

NH AIM/ERASE Monthly Webinar July 14, 2022

WELCOME!

- We will begin shortly
- **Please type your name and email into the chat box for attendance**
- Reminder, we will be recording this session
- Please mute your line upon entering and chat in your comments or questions
- Vicki Flanagan will monitor the chat box and call on you to unmute yourself
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Screening Tools to Assess Perinatal Drug & Alcohol Use

NH AIM/ERASE Monthly Webinar
July 14, 2022

Our presenter has no conflicts of interest to disclose.



Please Note: New CME/CNE Process!

To Receive CME/CNE Credit for Today's Session

Text: 833-884-3375 – NEW PHONE #

Enter Activity Code: 132784

Need help? clpd.support@hitchcock.org

Signing in on-line? <http://www.d-h.org/clpd-account>

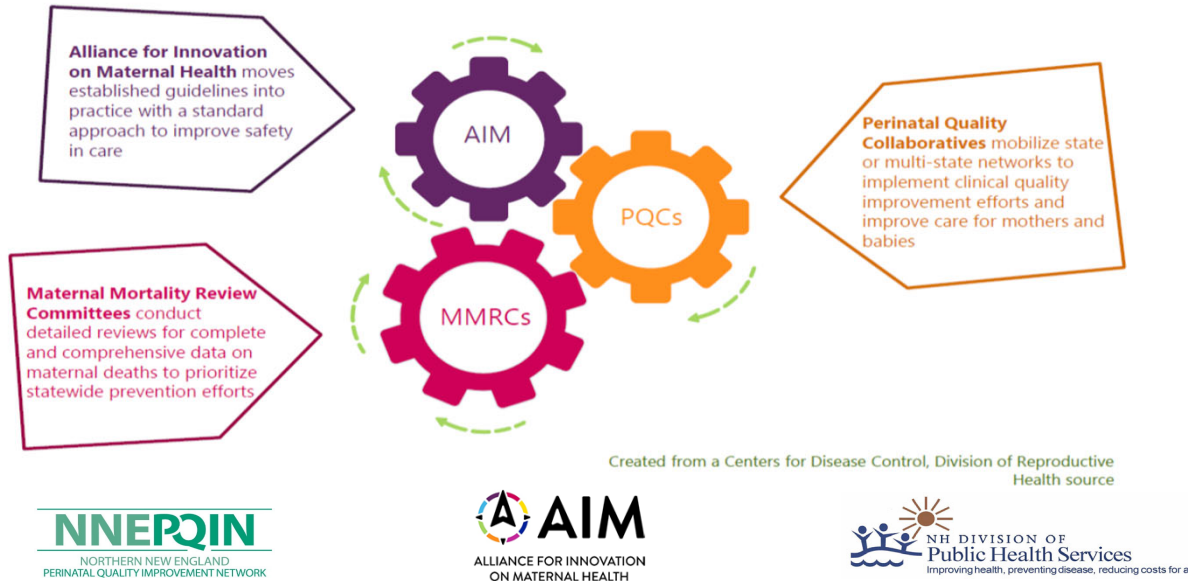


Session Learning Objectives

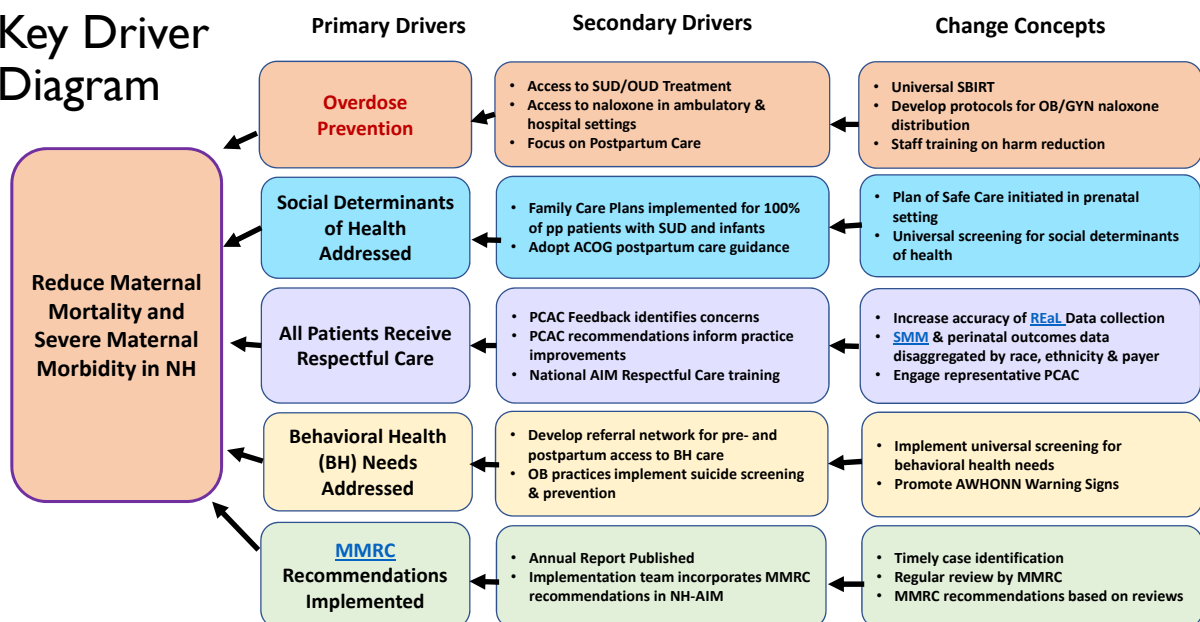
1. Review AIM/ACOG recommendations for screening for perinatal drug and alcohol use
2. Describe examples of successful screening programs
3. Discuss practice adaptations for naloxone distribution at birth hospitals



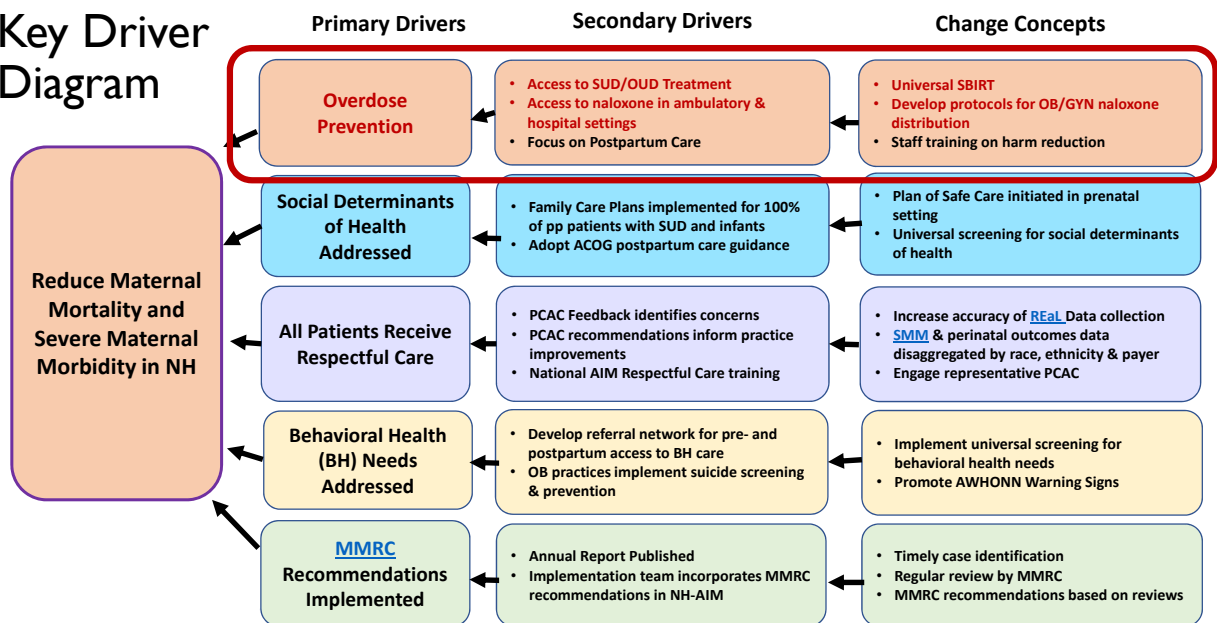
Critical Collaborations: NNEPQIN, ERASE and AIM



NH-AIM Key Driver Diagram



NH-AIM Key Driver Diagram



ACOG Recommendations for Substance Use Screening

“Screening based only on factors such as poor adherence to prenatal care or prior adverse pregnancy outcomes can lead to missed cases, and may add to stereotyping and stigma. Therefore, it is essential that screening be universal...”

