

# Collaborating to ERASE Maternal Mortality in New Hampshire

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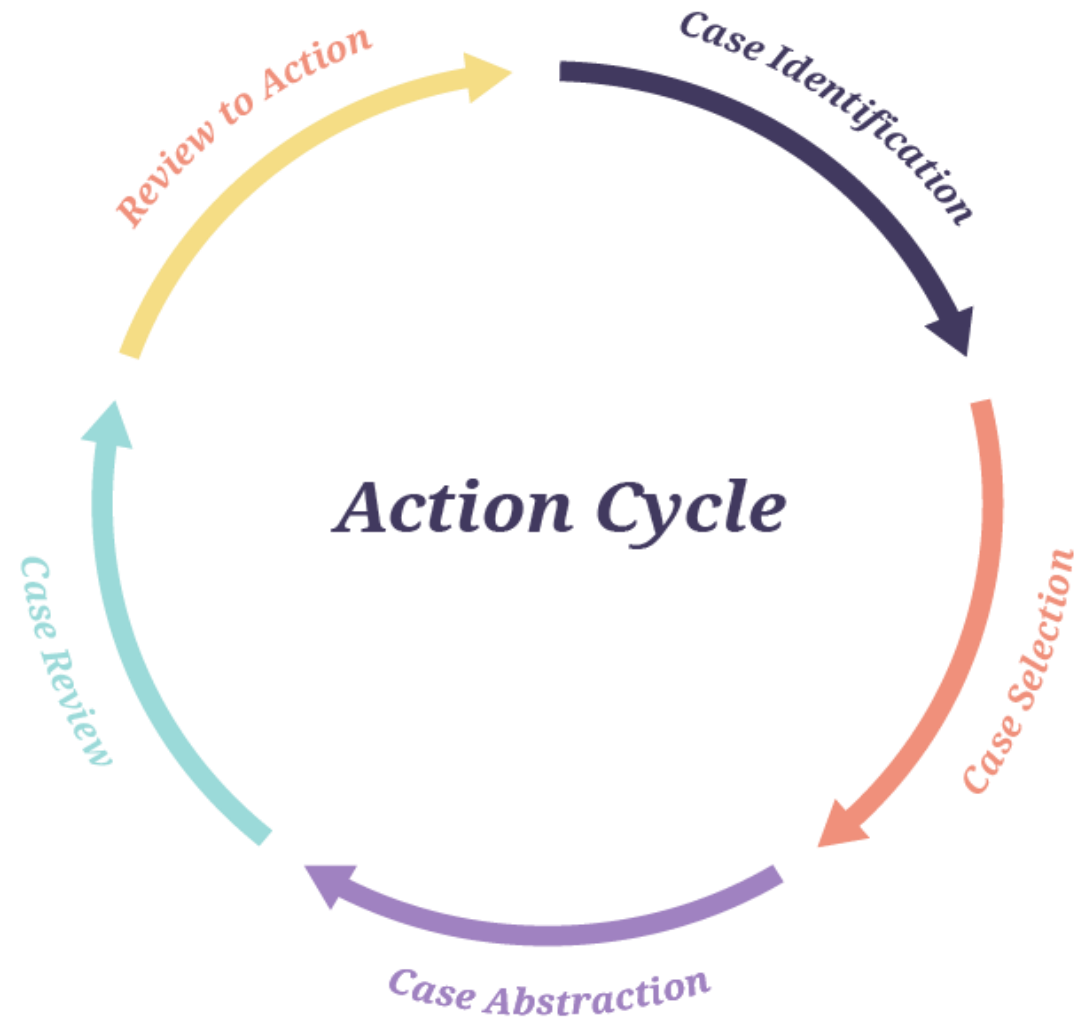
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- The work of the New Hampshire MMRC is to **identify** and **review** cases of pregnancy associated death, **determine cause(s)** and **preventability**, and generate **recommendations for action**
- The **leading cause** of pregnancy-associated deaths in NH, 2016-2017 was **accidental drug overdose**.



