

## Welcome!

Implementation of the "Obstetric Care for Women with Opioid Use Disorder" AIM Bundle AIM/ERASE Monthly Webinar January 14, 2021





### Agenda

- New Hampshire Maternal Mortality Review Committee 2020 Report
  - Recommendations
  - Link to NH-AIM
- Structuring NH-AIM work
- Rapid implementation: Naloxone distribution
  - Components of successful naloxone programs in Ob/Gyn
  - Implementation challenges and opportunities
- Promoting naloxone access through the Mother-Baby Plan of Safe/Supportive Care
- Situational surveillance for naloxone distribution







Findings From New Hampshire's Maternal Mortality Review

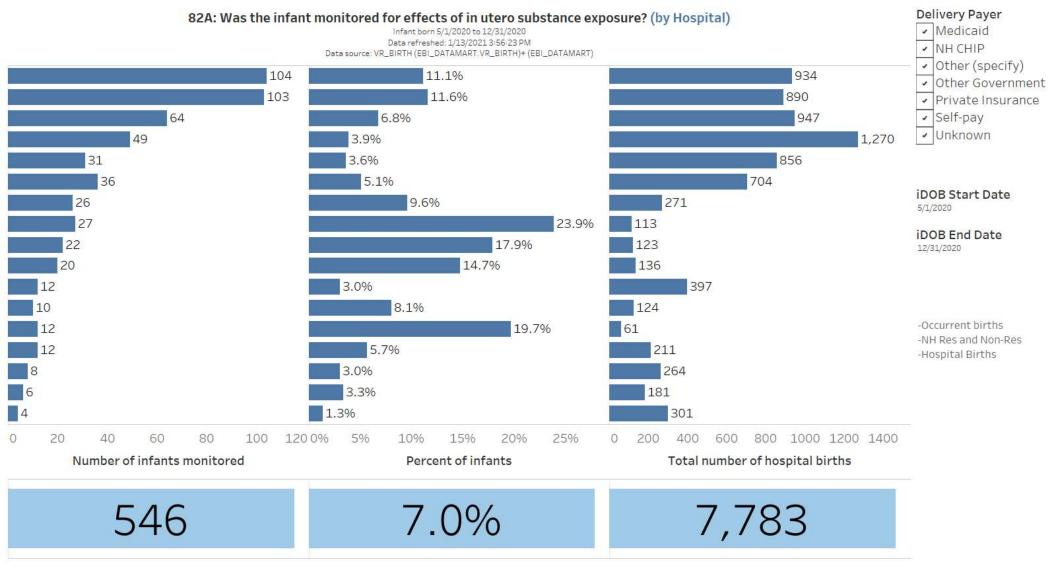


- Eleven of the twelve pregnancy-associated deaths in 2016-2017 occurred during the postpartum period, and one occurred during pregnancy
- The leading causes of pregnancy-associated deaths in NH are accidental drug overdose and suicide
- Almost all deaths reviewed were substance-involved









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ESM 1

Percentage of postpartum birthing individuals whose infant was monitored for the effects of in utero substance exposure who had a documented Plan of Safe/Supportive Care (POSC).

Infants born: 5/1/2020 to 12/31/2020 Data refreshed: 1/13/2021 4:44:58 PM Data source: VR\_BIRTH (EBI\_DATAMART.VR\_BIRTH)+ (EBI\_DATAMART)

		83: Was a Plan of Safe/Supp	ortive Care (POSC) created?
		No	Yes
82A: Was the infant monitored for effects	No	7,298 (97.7%)	174 (2.3%)
of in utero substance exposure?	Yes	244 (44.2%)	308 (55.8%) <esm %<="" td=""></esm>