“To begin the conversation, the patient should be informed that these questions are asked of all pregnancy women to ensure they receive the care they require.”

“Validated screening tools...are the preferred method for initial screening.”

-ACOG Committee Opinion Number 711 (2017)

AIM CPPPSUD Bundle: Recognition & Prevention

- Screen all pregnant and postpartum people for SUDs using validated self-reported screening tools and methodologies during prenatal care and during the delivery admission.*
- Screen each pregnant and postpartum person for medical and behavioral health needs and provide linkage to community services and resources.*
- Screen for structural and social drivers of health that might impact clinical recommendations or treatment plans and provide linkage to resources.

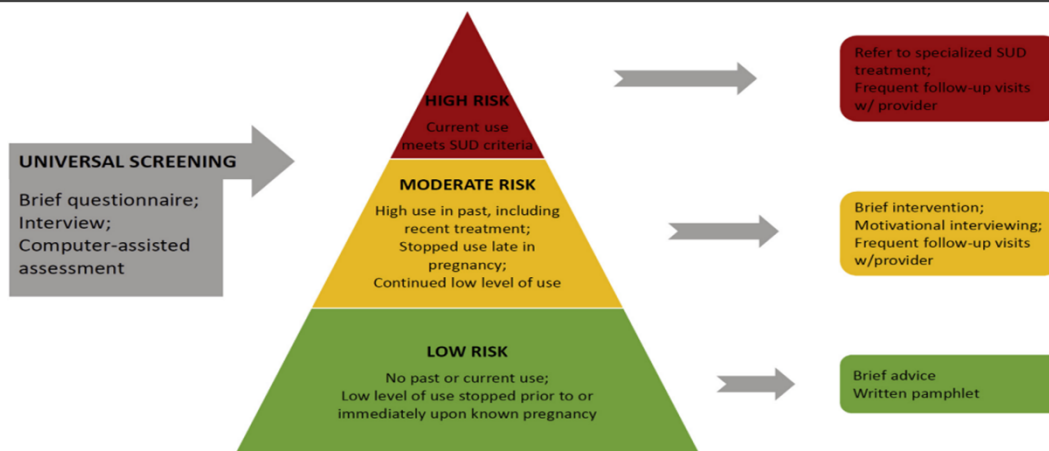


Assessing Risk through Population-based Screening

The role of screening, brief intervention, and referral to treatment in the perinatal period

Tricia E. Wright, MD, MS; Mishka Terplan, MD, MPH; Steven J. Ondersma, PhD; Cheryl Boyce, PhD; Kimberly Yonkers, MD; Grace Chang, MD, MPH; Andrea A. Creanga, MD PhD

Am J Obstet Gynecol 2016



SUD, substance use disorder.

Wright. SBIRT in pregnancy. *Am J Obstet Gynecol* 2016.

Screening, Brief Intervention, & Referral to Treatment

- Aims of SBIRT process:
 - Assess risk to the pregnant person due to non-prescribed substance use including alcohol
 - Provide needed support to reduce harm from substance use both to the pregnant person and pregnancy/fetus
 - Role of screening is medical- not forensic
 - Establish safe space for discussing substance use with a medical provider
 - Universal screening to avoid bias
 - Respectful, non-stigmatizing response when substance use is disclosed
 - Transparency about mandated reporting policies at institution and state level