# Recommendations from the New Hampshire MMRC



## **Support engagement in prenatal care and substance use treatment**

- Educate healthcare teams to reduce stigma against people who use substances
- Provide warm handoff from PCP to facilitate engagement in prenatal care
- Improve collaboration between substance use providers and mental health providers

## **Address social determinants of health**

- Assess social determinants and link to services directly from Emergency Department for patients with substance-related complaints
- Increase outreach to unhoused people, prioritizing access to women's services

## **Overdose prevention**

- Standardize perinatal education about risk for overdose after pregnancy or any period of abstinence
- **Provide naloxone kits and standard education at discharge for postpartum patients with OUD**

# Fatal and Nonfatal Overdose Among Pregnant and Postpartum Women in Massachusetts

*David M. Schiff, MD, MSc, Timothy Nielsen, MPH, Mishka Terplan, MD, MPH, Malena Hood, MPH, Dana Bernson, MPH, Hafsatou Diop, MD, MPH, Monica Bharel, MD, MPH, Timothy E. Wilens, MD, Marc LaRochelle, MD, MPH, Alexander Y. Walley, MD, MSc, and Thomas Land, PhD*

*(Obstet Gynecol 2018;132:466–74)*

Population based study of 177,876 maternal records in Massachusetts

- Perinatal OUD rate= 2.3%
- Overdose rates were *lowest* in third trimester and *highest* from 7-12 months postpartum
- Women who did not receive pharmacotherapy were more than twice as likely to overdose

Recommendations based on these data:

- Universal screening for OUD during pregnancy
- Prioritize pharmacotherapy
- **Overdose education and naloxone access**



# Naloxone

- What is naloxone?
- How is it used?
  - Naloxone “kits” for community use typically include two intranasal applicators (doses)
  - Education about overdose and administration is a required component of prescribing/dispensing naloxone
- Is naloxone safe during pregnancy and lactation?

“Although induced withdrawal may possibly contribute to fetal stress, naloxone should be used in pregnant women in the case of maternal overdose in order to save the woman’s life.”

-ACOG Committee Opinion #711 (2017)



# Audience Poll

- Do you know how a person might be able to access naloxone (Narcan) in your state?
- Does your hospital system have a process for distributing naloxone to patients?
- Does your hospital unit or clinic have a process for distributing naloxone to maternity patients?
- *What barriers remain for accessing naloxone in your community?*





# You Are Not Alone. Help is Less Than an Hour Away.

FIND A DOORWAY

If you or someone you know is experiencing an addiction-related crisis, call 211 now.



Get Connected. Get Help.™  
An Initiative of Granite United Way

# The Doorway at Dartmouth-Hitchcock

Megan M. Tracy, BS

Associate Practice Manager of the Doorway at DHMC  
and the After Hours Program

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# The Basics

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**Name:** The Doorway at Dartmouth-Hitchcock Lebanon

