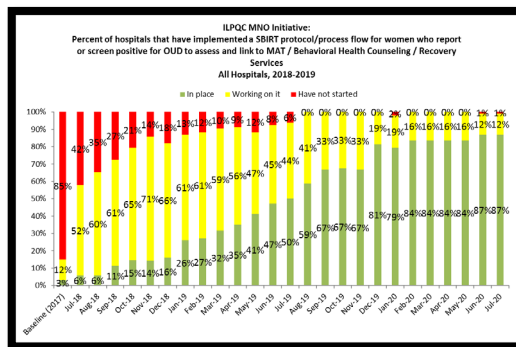
Making Systems Change Happen



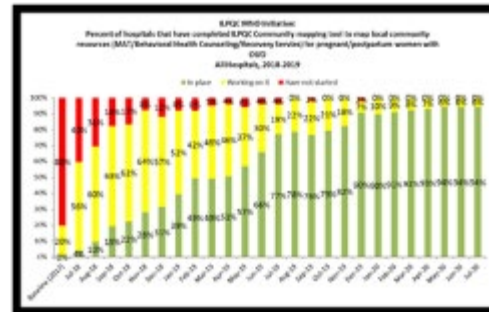
100% of teams have a validated screening tool in place on L&D



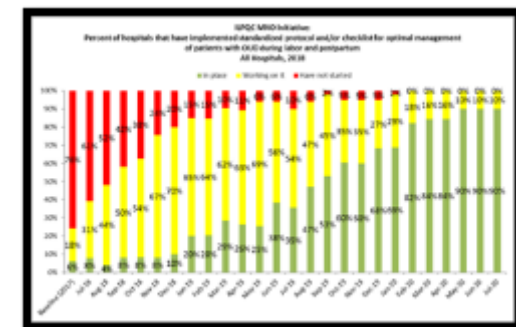
80% of teams have a validated screening tool in place prenatally



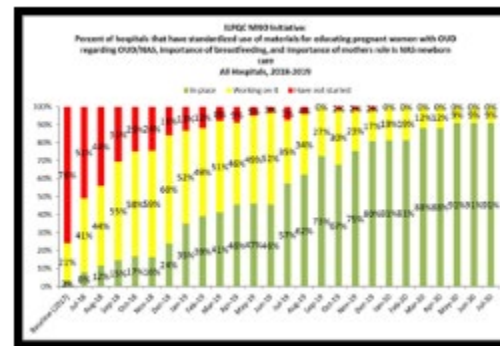
93% of teams have a SBIRT protocol/algorithm in place on L&D