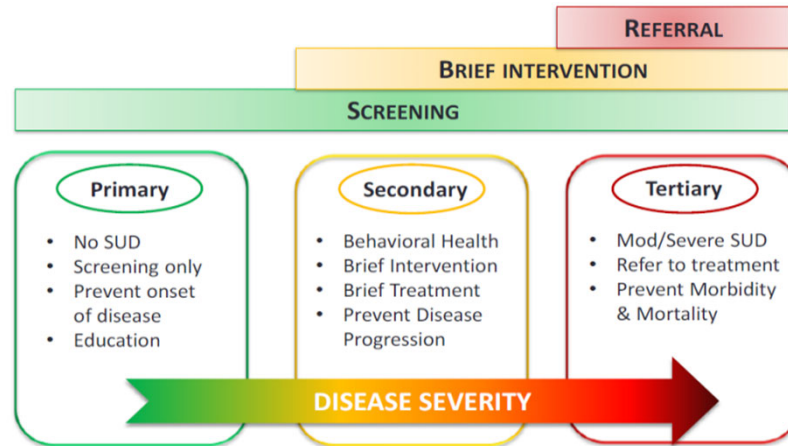
Care for Pregnant and Postpartum People with Substance Use Disorder Patient Safety Bundle

Respectful, Equitable, and Supportive Care — Every Unit/Provider/Team Member

Right to refuse screening or drug testing

Respectful Care Element	Key Points
Engage in open, transparent, and empathetic communication with the pregnant and postpartum person and their identified support person(s) to understand diagnosis, options, and treatment plans	Support persons may include: Nonfamilial supports, such as doulas and home visitors, who should be welcomed with the pregnant or postpartum person's permission.
Integrate pregnant and postpartum persons as part of the multidisciplinary care team to establish trust and ensure informed, shared decision-making that incorporates the pregnant and postpartum person's values and goals	Inclusion should involve: <ul style="list-style-type: none"> • Establishment of trust. • Informed, bidirectional shared decision-making. • Recognizing patient values and goals as the primary driver of the decision-making process.
Respect the pregnant and postpartum person's right of refusal in accordance with their values and goals	Respecting the right of refusal acknowledges that: <ul style="list-style-type: none"> • Every person has the right to refuse unwanted medical treatment including drug and alcohol testing and screening. Every person is autonomous and deserves the respect to choose what will be done to their own body, and it applies even when refusing treatment means that the person might die or be gravely injured or in distress.

Universal screening and layered follow-up in the maternity care context



What are you asking me to do?



Ask patients about substance use, using a validated screening instrument

Respond to patient disclosure in a non-judgmental manner

Link to resources based on patient need and willingness for treatment

Warm handoffs

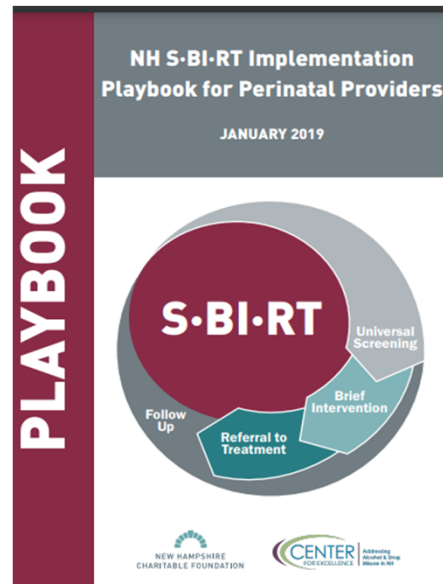
Resources for **S*B*I*RT** Implementation

➤ NH SBIRT Playbook

<https://sbirtnh.org/wp-content/uploads/2019/02/perinatal-playbookFINALdig-2.pdf>

➤ NNEPQIN Toolkit

http://www.nnepqin.org/wp-content/uploads/2021/11/Section-2-NNEPQIN-Toolkit-Updated-11_5_21-2.pdf



Assessing Risk

Verbal
screening
instruments
which are
commonly
used during
pregnancy

<https://sbirtnh.org/wp-content/uploads/2019/02/perinatal-playbookFINALdig-2.pdf>