**Location:** 85 Mechanic Street, Lebanon, NH Suite B3-1

**Phone:** Call **211** to access any of the NH Doorways (24 hours / day)

- Direct Phone: 603-653-1860

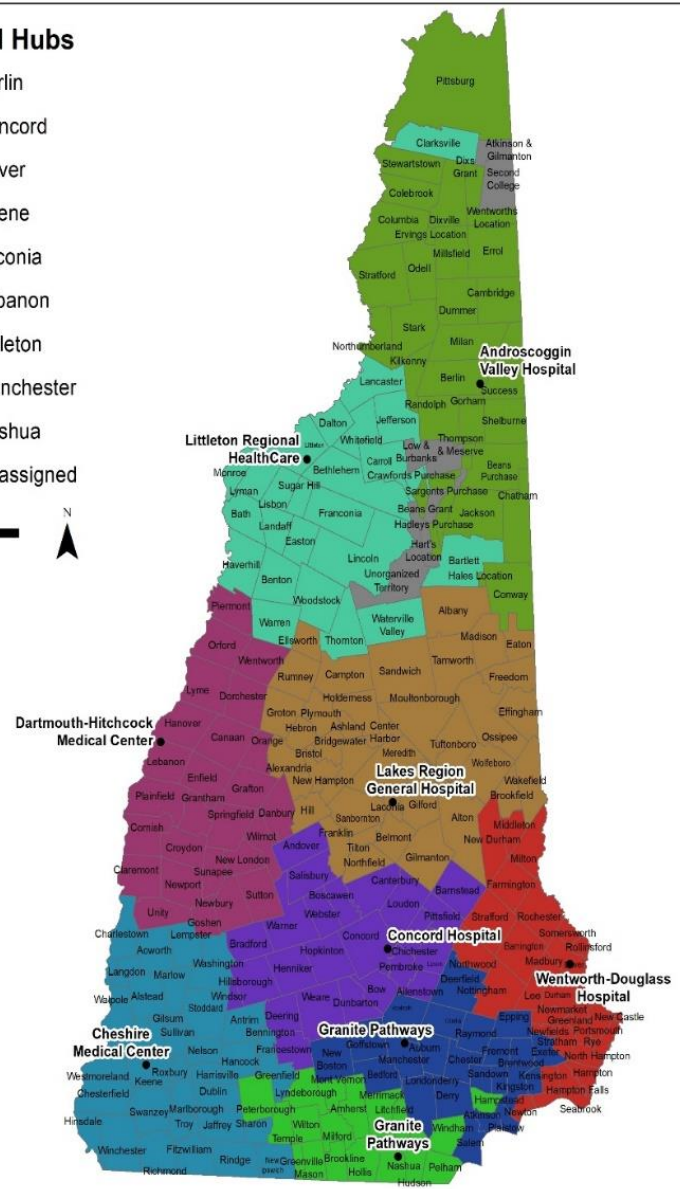
**Affiliated Hospital/Organization:** Dartmouth-Hitchcock

### SOR NH Hubs

- Berlin
- Concord
- Dover
- Keene
- Laconia
- Lebanon
- Littleton
- Manchester
- Nashua
- Unassigned