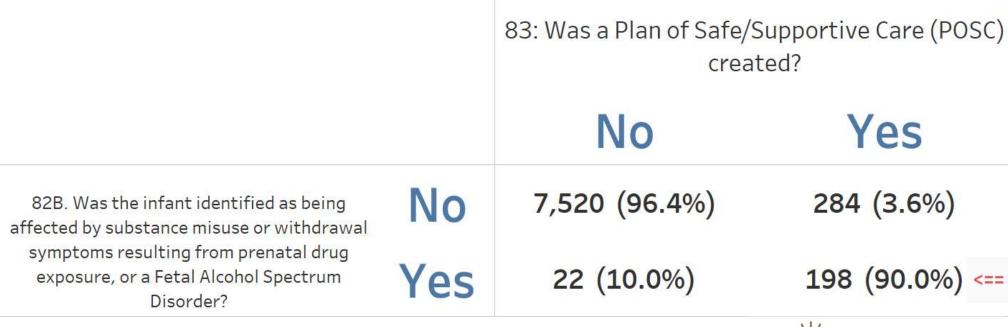


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Percentage of postpartum birthing individuals whose infant was identified as being affected by substance misuse or withdrawal symptoms resulting from prenatal drug exposure, or a Fetal Alcohol Spectrum Disorder, who had a documented Plan of Safe/Supportive Care (POSC)

Infants born: 5/1/2020 to 12/31/2020 Data refreshed: 1/13/2021 3:56:40 PM Data source: VR\_BIRTH (EBI\_DATAMART.VR\_BIRTH)+ (EBI\_DATAMART)









## New Hampshire MMRC Recommendations

#### **Overdose prevention**

- Standardize perinatal education about risk for overdose after pregnancy or any period of abstinence
- Provide naloxone kits and standard education at postpartum discharge for patients with OUD
- Improve treatment access through promotion of 211

#### **Address social determinants of health**

 Screening for social determinants and linkage to services for patients with substance-related concerns in medical settings

#### **Respectful care**

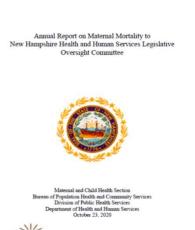
Education for healthcare teams to reduce stigma against people who use substances