Selected Validated Screening Tools for Use with Perinatal Women ¹			
Screening Tool Name	Number of Items	Target Substance	Further Information (sample tool, scoring, references, developers, etc.)
TWEAK* (Tolerance, Worried, Eye-openers, Amnesia, K[ic] Cut Down)	5	Alcohol	https://pubs.niaaa.nih.gov/publications/assessingalcohol/InstrumentPDFs/74_TWEAK.pdf
T-ACE*	4	Alcohol	https://www.mirecc.va.gov/vism22/t-ace_alcohol_screen.pdf
5 Ps Prenatal Substance Abuse Screen for Alcohol, Drugs and Tobacco*	8	Alcohol and other substances, including tobacco	https://www.pathwaysfl.org/blog/integrated-screening-tool-5-ps-for-pregnant-and-child-bearing-years/
Alcohol Use Disorders Identification Test (AUDIT)	10	Alcohol	http://auditscreen.org/
Alcohol Use Disorders Identification Test- Concise (AUDIT-C)	3	Alcohol	https://www.integration.samhsa.gov/images/res/tool_auditc.pdf
Drug Abuse Screening Test (DAST-10)*	10	Drugs	https://cde.drugabuse.gov/instrument/e9053390-ee9c-9140-e040-bb89ad433d69
Substance Use Risk Profile - Pregnancy Scale (SURP-P)*	3	Alcohol and other substances	http://www.ilpqc.org/docs/toolkits/MNQ-OB/Substance-Use-Risk-Profile-Pregnancy-Scale.pdf
CRAFT 2.1 (for patients up to 26 years old)*		Alcohol and other substances	http://craftt.org/
NIDA Quick Screen/ASSIST*	4 / 8	Alcohol and other substances, including tobacco	https://www.drugabuse.gov/sites/default/files/pdf/nmassist.pdf

¹ Denotes tools that have been validated for use with prenatal women.

Respectful Care



Care for Pregnant and Postpartum People
with Substance Use Disorder Patient Safety Bundle

“Just finding out that I was pregnant did give me hope. It made me feel like, wow, I really have – not just for myself- but I have a reason to stop”

-Postpartum mom in long term recovery

Respectful, Equitable, and Supportive Care — Every Unit/Provider/Team Member

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Transparency

- What happens after someone discloses current or past substance use?
 - Should patients have informed consent before screening?
- What is your institution's policy regarding urine toxicology (drug testing) of pregnant people?
 - How is informed consent provided/documented for this procedure?
- What is your institution's policy regarding mandated reporting of maternal substance use?
 - How/when are patients informed about this policy?
 - Do all staff follow this policy?

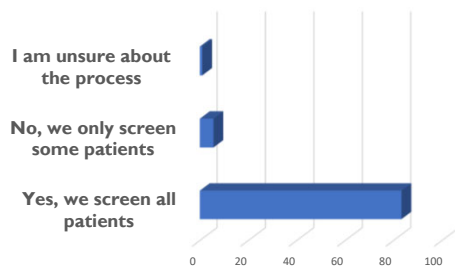
Group Discussion



<https://www.istockphoto.com/illustrations/group-discussion>

Baseline Collaborative Data

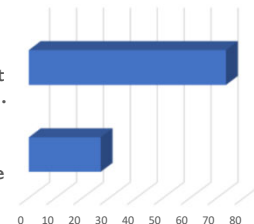
Do you verbally screen all pregnant patients for substance use?



How do you screen pregnant patients?

We screen by asking about substance use but don't use a validated...

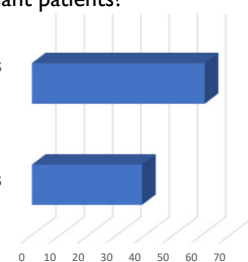
We screen using a validated questionnaire



Do you order urine toxicology [urine drug tests] for all pregnant patients?

We order urine drug tests based on provider discretion

We order urine drug tests for all pregnant patients



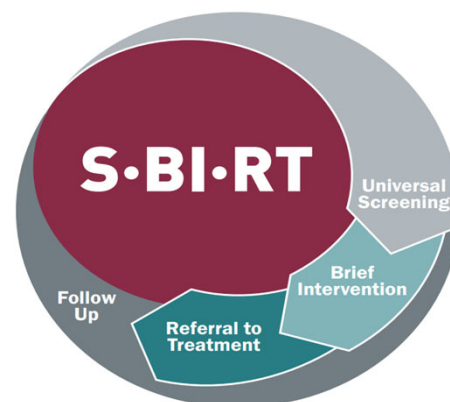
Case example: Screening at Hospital Admission

- Nursing Assessment during Triage/Admission process
- Handoff to attending providers
- NIDA one-question + AUDIT-C
- Includes question about use of cannabis
- Also includes question about access to naloxone