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

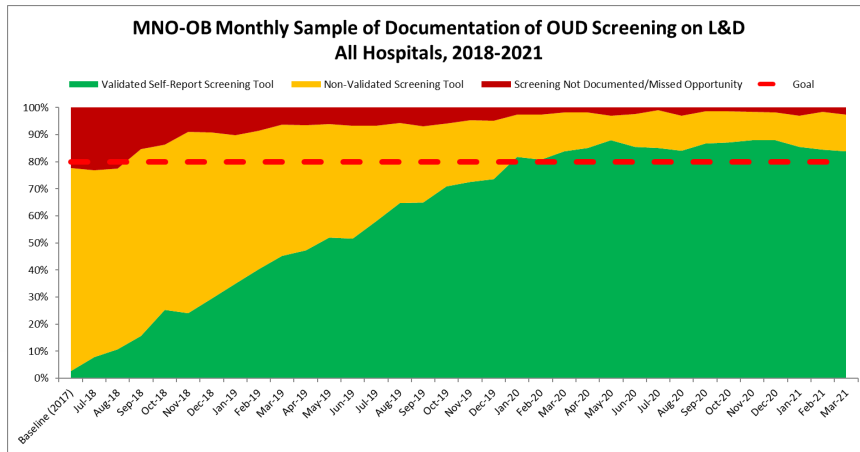


93% of teams have implemented an OUD Clinical Care Checklist on L&D



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

Universal Screening for SUD/OUN



87%

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

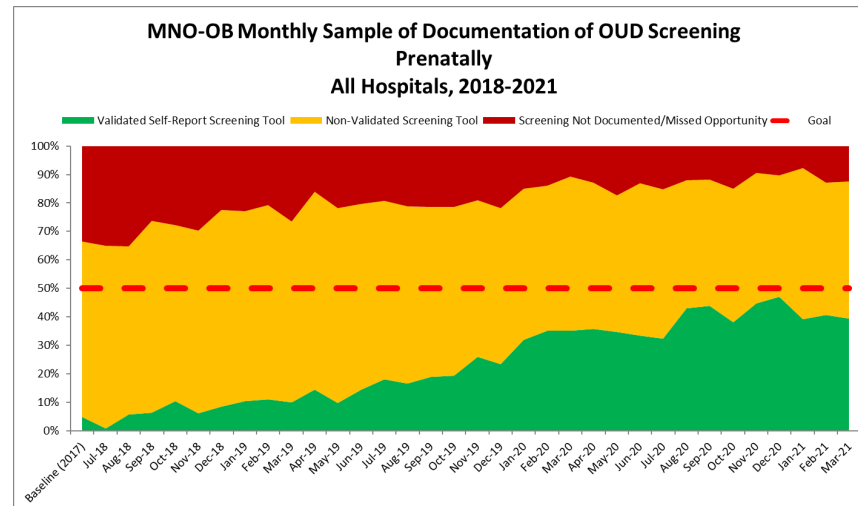
Prenatal

L&D

GOAL: $\geq 80\%$

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

