



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**



82A: Was the infant monitored for effects of in utero substance exposure? (by Hospital)

Infant born 5/1/2020 to 12/31/2020

Data refreshed: 1/13/2021 3:56:23 PM

Data source: VR_BIRTH (EBI_DATAMART.VR_BIRTH)+(EBI_DATAMART)

Delivery Payer

- ☒ Medicaid
- ☒ NH CHIP
- ☒ Other (specify)
- ☒ Other Government
- ☒ Private Insurance
- ☒ Self-pay
- ☒ Unknown

iDOB Start Date

5/1/2020

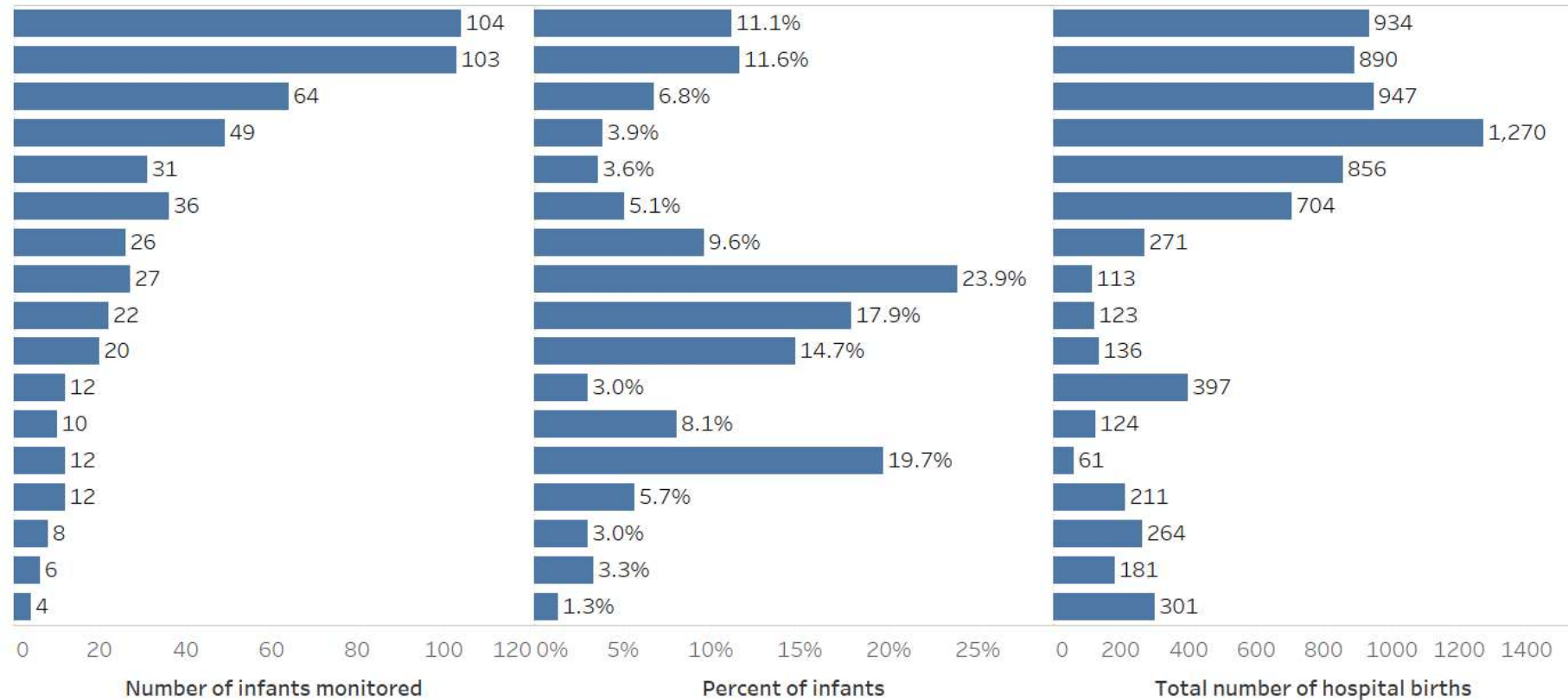
iDOB End Date

12/31/2020

-Occurrent births

-NH Res and Non-Res

-Hospital Births



546

7.0%

7,783

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/Supportive Care (POSC) created?

No

Yes

82A: Was the infant monitored for effects of in utero substance exposure?