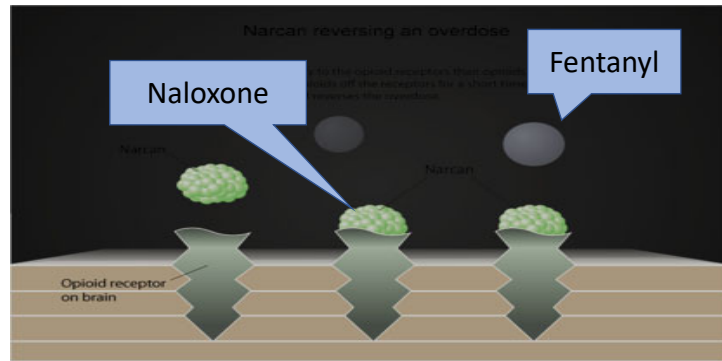


Discussion

- Patient perspectives on screening at hospital admission?
- Provider perspectives?
- Barriers and facilitators?



Facilitating Access to Naloxone for Birthing People in New Hampshire

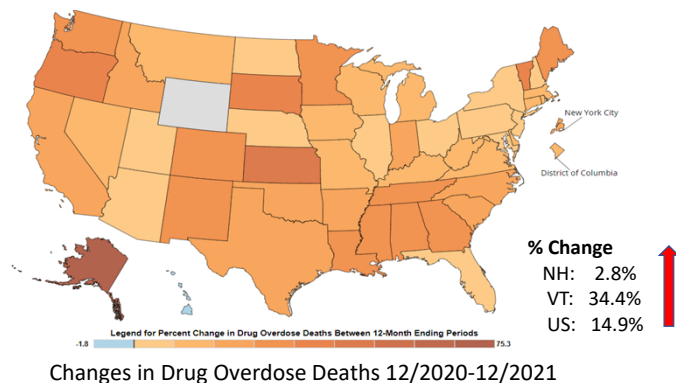


Adapted from: <https://www.drugabuse.gov/related-topics/opioid-overdose-reversal-naloxone-narcan-evzio>



A COVID-19/Overdose Syndemic

96,779 fatal drug overdoses were reported between March 2020 to March 2021



<https://www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm>



AIM CPPSUD Bundle: Readiness

- Provide education to pregnant and postpartum people related to substance use disorder (SUD), naloxone use, harm reduction strategies, and care of infants with in-utero substance exposure.*
- Develop trauma-informed protocols and anti-racist training to address health care team member biases and stigma related to SUDs.
- Provide clinical and non-clinical staff education on optimal care for pregnant and postpartum people with SUD, including federal, state, and local notification guidelines for infants with in-utero substance exposure and comprehensive family care plan requirements.*