20  
Miles

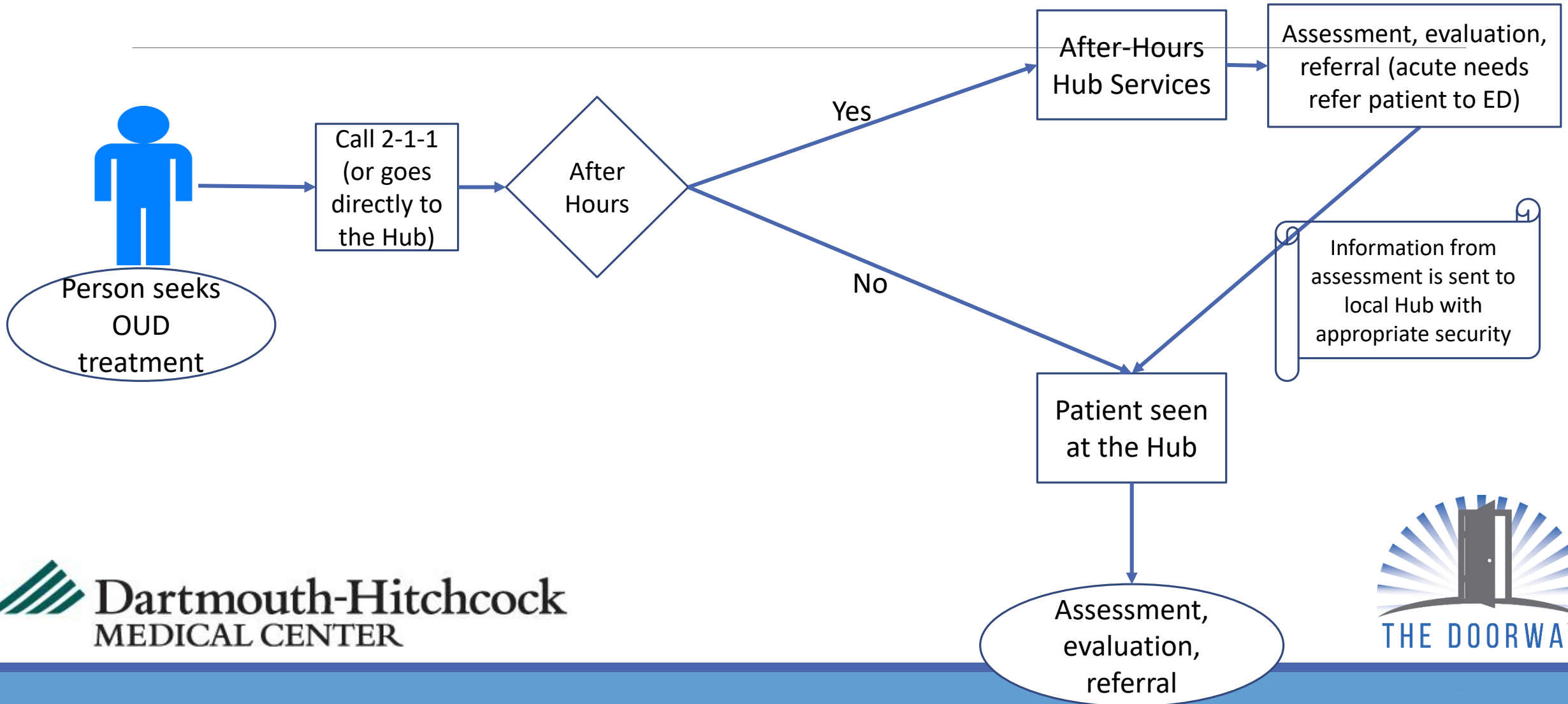
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# Doorway Locations

Doorway	Berlin	Concord	Dover	Keene	Laconia	Lebanon	Littleton	Manchester	Nashua
Organization	Androscoggin Valley Hospital	Concord Hospital	Wentworth Douglass Hospital	Cheshire Medical Center	Lakes Region General Hospital	Dartmouth-Hitchcock Medical Center	Littleton Regional Healthcare	The Doorway of Greater Manchester	The Doorway of Greater Nashua
Location of Doorway	7 Page Hill Rd., Berlin, NH 03570	40 Pleasant St. Concord, NH 03301	798 Central Ave, Dover, NH 03820	590 Court St., Keene, NH 03431	80 Highland St., Laconia, NH 03246	Addiction Treatment Program; Rivermill Complex; 85 Mechanic St; Suite 3B-1; Lebanon, NH 03756	11 Riverglen Ln., Littleton, NH 03561	303 Belmont St., Manchester, NH 03103	12 Amherst St., Nashua, NH 03064
Phone number:	Call 211	Call 211	Call 211	Call 211	Call 211	Call 211	Call 211	Call 211	Call 211

# General Process Flow



# Staffing Plan

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The Doorway at Lebanon currently has the following staff available to support individuals:

Staff Designation
Manager / Medical Director
Clinicians (MD, LICSW/MLADC, RN)
Clinic Support (RN, LNA)
Case Managers (Resource Specialist)
Recovery Support
Clerical / Data

# Purpose

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The purpose of The Doorway at DH-Lebanon is to provide:

Rapid access to information and an evaluation to link individuals to the most appropriate treatment and resources.

Our goal is to increase the likelihood that a person will start or continue their path to recovery from substance use disorders.