#### **Access to Behavioral Health**





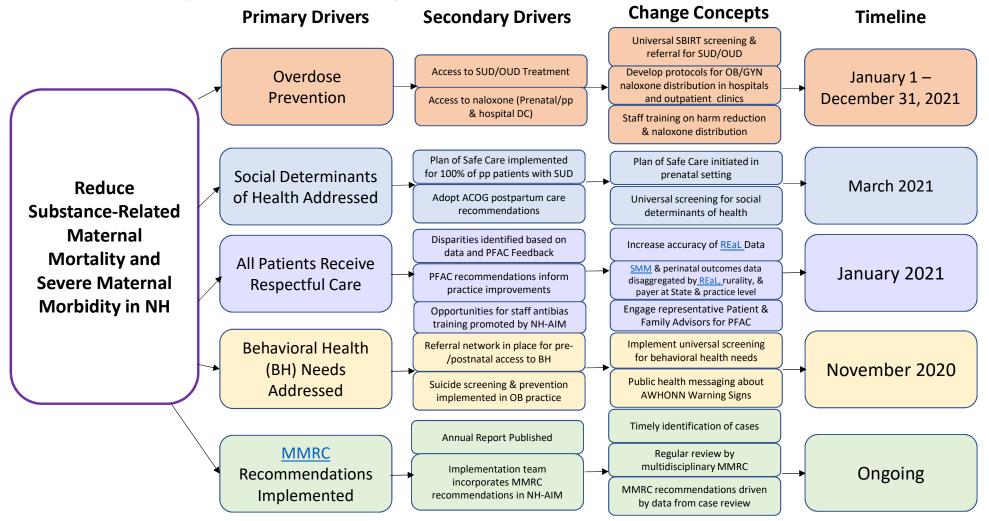


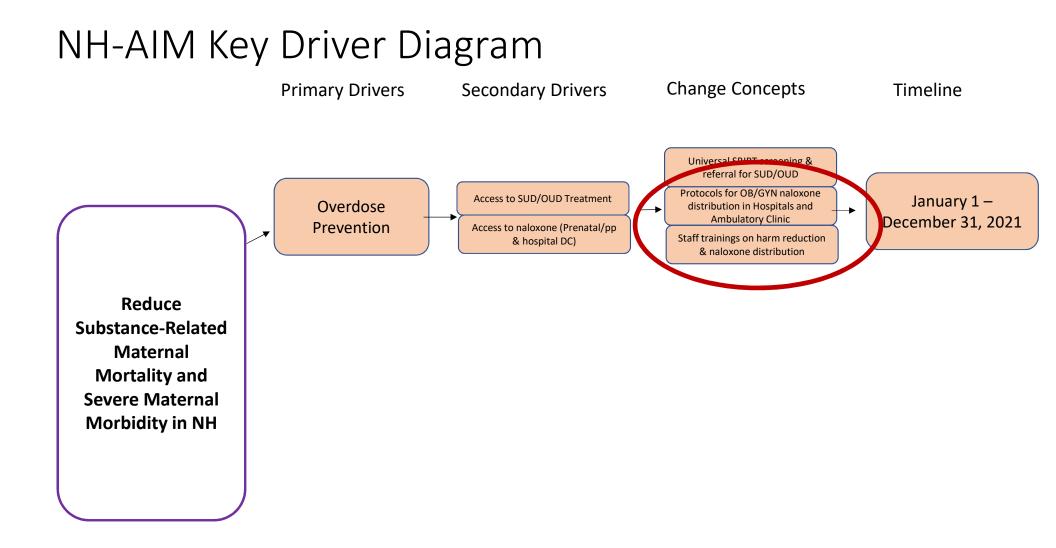




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#### **NH-AIM Key Driver Diagram**





## Naloxone

- Naloxone for community use
  - Naloxone "kits" typically include two intranasal applicators
  - Standard education about opioid overdose and naloxone administration is required when dispensing
- Safety 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)



https://www.drugabuse.gov/drug-topics/opioids/opioid-overdose-reversal-naloxone-narcan-evzio





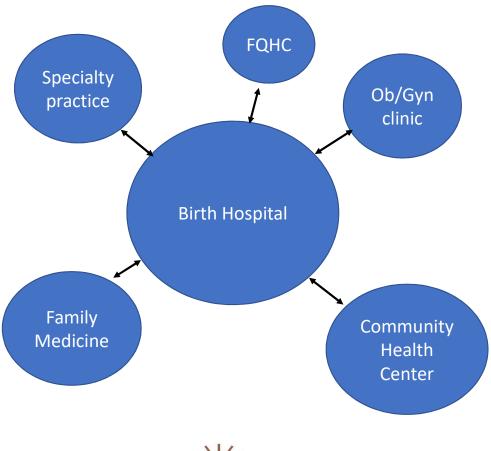


## Structuring this work

- Intervention: increase access to naloxone
- **Context**: Prenatal, hospital, and postnatal settings
- Measure: naloxone access at time of delivery, either
  - Prescribed
  - Dispensed
  - Already has Rx
  - Declined