No

7,298 (97.7%)

174 (2.3%)

Yes

244 (44.2%)

308 (55.8%) <--ESM %

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)

		83: Was a Plan of Safe/Supportive Care (POSC) created?	
		No	Yes
82B. Was the infant identified as being affected by substance misuse or withdrawal symptoms resulting from prenatal drug exposure, or a Fetal Alcohol Spectrum Disorder?	No	7,520 (96.4%)	284 (3.6%)
	Yes	22 (10.0%)	198 (90.0%) <==

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

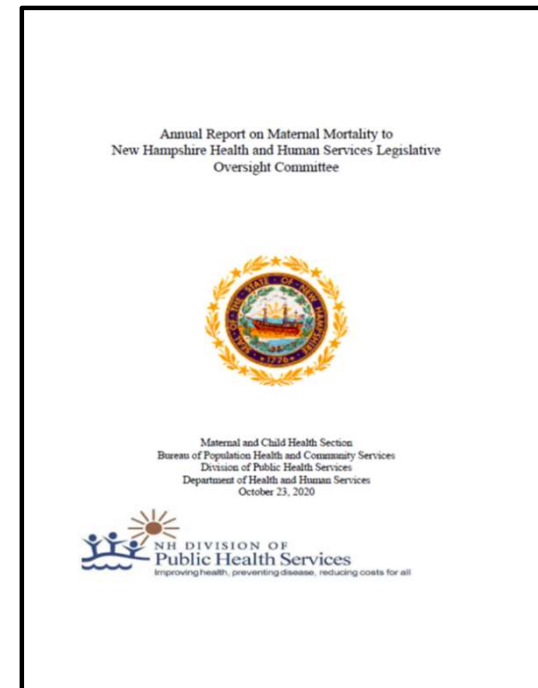
Address social determinants of health

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

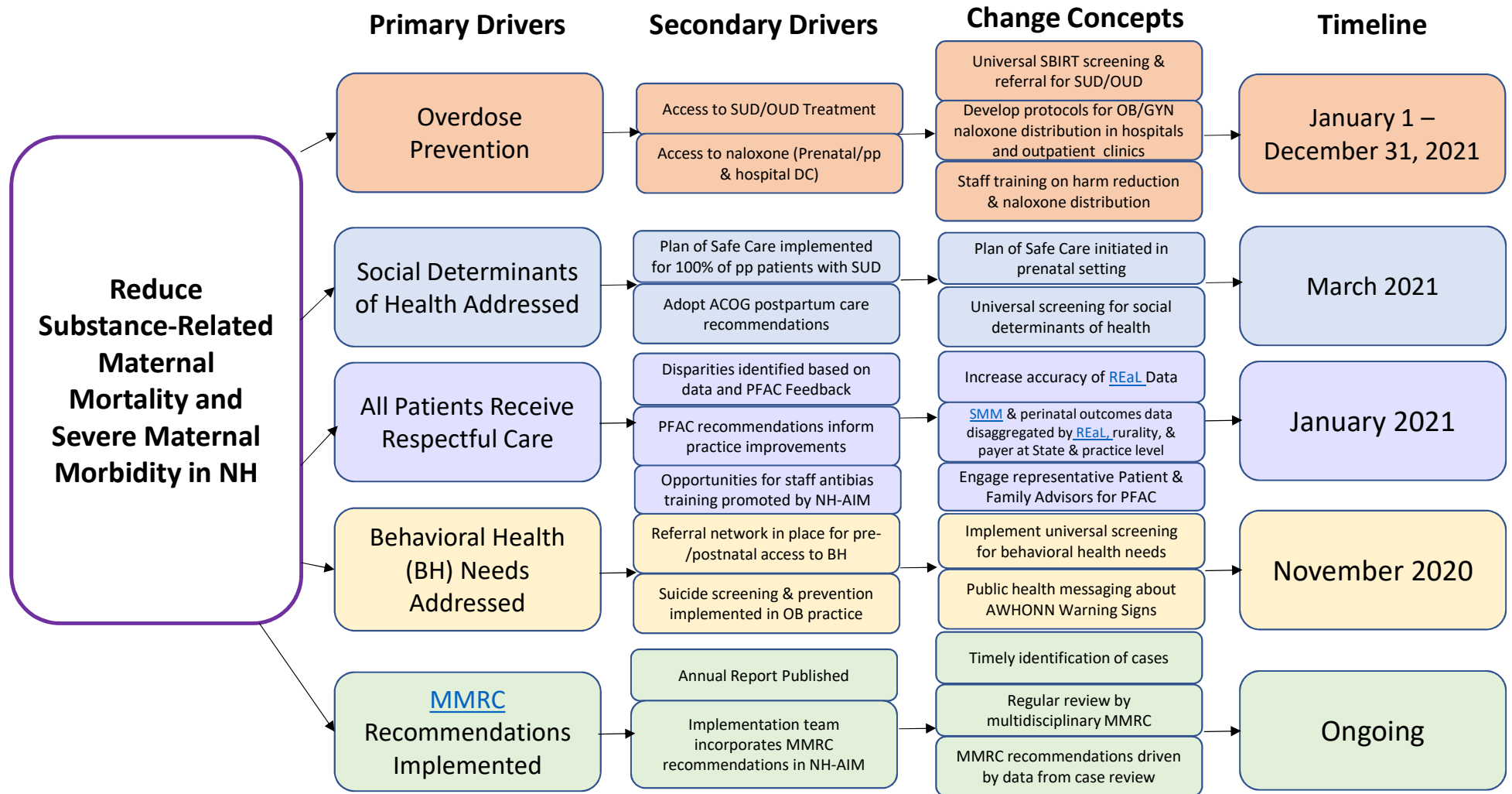
Respectful care

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

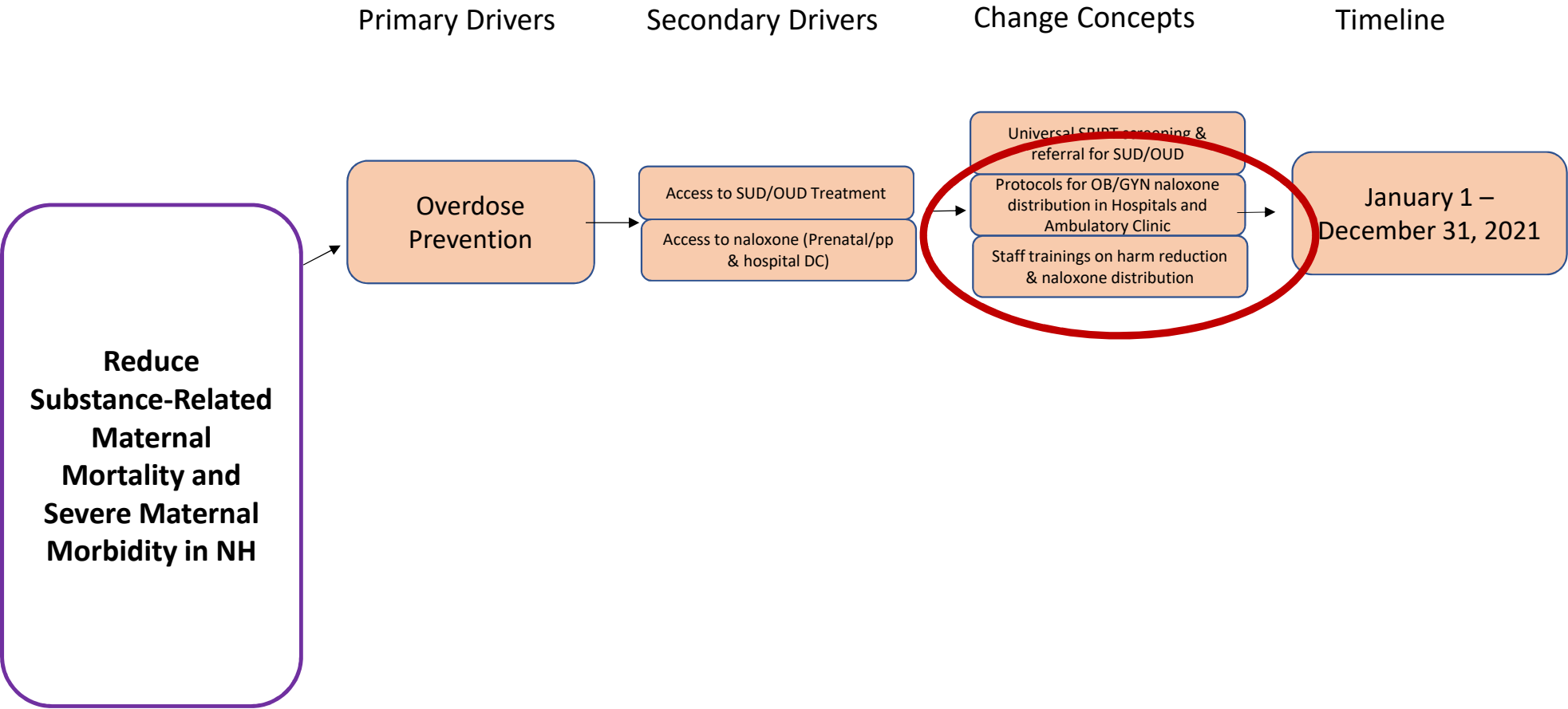
Access to Behavioral Health



NH-AIM Key Driver Diagram



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.”