NO WRONG DOOR



# Current Core Services

Telephone screening and crisis stabilization	Y
In Person screening and crisis stabilization	Y
Diagnostic Evaluation	Y
Care Planning	Y
Facilitated Referral	Y
Continuous Recovery Monitoring	Y
GPRA Data Collection	Y
Naloxone Distribution	
Individual	Y
Organizational	N
After Hours Call Service	Y

# Current Additional Services

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<i>MAT Services</i>	Y
<i>Telephonic support for loved ones</i>	Y
<i>In Person support for loved ones</i>	Y
<i>Individual Therapy</i>	Y
<i>Peer Support</i>	Y
<i>IOP</i>	Y
<i>Group Therapy</i>	Y
<i>Specialized program for peripartum women</i>	Y
<i>Community Food Shelf</i>	Y

# Statistics

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## **Clients Served:**

**DHMC Doorway has served 728 individuals for the period of January 2019 – August 2020**

\*This is a count of individuals seen in person or assisted by telephone. Also includes friends and family seeking information on how to help a loved one.

## **Naloxone Distribution:**

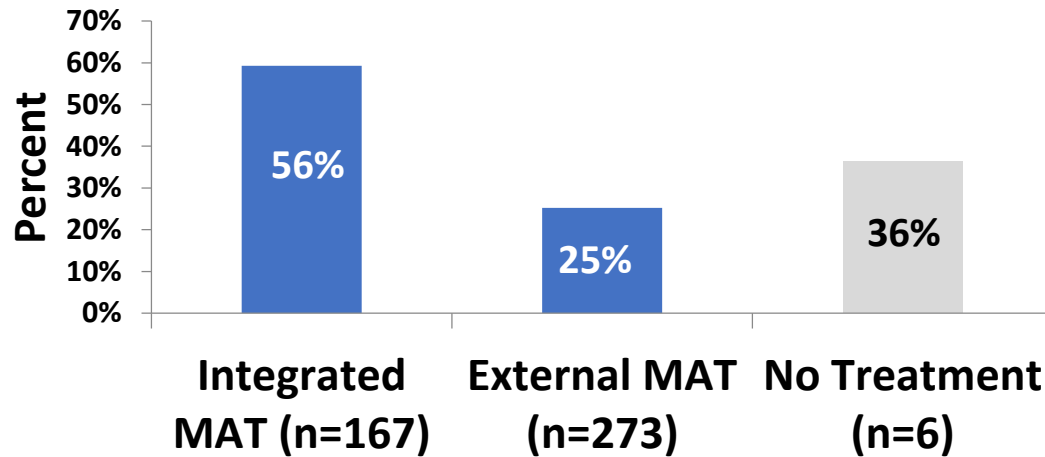
**January 2019 – August 2020 Narcan Kits - 938**

- Number of kits given to individuals: 101
- Number of kits distributed to the community: 837

# Getting Naloxone Into the Hands of Maternity Care Patients and Families

# Improving Naloxone Access Using a Checklist:

Proportion with OUD who discussed Naloxone with prenatal provider (N=478)