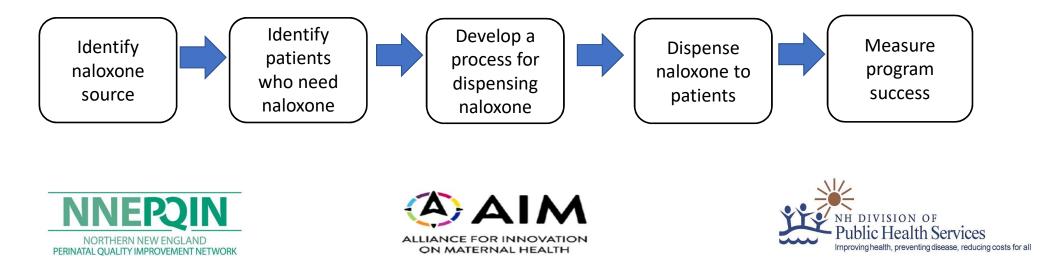




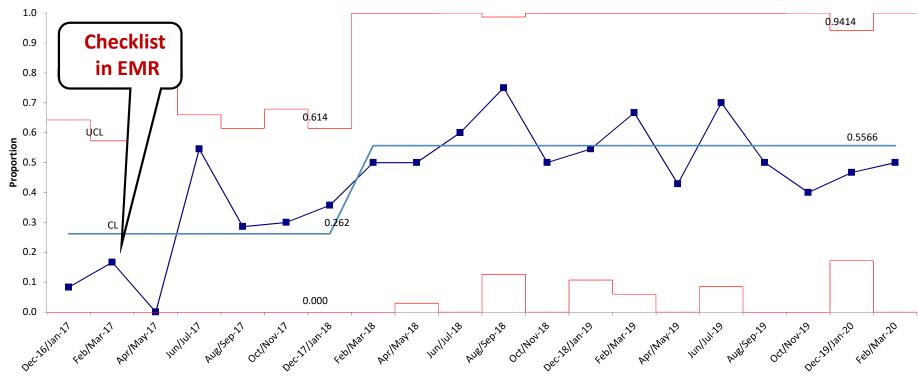
## Thinking about Implementation

- Who: Ob/Gyn clinical staff (inpatient or outpatient)
- What: Ask about and provide naloxone as needed to all pregnant/postpartum patients with opioid use disorder
- When: During pregnancy, delivery hospitalization, and postpartum care

Where: Outpatient clinics and hospital birthing units



## Tracking Access to Naloxone Access in the D-H Ob/Gyn Clinic



Proportion of Patients with OUD with Whom Naloxone was Discussed

Month-Year

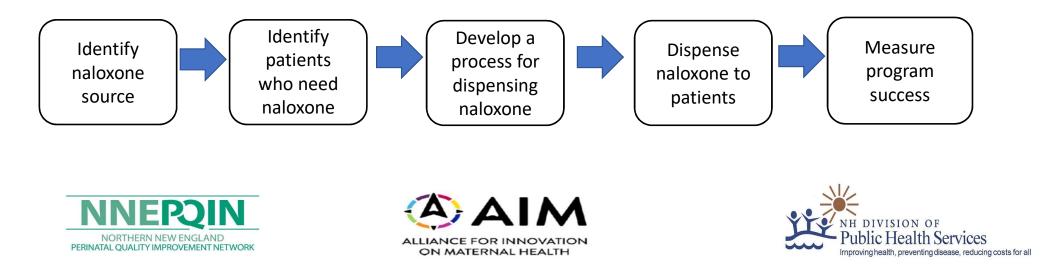
# Implementing Outpatient Naloxone Distribution in Ob/Gyn at Dartmouth-Hitchcock

What: Ask about and provide naloxone

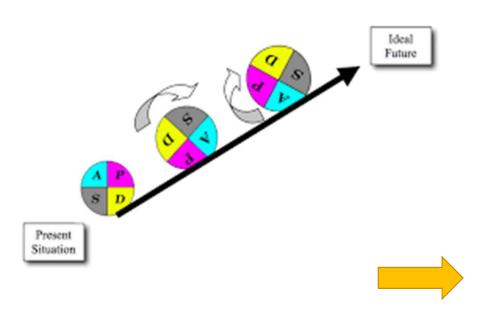
Who: Ob/Gyn clinic staff

When: During pregnancy and postpartum

Where: Dartmouth-Hitchcock outpatient Ob/Gyn practice



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



#### ✓ Identify source for naloxone:

Establish relationship with state distribution network
Develop collaborative procedures for 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 for sustainability

#### ✓ Implementation

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

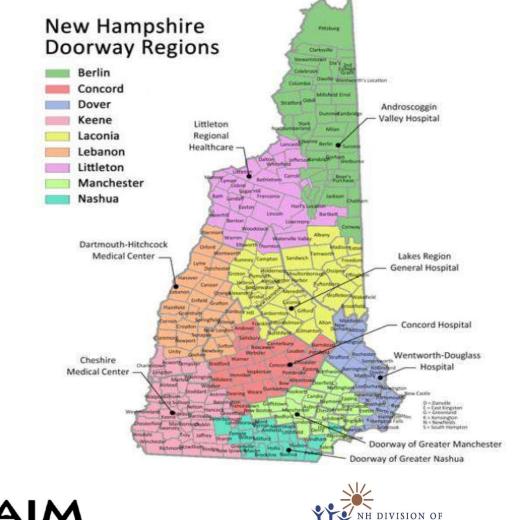
#### ✓ Data collection:

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

## Sources of Naloxone

#### New Hampshire Doorways Program

- "Hub" and "Spoke" approach
- 24-hour access to Doorways services through 211
- Naloxone distributed to communities through Doorways sites across NH



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https://www.thedoorway.nh.gov/hubmap



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### New Hampshire Doorway Locations

Doorway Site	Berlin	Concord	Dover	Keene	Laconia	Lebanon	Littleton	Manchester	Nashua
Organization	Androsco ggin Valley Hospital	Concord Hospital	Wentwor th Douglass Hospital	Cheshire Medical Center	Lakes Region General Hospital	Dartmouth- Hitchcock Medical Center	Littleton Regional Healthcare	The Doorway of Greater Manchester	The Dooorway of Greater Nashua
Location of Doorway	7 Page Hill Rd. Berlin, NH 03570	NH 03301	798 Central Ave, Dover, NH 03820	590 Court St. Keene, NH 03431	80 Highland St. Laconia, NH 03246	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

#### https://www.thedoorway.nh.gov/hubmap







## Identify Need

Two questions added to SBIRT-screening during the initial prenatal visit:

- "Are you, or is someone you know, at risk of experiencing an opioid overdose?"
- "Would you like to talk to someone about naloxone?"

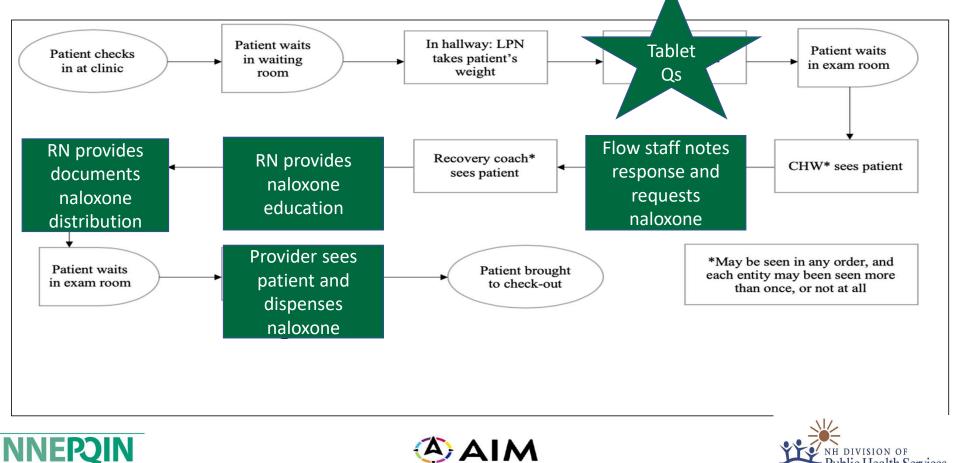








### Adapting a Clinic Process for Naloxone Distribution



NORTHERN NEW ENGLAND PERINATAL QUALITY IMPROVEMENT NETWORK ALLIANCE FOR INNOVATION ON MATERNAL HEALTH

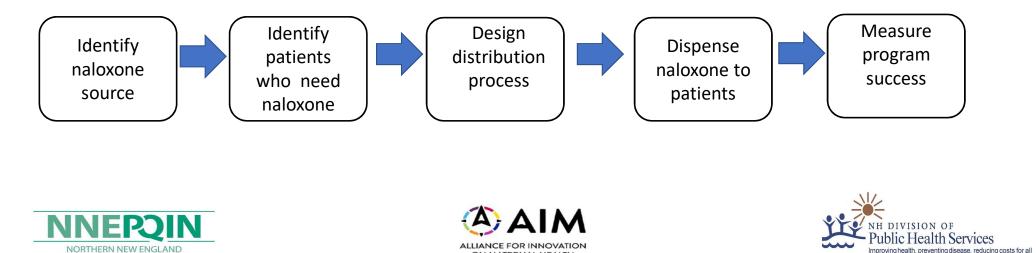
ic Health Services Improving health, preventing disease, reducing costs for all

### What About Distributing Naloxone In The Hospital?

- What: Ask about and provide naloxone to all postpartum patients with OUD/SUD before hospital discharge
- Who: Clinical staff (RN/MD/CNM/Pharmacy?)
- When: Before postpartum discharge

PERINATAL OUALITY IMPROVEMENT NETWORK

Where: L&D units across New Hampshire



ON MATERNAL HEALTH

## Discussion: Barriers and Opportunities to increase Naloxone Distribution in Ob/Gyn Settings









## Implementation Strategies:

Should naloxone access be added to the NH Plan Of Safe Care?