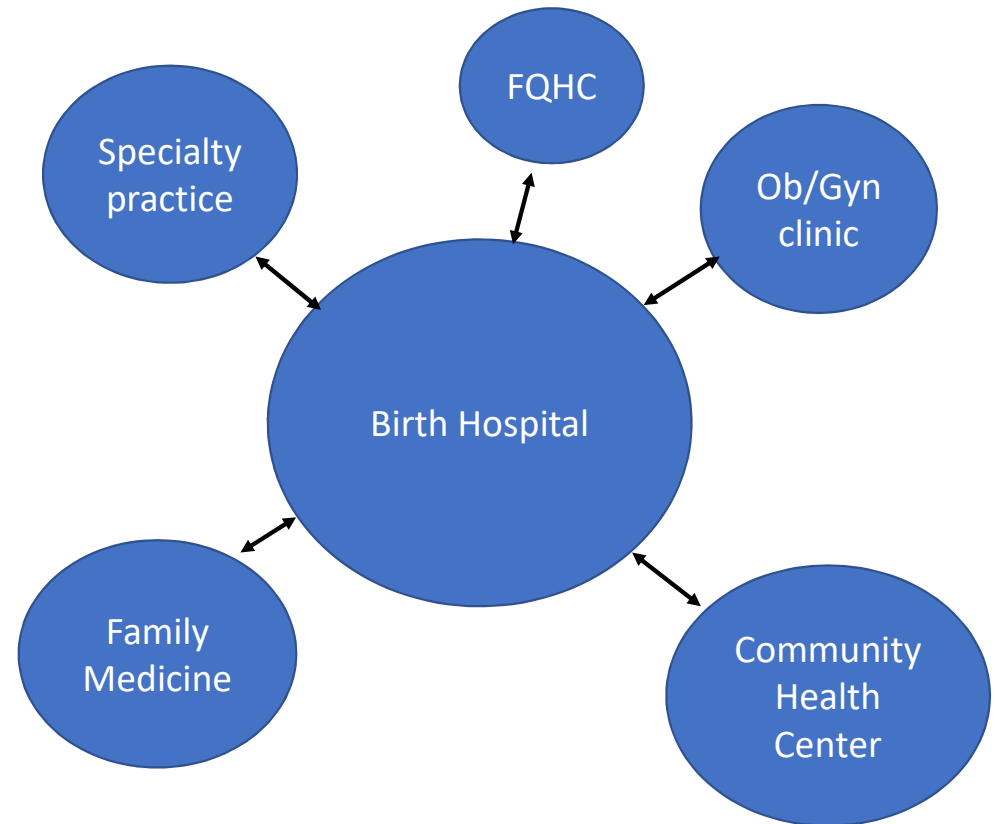
-ACOG Committee Opinion #711 (2017)



<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



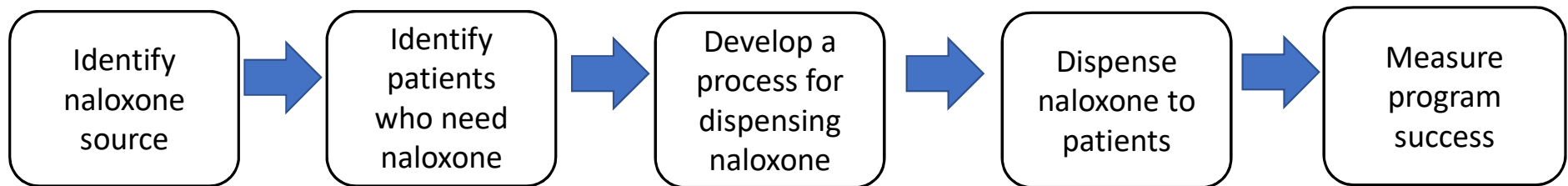
Thinking about Implementation