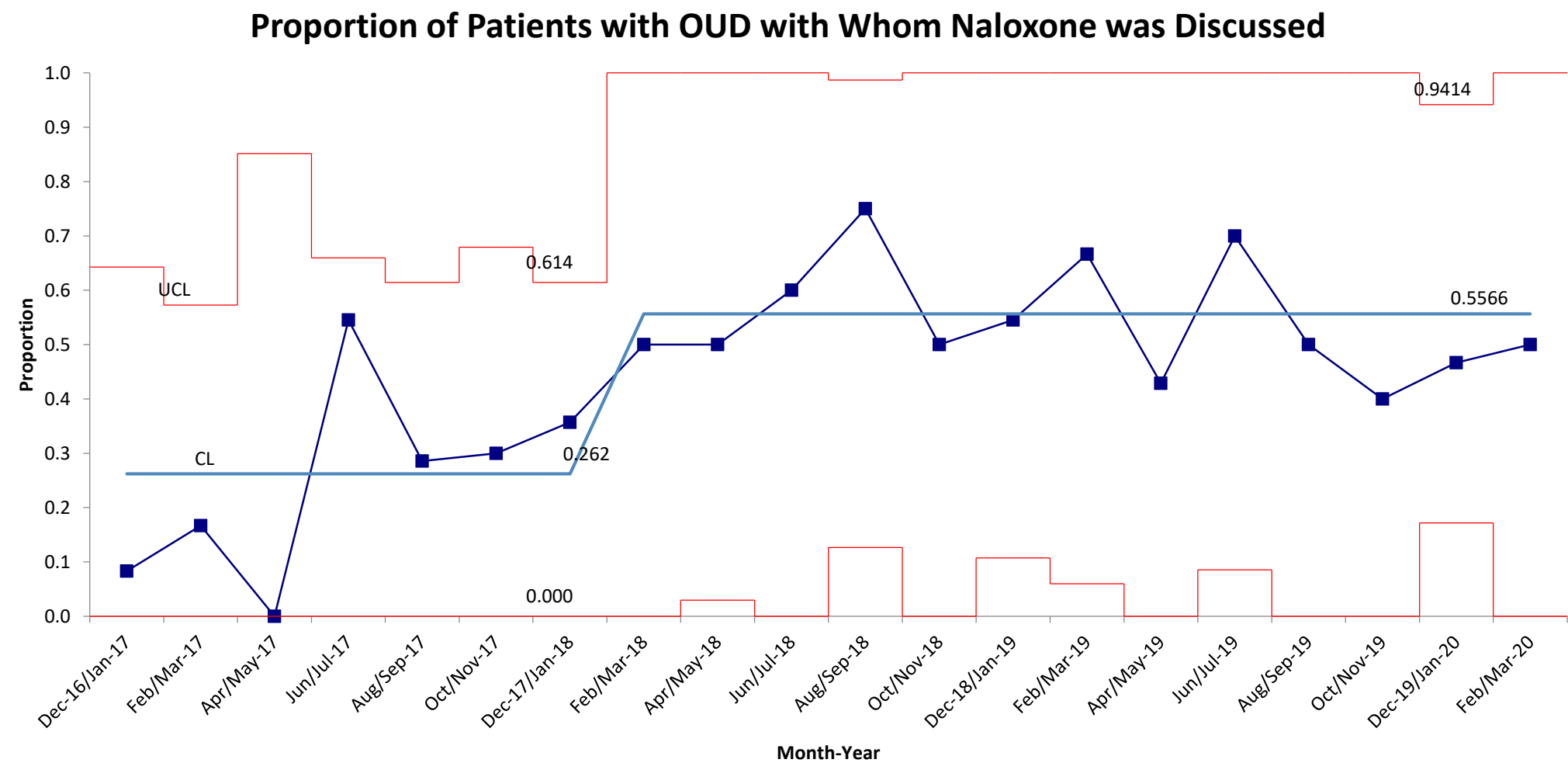


## Perinatal Substance Use Checklist

Element	Date	Comments
Federal consent to share medical information		Name of Consent signed and shared with substance use treatment provider
HIV status		
Hepatitis C antibody, if + draw viral load		
Hepatic Function Test		
Institutional drug testing policy reviewed		
Plan of Safe Care and mandated reporting requirements discussed		
Behavioral Health		
Needs assessment and/or Care Management		
Risks of non-prescribed drugs and alcohol discussed		
Marijuana counseling		
Tobacco counseling		
Narcotic counseling and Rx offered		
<b>Third Trimester</b>		
Repeat HIV, HBsAg GC/CT		
HCV antibody, if + draw viral load		
Ultrasound for growth/fluid		
UDAU with confirmation sent (consent required)		
Review Plan of Safe Care		
NAS information reviewed		
Breastfeeding information reviewed		
Pain management discussed		
Family Planning discussed		
OTHER		