Supportive C	are for Mothers and Infants							
A Plan of Supportive Care, developed collaboratively w	th the method and other involved		minte	and aviation				
supports and coordinates referrals to new services to he								
leave the hospital. The Plan must be given to the mothe								
primary care provider (and home visiting nurse) along			-			-		
mother to share the Plan with her existing and new ser	1	Date	1	1	1			
newborn's discharge to home to help further strengther		Discussed						
private health information but does not include 42 CFR		(please	Referr	Active /	Contact	/ Organiza	tion / Phone Number(s) and Comments	
		initial)	al Made	Confirmed	-			
DEMOGRAPHIC INFORMATION	Consents signed for exchange of		Mage					
Name of Mother:	PHI (please specify)							
Name of Infant:	Health Insurance Plan enrollment	1					oss out non-relevant plan:	
Name of Father/Co-Parent:						AmeriHealth Caritas Bright Start Program: 833-704-1177		
Name of Other Caregiver (if relevant):	NH P			NH Hea	Healthy Families Smart Start for Babies: 1-866-			
Infant's DOB:					769-3085			
Mother's Phone Number:						inse Health	Plan Sunny Start Program: 1-855-833-	
Mother's Health Insurance:	Health Insurance Plan / Managed				8119			
Current Address:	Care Organization (MCO) Care	1						
	Manager							
CURRENT SUPPORTS (e.g. partner/spouse, family/fr	Temporary Assistance for Needy							
	Families (TANF)							
	Other financial assistance	-			-			
	Housing assistance Transportation assistance	4						
	Visiting Nurse Association (VNA)	-			-			
	Family Resource Center (FRC) /							
	Parent Child Center (PCC)							
STRENGTHS AND GOALS (e.g. breastfeeding, previo	Lactation Consultant	-						
housing, etc.)	Breastpump	_	_		_			
	Women, Infants, and Children (WIC) Smoking cessation/no passive							
	smoke exposure							
	Parenting class							
	Safe sleep education/plan							
	Early Supports and Services	-						
	Voluntary child welfare services			1				
	Mental health services Family planning							
HOUSEHOLD MEMBERS	Childcare plans							
Name Relationship to Infant	Crisis advocacy							
	Legal assistance							
	No substance use in pregnancy /	1			1			
	parenting / breastfeeding (including marijuana & alcohol)	1			1			
	SUD treatment program							
EMERGENCY CHILDCARE CONCENT/OTHER PRIN	Recovery support services (e.g.			1				
Name ions in t	recovery coach, meetings)							
I vanie in the state	DCYF/DCF involved / staff name							
	Narcan availability + instructions							
	Postpartum visit appointment Post-Birth Warning Signs education	-			-			
	Other				-			
NOTES/NEEDS IDENTIFIED (please date/time entries	00101			-				
	I. PRENATAL EXPOSURE							
					Y/N	Notes		
	Did the infant have prenatal substance				+			
	Is the prenatal substance exposure th				+			
	Is there additional prenatal substance medication?	exposure oth	ner than p	rescribed				
	meandbon:							
	II. WAS THE INFANT DISCHARG				DTHER T			
	Name:	R	elationshi	p to Infant:			Court Involvement (Y/N):	
	Phone Number/Address:							
	DH-POSC Tamph	ate - 8/22/1	9 origing	1 12/9/20	viced by	DH POSC	Committee (BLW)	
				HRSA 132:10				
				2				



# Measurement: Add Naloxone Access to the Birth Certificate Worksheet?

- First, using *Situational Surveillance* for quick implementation and pilot
  - Later, permanent
  - One current COVID Sit Surv question will be retired to make room
  - Limited to Yes/No/Unknown responses
- Possible questions:
  - 1. Does the patient have access to naloxone (Narcan)?
  - 2. Was access to naloxone (e.g. Narcan) discussed with the patient?
  - 3. Was a Naloxone (Narcan) Rescue Kit dispensed (or prescribed) to the patient?
- Logistics
  - Same or different Sit Surv worksheet as remaining COVID question?