GOAL: $\geq 50\%$

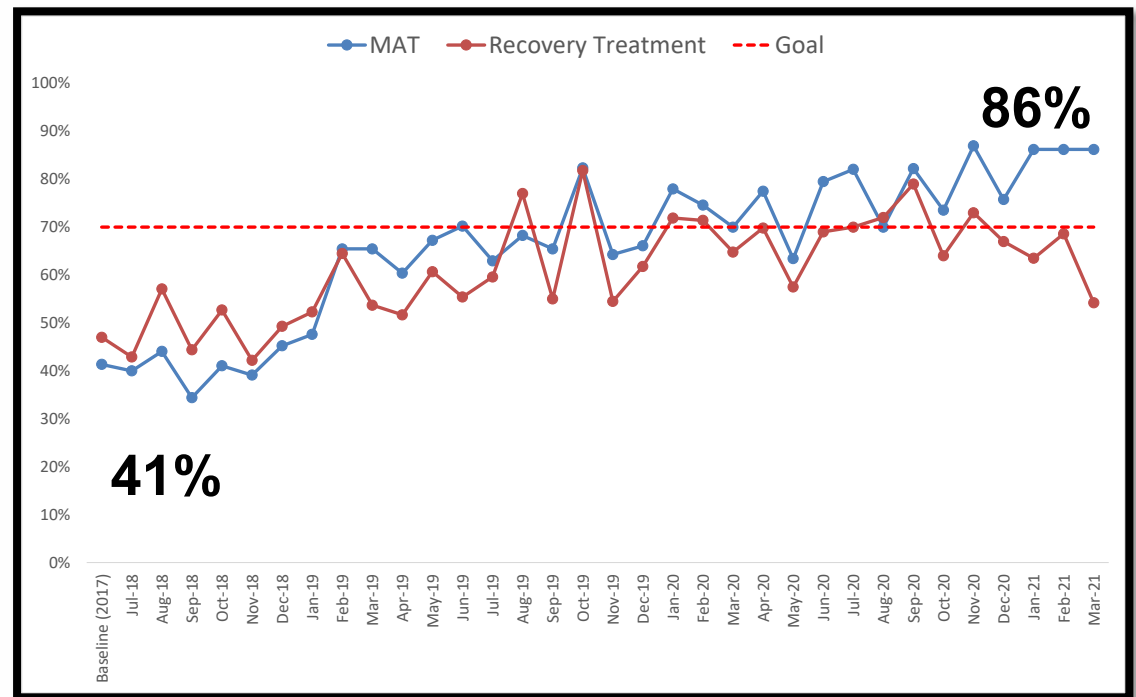


40%



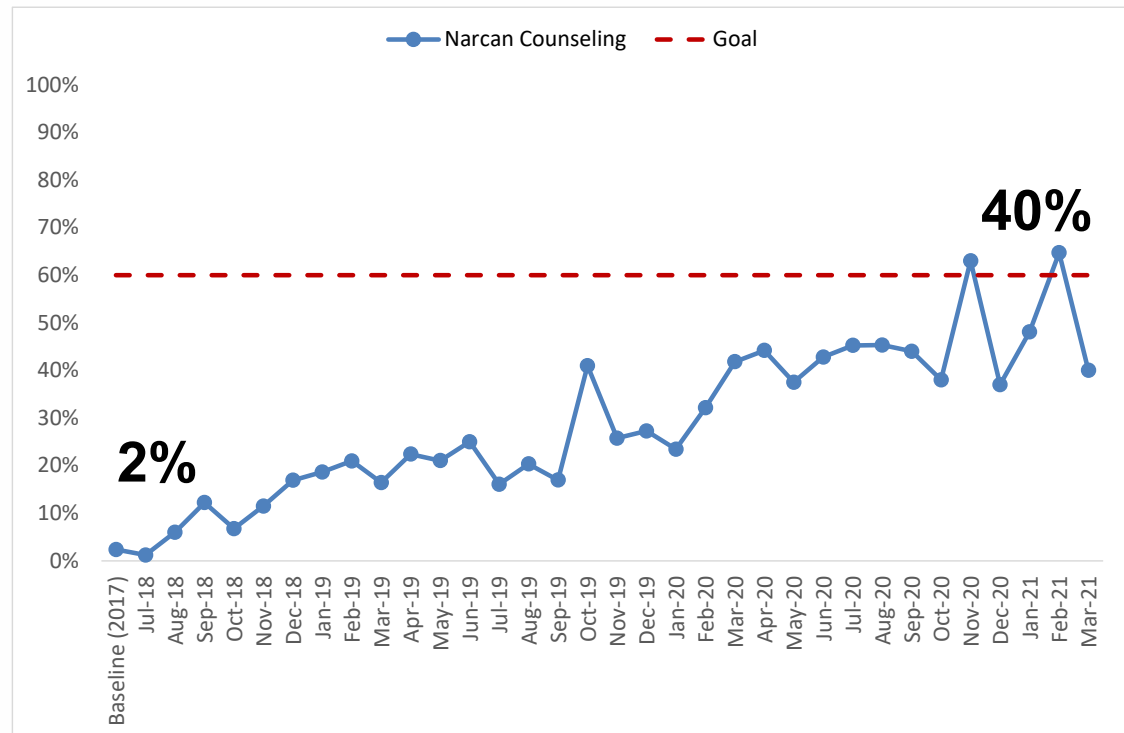
MNO's Impact Since 2018: MAT and Recovery Treatment Services

- 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

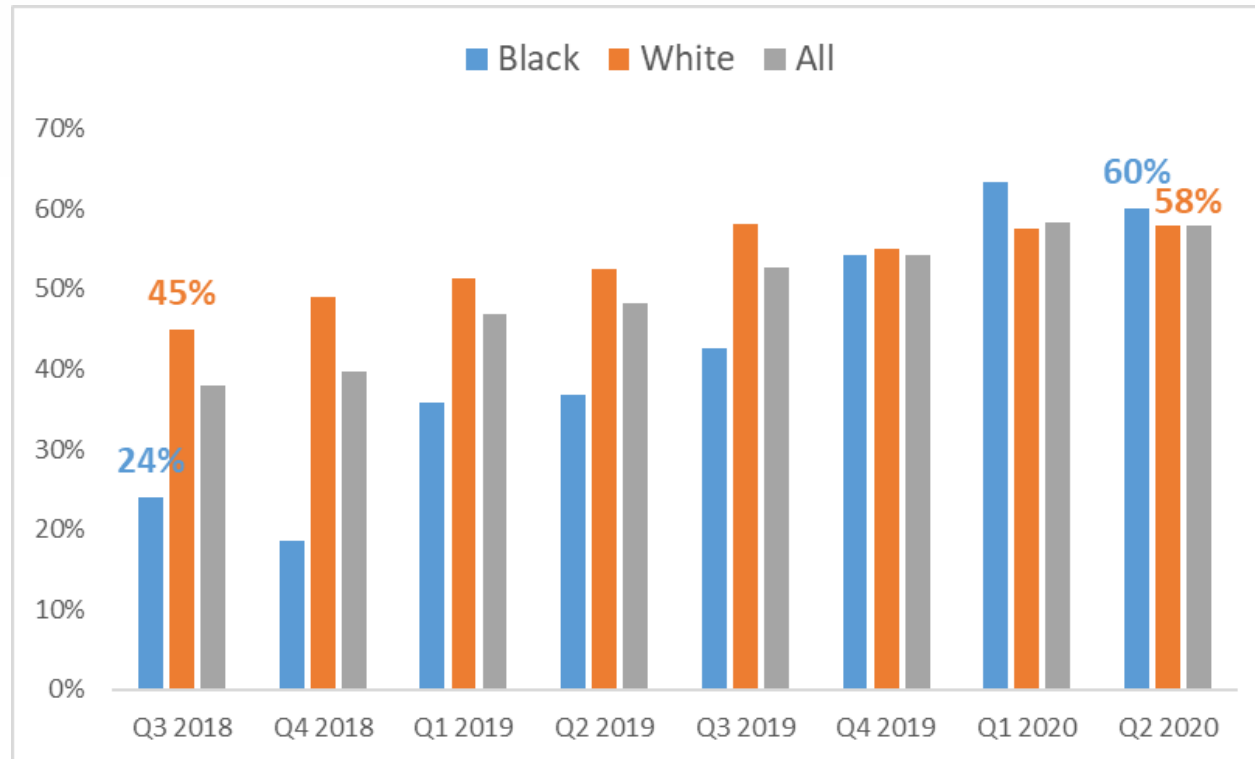
- Teams increased Narcan counseling rates prenatally or before delivery discharge from 2% to over 40% across the initiative