Who: Ob/Gyn clinical staff (inpatient or outpatient)

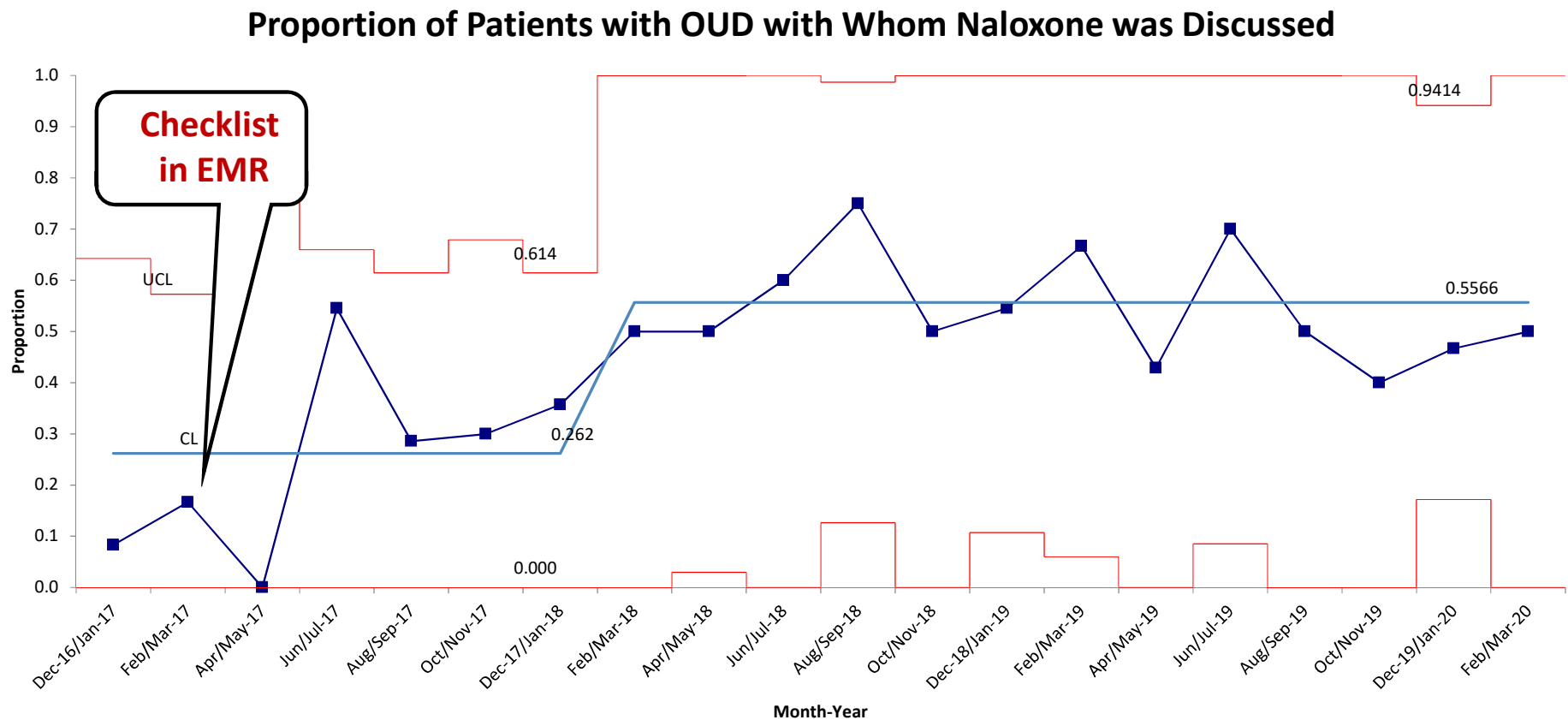
What: Ask about and provide naloxone as needed to all pregnant/postpartum patients with opioid use disorder