Discuss access to naloxon

# Access to Naloxone for Perinatal Patients with Opioid Use Disorder- DHMC data





# Can We Do Better?

- Birthing Pavilion ***Meds to Beds Program***
  - Naloxone dispensed to patients with OUD diagnosis as part of discharge process
  - Outpatient Pharmacy staff provide naloxone education
  - Launched in early 2020
  - Temporarily on hold due to COVID-19, plan to resume soon
- Ob/Gyn outpatient naloxone program- *under construction*
  - Will dispense naloxone in prenatal clinic to patients at risk or who have a family member at risk of overdose
  - Doorways supplies medication
  - Registered Nurse, physician, or APRN/CNM provides naloxone education
  - Parallel programs underway in Emergency Department and Infectious Disease clinic
  - Ob/Gyn to launch in late September, 2020

# Screening in Ob/Gyn Clinic

Additional question added to SBIRT-screening during the initial prenatal visit:

*“Are you, or is someone you know, at risk of experiencing an opioid overdose?”*



# Developing a Naloxone Distribution Program for the Ob/Gyn Clinic

- Many steps in the implementation process



## ✓ **Identify source for naloxone:**

- ☐ Establish relationship with state-based distribution
- ☐ Develop collaborative procedures regarding ordering, delivery, and data collection

## ✓ **Develop clinic policies and procedures:**

- ☐ Write official clinic policy
- ☐ Pharmacy and Therapeutics Committee approval

## ✓ **Training and education:**

- ☐ Train providers in process
- ☐ Train nursing staff to provide naloxone education
- ☐ Develop annual nursing competency