Improving equitable care and reducing disparities for patients receiving MAT

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

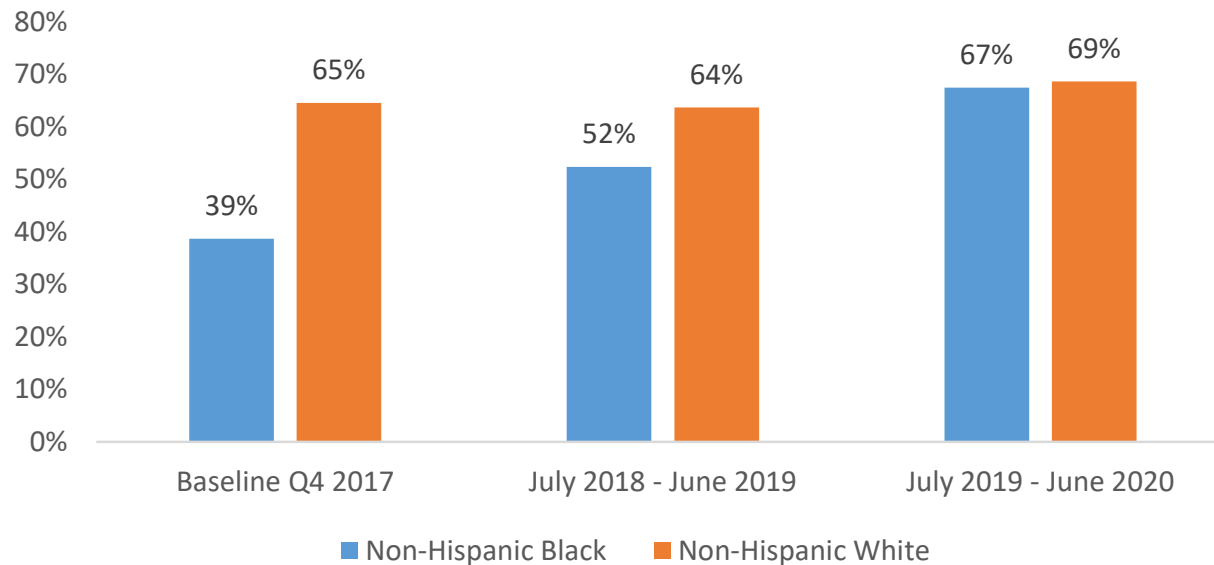


At baseline, Black patients with OUD were less likely to be on MAT, however across the initiative improvements in MAT rates were seen for all patients with the greatest improvement for Black patients.



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

Percent of OENs receiving maternal breastmilk at infant discharge by race/ethnicity



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



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