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



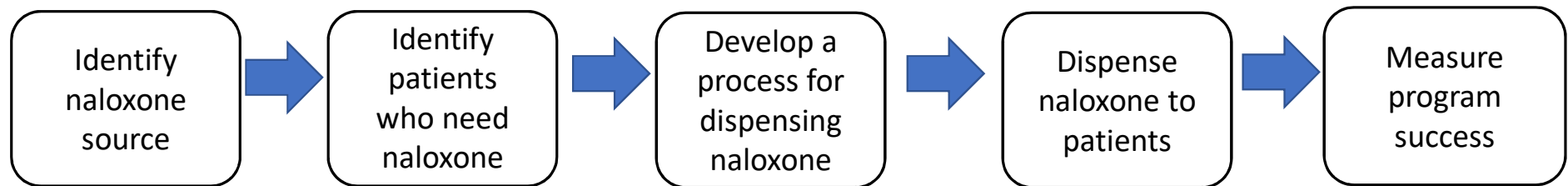
Implementing Outpatient Naloxone Distribution in Ob/Gyn at Dartmouth-Hitchcock

What: Ask about and provide naloxone

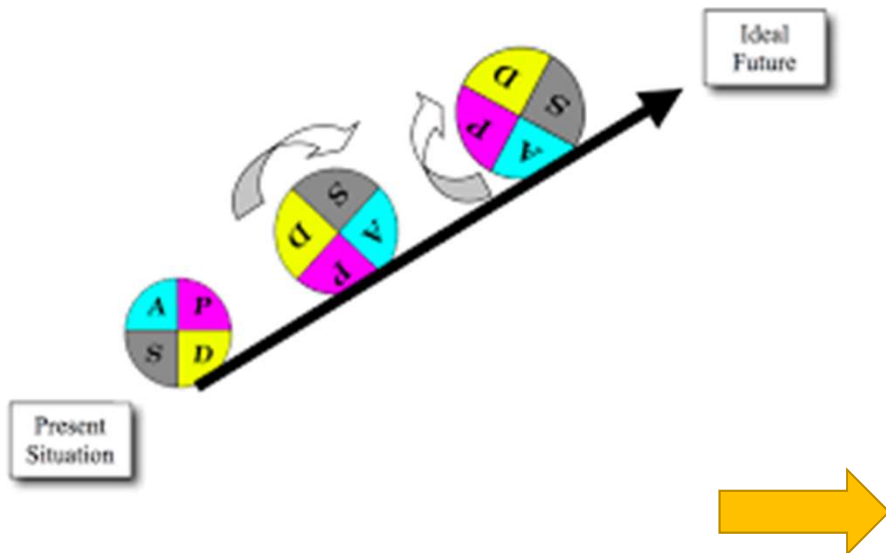
Who: Ob/Gyn clinic staff

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

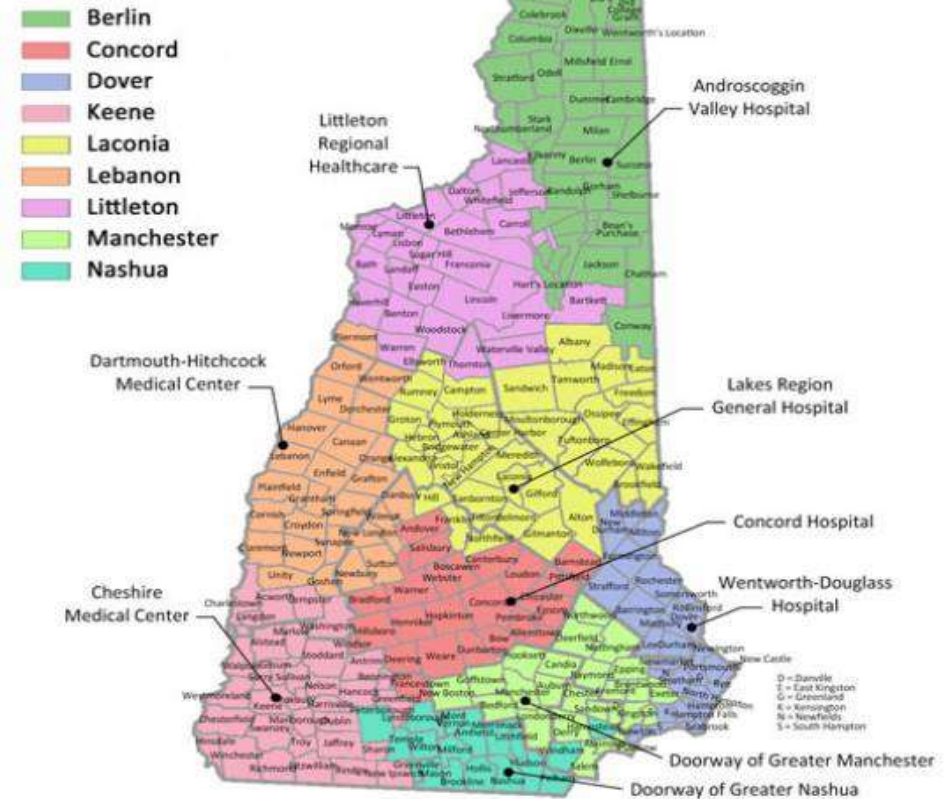
Sources of Naloxone

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

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

New Hampshire Doorway Regions



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NORTHERN NEW ENGLAND
PERINATAL QUALITY IMPROVEMENT NETWORK

AIM
ALLIANCE FOR INNOVATION
ON MATERNAL HEALTH

**NH DIVISION OF
Public Health Services**
Improving health, preventing disease, reducing costs for all

New Hampshire Doorway Locations

Doorway Site	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	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>