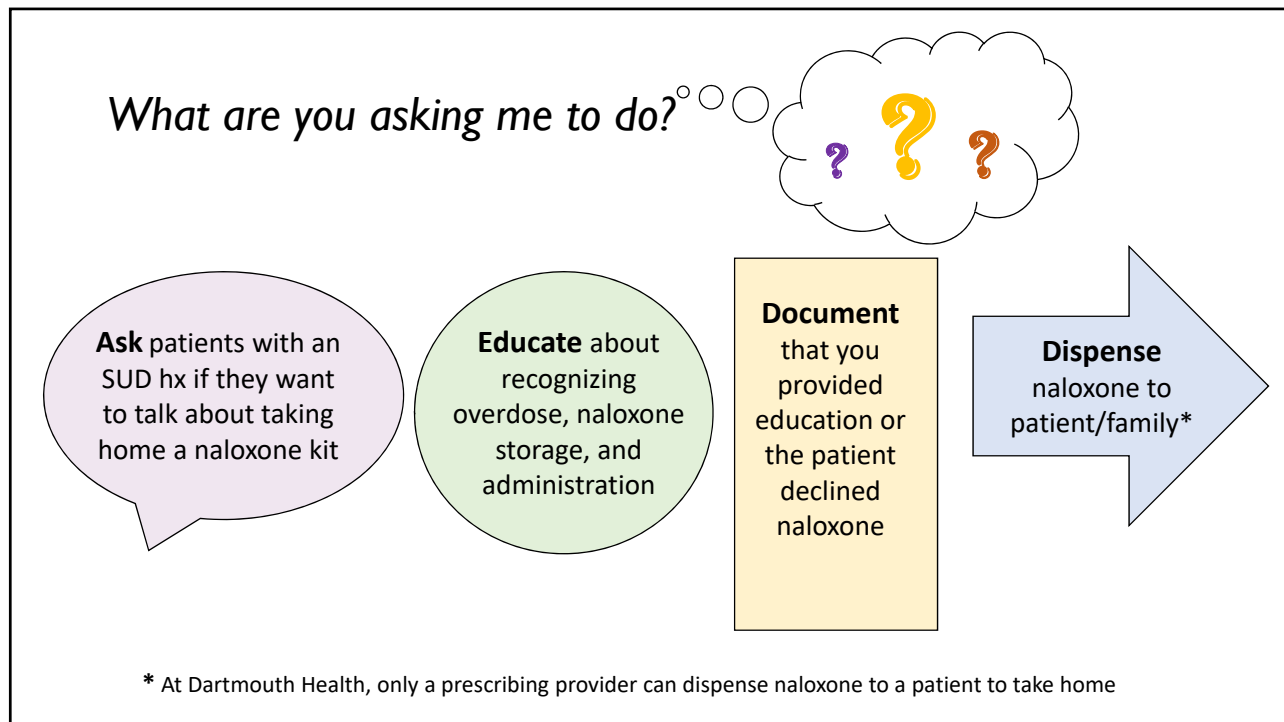
Providing Access to Naloxone

NH-MMRC Recommendations(2018-2021):

Create BC monitoring dashboard for naloxone

- **Add harm reduction and naloxone education**
- Provide education to healthcare teams to reduce stigma against people who use substances
- Standardize perinatal education for women with OUD about increased risk for overdose after period of abstinence
- Provide naloxone kits at discharge from inpatient stay; standardize postpartum d/c instructions
- **Develop Harm Reduction Education including offering naloxone** which includes risk of postpartum relapse and potential for overdose





Who Gets Naloxone?

➤ **Screen** all patients

“Are you or someone you know at risk of witnessing or experiencing an overdose?”

➤ **Scripting**

“Opioid overdose is a serious problem in our communities. Naloxone can reverse an overdose. Would you like to talk to someone about having Naloxone? It can be for friends, family members, yourself or other people in the community.”

Naloxone Education

- Effects of opioids
- Mitigation strategies to reduce the risk of opioid overdose
- Recognizing signs and symptoms of opioid overdose
- Overdose response steps
- Use of naloxone HCL
- Mechanism of action
- When to administer
- How to administer
- Possible side effects
- Proper storage, handling, and disposal
- When and how to get a prescription refill



OPIOID OVERDOSE + PREGNANCY

When overdoses happen, giving naloxone (Narcan®) saves lives - including the lives of pregnant people and their babies

Place the person in the recovery position on their left side to improve blood flow to the placenta.

If you think they have injured their back or neck don't move them.

Call 911

Tell the dispatcher that you are with a pregnant person who is not breathing and you need paramedics.

You do not need to tell them that this may be a drug poisoning or overdose. If you do they may send police officers.

Stay with the person or find someone who can until paramedics arrive.

Tell the responders that the person takes opioids and may have taken too much and overdosed.

Respond to overdose in a pregnant person exactly the same as you would for anyone else.

Academy of Perinatal Harm Reduction www.harmreduction.org
www.perinatalharmreduction.org