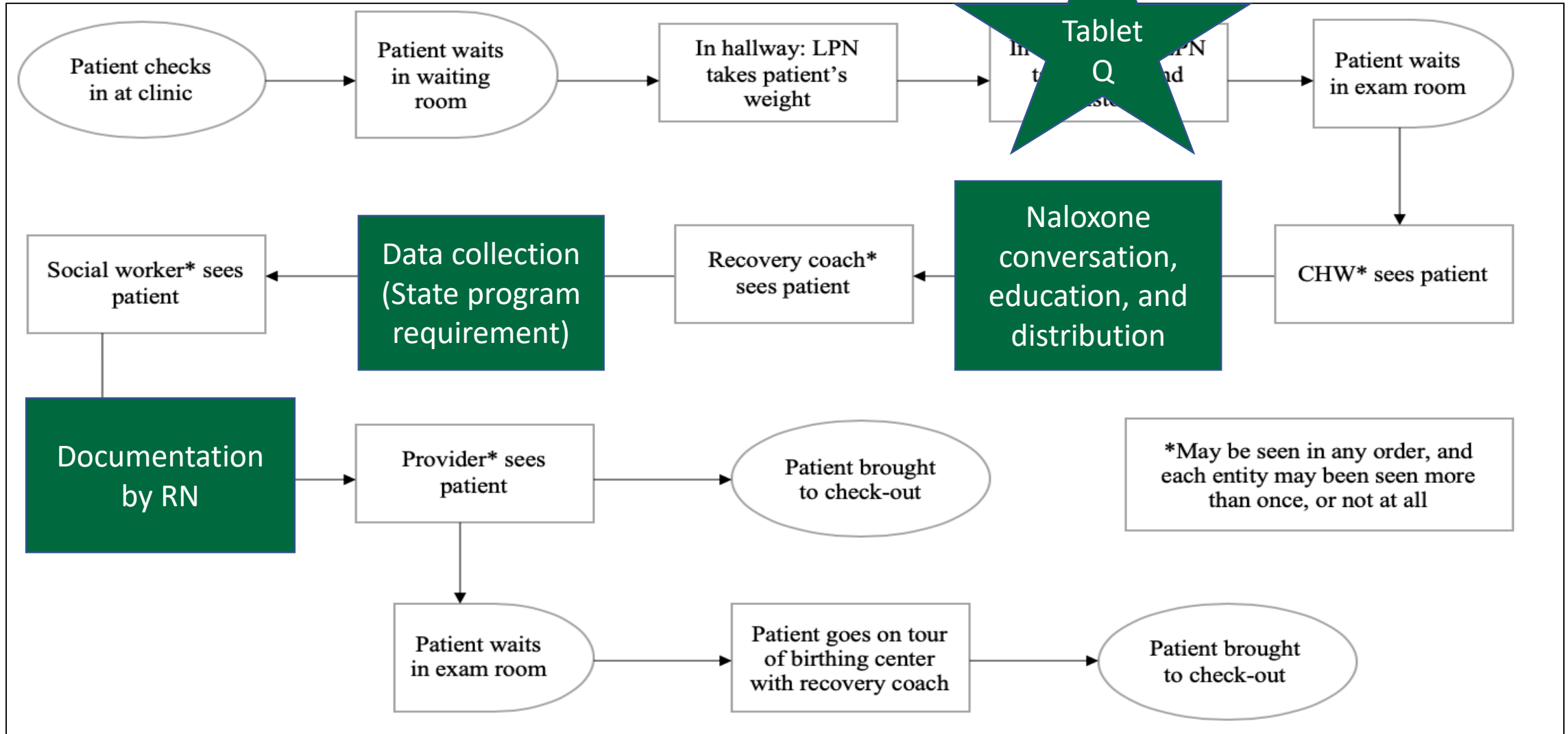
## ✓ **Implementation**

- ☐ Launch Screening/identification of patients
- ☐ Integrate naloxone distribution into clinic flow

## ✓ **Data collection:**

- ☐ Electronic medical record documentation
- ☐ Inventory, ordering, reporting, data collection

# Proposed Clinic Process



# Next Steps



## **Short term:**

Department-wide Provider,  
nursing, and staff  
education about new  
policies and procedures

Nurse manager trained as  
naloxone trainer



## **Medium term:**

Annual competency for  
nursing staff

Track and analyze  
process measures



## **Long term:**

Continue to track  
program success

Track primary outcome  
(maternal deaths)

# Take Homes From Our Experience so far

- A multi-modal approach is needed to reach our goal is to reduce maternal mortality due to opioid overdose
- Developing policies, procedures, and a work-flow for a point-of-care naloxone distribution program in an ambulatory clinic takes a long time!
- We hope that sharing this work-in-progress will be helpful for other Ob/Gyn programs



**NALOXONE  
SAVES LIVES.**



# WENTWORTH DOUGLASS HOSPITAL'S NALOXONE DISTRIBUTION

Katie White, Perinatal NAS / SUD RN Care Coordinator  
Women and Children's Unit  
Wentworth Douglass Hospital  
Dover, NH  
September 10<sup>th</sup> 2020

- Outpatient OB
- Inpatient
- Doorway



WENTWORTH-DOUGLASS  
HOSPITAL  
A Mass General Community Hospital



Comments?



## **FDA Drug Topics: An Overview of Naloxone and FDA's Efforts to Expand Access**

**Will be held on:**

**September 29, 2020**

**Time: 1:00 pm to 2:00 pm (EDT)**

**To register** for the online meeting, please visit:

**<https://collaboration.fda.gov/ddi092920/event/registration.html>**

# SAVE THE DATE!

## ERASE MATERNAL MORTALITY

**October 8, 2020: Maternal Suicide Prevention**

**David R. Eiler, MD**

SUMHI Suicide Prevention, Dartmouth-Hitchcock

**Elizabeth Fenner-Lukaitis, MSW**

Acute Care Services Coordinator

Bureau of Mental Health Services/NH DHHS