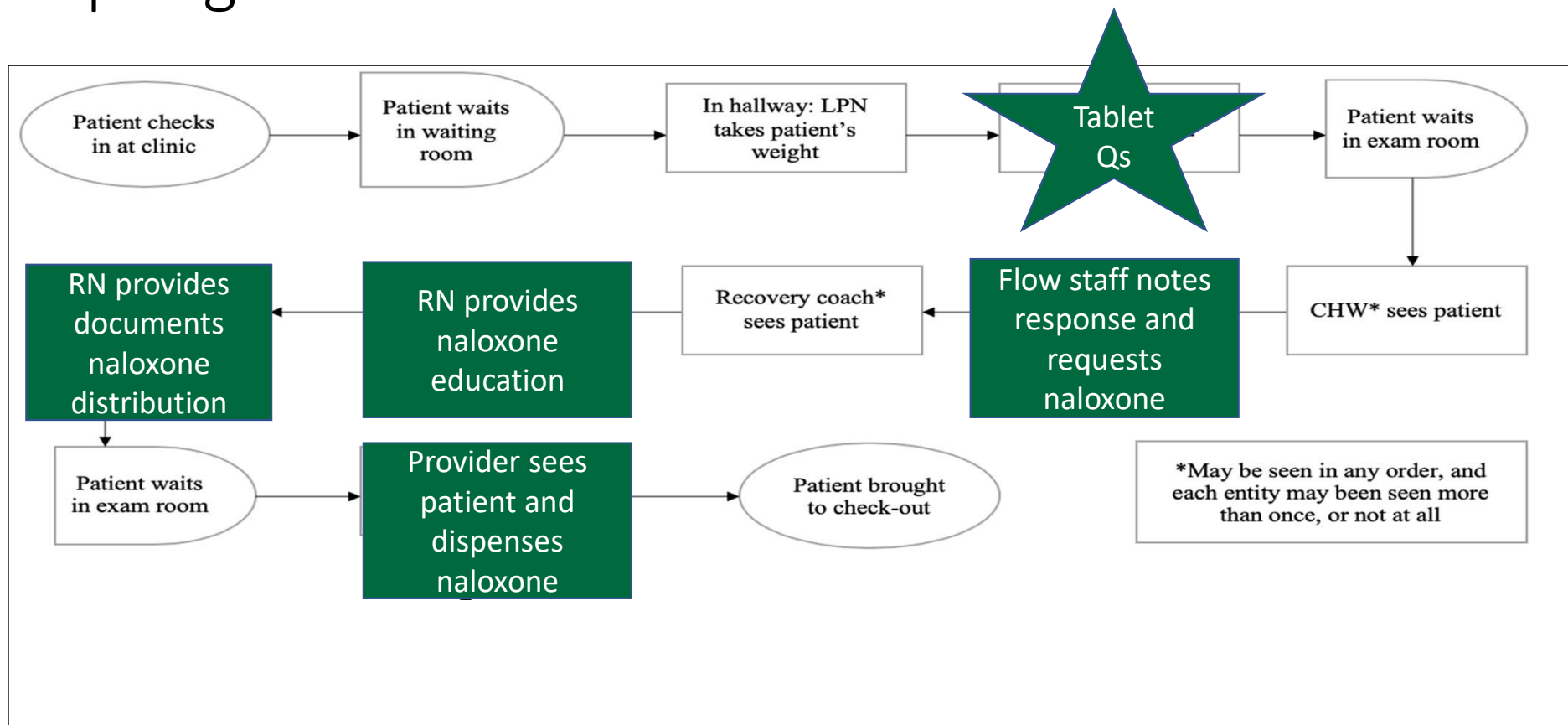
Identify Need

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



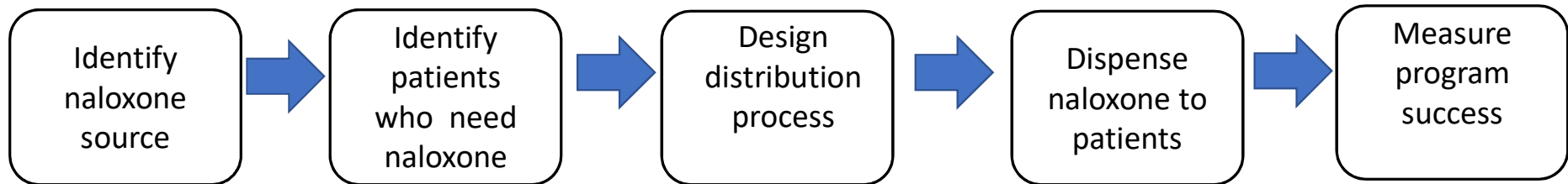
What About Distributing Naloxone In The Hospital?

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

Where: L&D units across New Hampshire



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

Barriers

Opportunities

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

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PERINATAL QUALITY IMPROVEMENT NETWORK