## Putting It All Together

#### Kotter's Stages of Change

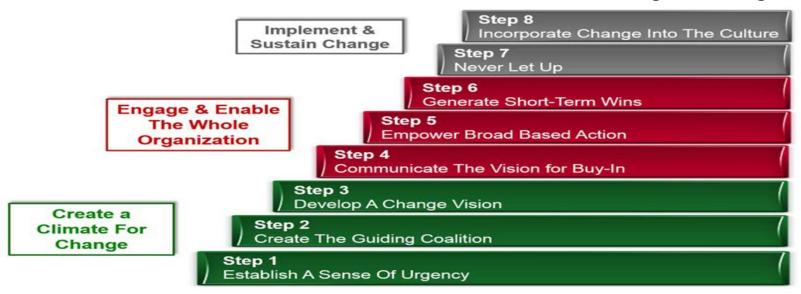


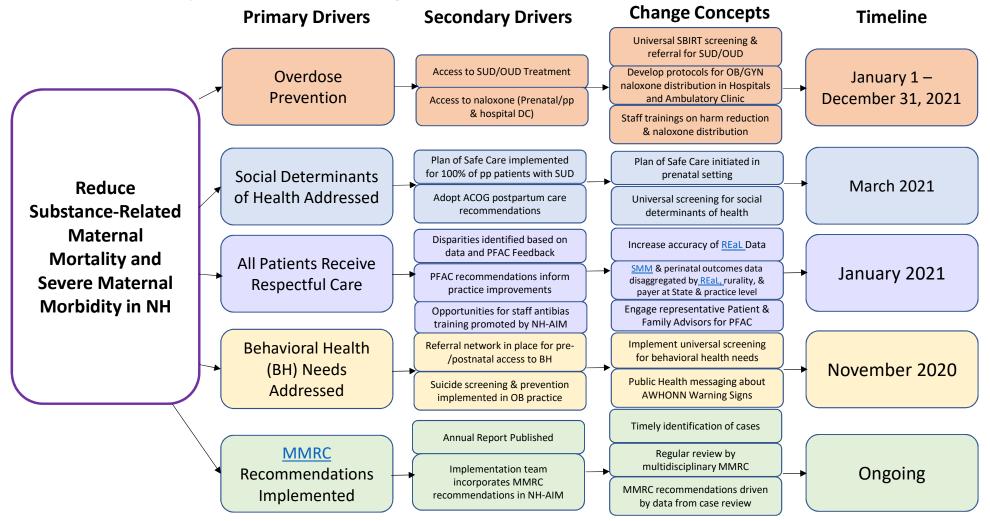
Image © 2016 American College of Obstetricians and Gynecologists







#### **NH-AIM Key Driver Diagram**



# Next steps for NH Birth Hospitals and Pre-/Postnatal Providers

- Identify clinical lead(s) at each site
- Identify nearest Doorway site as possible source for naloxone
- Complete baseline practice survey
- Schedule calls with clinical leads and NH-AIM team







### Next Steps

- NH-AIM implementation webinars: second Thursday of each month from 12-1pm
- Individual calls with each participating site to identify key opportunities and develop strategies
- Initial implementation targets:
  - Provide naloxone access at hospital discharge and in prenatal/postpartum settings
  - Improve collection of REaL data at all maternity care providing sites









#### Please stay in touch!

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- victoria.a.Flanagan@hitchcock.org









Thursday, February 11, 2021 • 9:00 am – 3:15 pm Live Stream from Lebanon, NH

## SAVE THE DATE February 11, 2021 NNEPQIN Virtual Winter Meeting