NATIONAL HARM REDUCTION COALITION

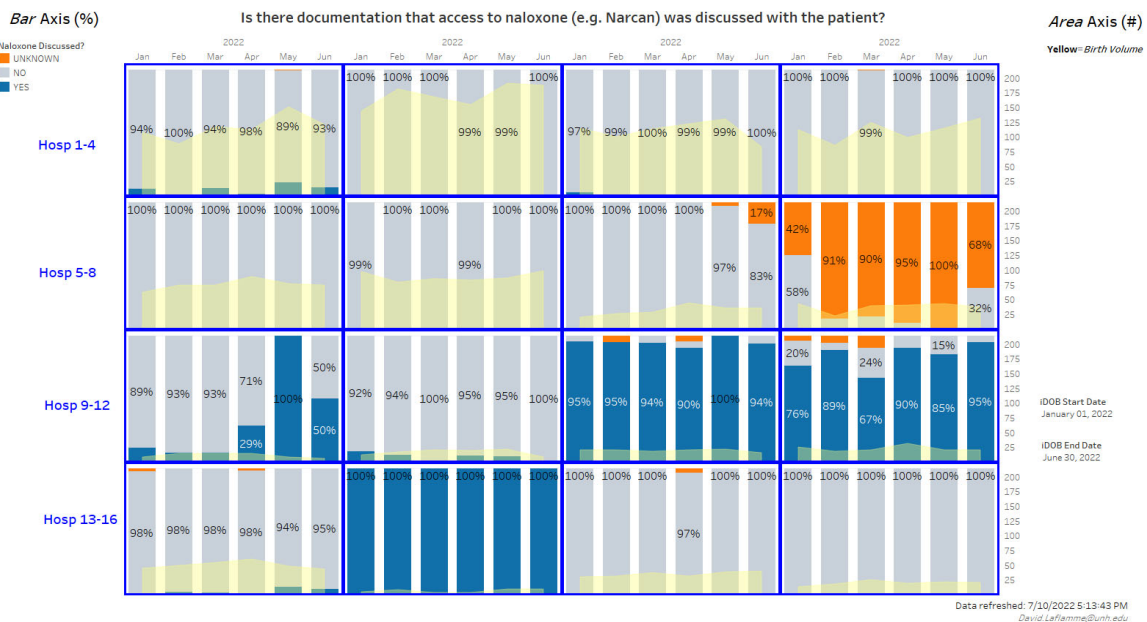
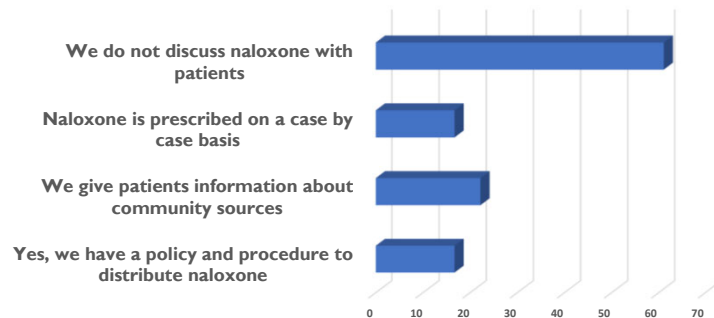
Dispensing (vs administering) Naloxone

- 1) **Nurses and providers** can **educate** patients and families and documents in progress note
- 2) **Either a nurses or provider** can **administer** naloxone
- 3) **Only prescribing providers** can **dispense** naloxone to a patient or family member



Baseline Practice among NH NNEPQIN Members

Do you have a process for ensuring access to naloxone (Narcan) for prenatal/postpartum patients with OUD? [Please check all that apply]



Discussion:

- Patient perspectives?
- Provider perspectives?
- What are the barriers and facilitators of naloxone distribution in your practice setting?

Is someone you know at risk of witnessing or experiencing an opioid overdose?




Opioid overdose is on the rise in our communities.
NARCAN can save lives.

Would you like to talk with someone about taking home NARCAN?

Ask your nurse.

We have **free** NARCAN available.

QR Code for information about NARCAN:



Dartmouth Health Early and Late Connections THE DOORWAY



Group Discussion:



<https://www.istockphoto.com/illustrations/group-discussion>

Next Steps

- *How can the NH-AIM team best support your implementation of AIM bundle recommendations about screening and access to naloxone?*
- Please complete the follow up NH-AIM practice survey before our August meeting!
- REDCap link: <https://redcap.hitchcock.org/redcap/surveys/?s=4FDR9X7EE4>
- Thank you and please keep in touch!
 - Victoria.A.Flanagan@hitchcock.org
 - Daisy.J.Goodman@hitchcock.org



Join us in August 2022 to discuss

- **SUD bundle status update**
- **NH-MMRC recommendations**
- **Choosing the next AIM bundle- what does NH data tell us?**

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Daisy.J.Goodman@hitchcock.org



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