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

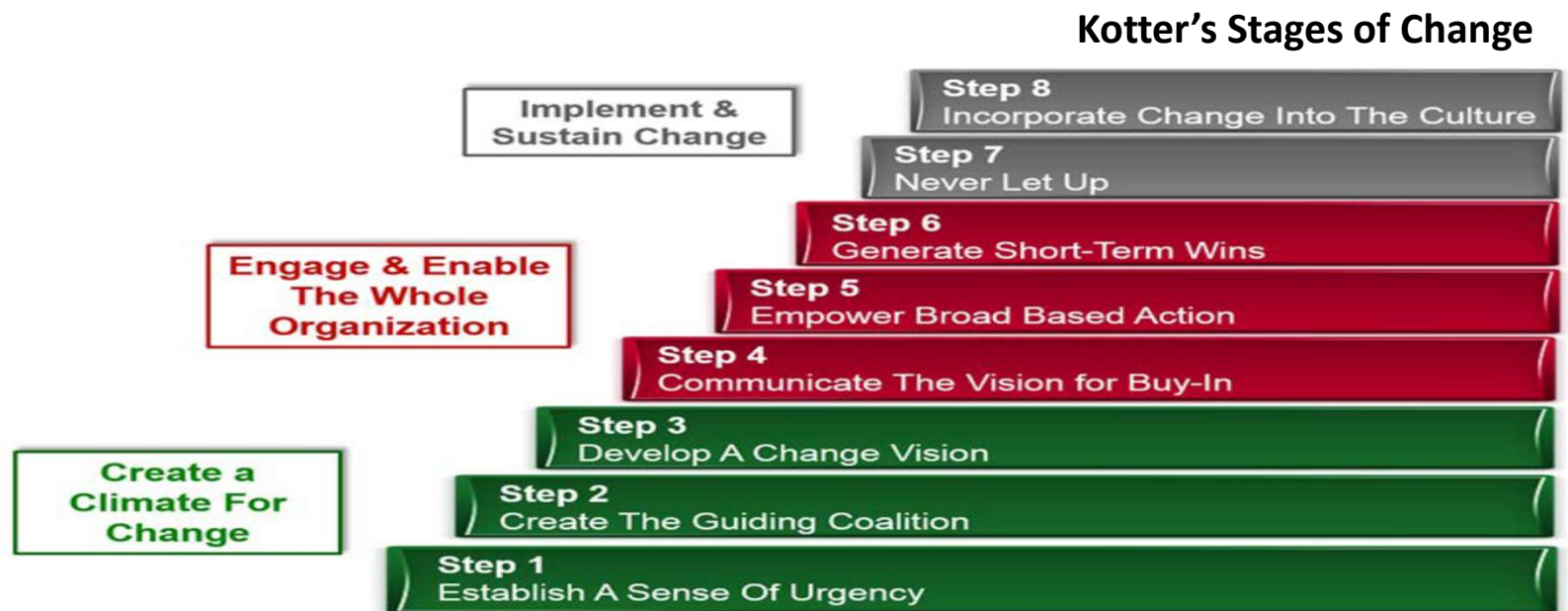
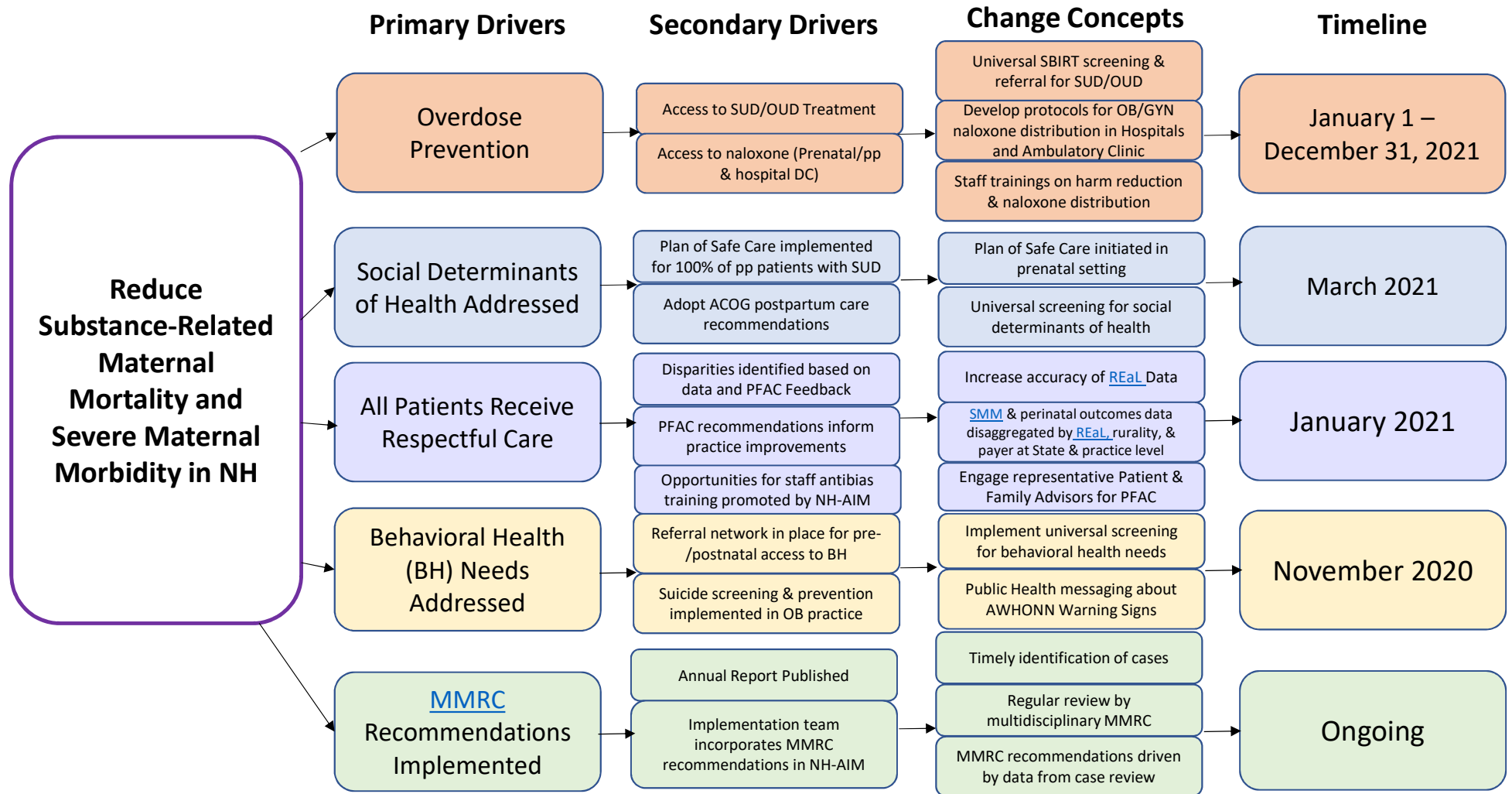


Image © 2016 American College of Obstetricians and Gynecologists

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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VIRTUAL WINTER CONFERENCE



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