Through collaborative use of improvement science methods, reduce preterm births & improve perinatal and preterm newborn outcomes in Ohio as quickly as possible.
OPQC Mission Statement

Through collaborative use of improvement science methods, reduce preterm births & improve perinatal and preterm newborn outcomes in Ohio as quickly as possible.
The Ohio Perinatal Quality Collaborative

Obstetrics
- 39-Week Scheduled Deliveries without medical indication
- ANCS for women at risk for preterm birth (24\(^0\) - 33\(^6\) /7)
- Increase Birth Data Accuracy & Online modules
- Spread to all maternity hospitals in Ohio

Neonatal
- BSI: High reliability of line maintenance bundle
- Use of human milk in infants 22-29 weeks GA
- Progesterone for Preterm Birth Risk
- Neonatal Abstinence Syndrome
- NICU Grads Project
What is Neonatal Abstinence Syndrome?

Neonatal Abstinence Syndrome (also called NAS) occurs when a baby is exposed to drugs in the womb before birth. A baby can then go through drug withdrawal after birth. NAS most often is caused when a woman takes opioids during pregnancy. – March of Dimes
NAS Statewide Rate per 10k

Source: Ohio Hospital Association
Factors Contributing to Infant Mortality

- Birth defects
- Preterm birth (birth before 37 weeks gestation) and low birth weight
- Maternal complications of pregnancy
- Sudden Infant Death Syndrome (SIDS)
- Injuries (e.g., suffocation)

**Neonatal Abstinence Syndrome** NOT a cause of Infant Mortality in of itself
However...

There is a high incidence of nicotine/cigarette smoking amongst pregnant women whose baby’s are opiate exposed.

How Does Smoking During Pregnancy Harm Maternal Health and that of her baby?

- Women who smoke during pregnancy are more likely than other women to have a miscarriage.
- Smoking can cause problems with the placenta—the source of the baby's food and oxygen during pregnancy. For example, the placenta can separate from the womb too early, causing bleeding, which is dangerous to the mother and baby.
- Smoking during pregnancy can cause a baby to be born too early or to have low birth weight—making it more likely the baby will be sick and have to stay in the hospital longer. A few babies may even die.
- Smoking during and after pregnancy is a risk factor of Sudden Infant Death Syndrome
- Babies born to women who smoke are more likely to have certain birth defects, like a cleft lip or cleft palate.

Source: http://www.cdc.gov/reproductivehealth/maternalinfanthealth/tobaccousepregnancy/index.html
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- Engage families in Safety Planning.
- Provide primary prevention materials to sites.
What are our hospitals testing?

“Steal Shamelessly-Share Seamlessly”

• Pre-delivery tour and classes specific for moms in recovery

• Working with the prenatal outpatient clinic to establish maternal contact prior to hospital admission

• NAS Centering Program

• Bedside multidisciplinary rounds with team and mother

• Follow up contact and survey of our parents hospital stay; how can we improve?

• Tested a tool for nurse use to 'reach out' to family by making a daily phone call to update them on their infant instead of waiting for the mother to call
Project Name: OPQC Neonatal NAS  
Leader: Walsh

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To reduce the number of moms and babies with narcotic exposure, and reduce the need for treatment of NAS.
Improve Consistency in Modified Finnegan Scoring

Key Driver:

Attain high reliability in NAS scoring by nursing staff

Intervention:

Fulltime RN staff at Level 2 and 3 hospitals to complete D’Apolito NAS scoring training video and achieve 90% reliability.

• All sites use same tool
• Train RN staff to 90% reliability in scoring using D’Apolito Training System
• In Pilot work, we were able to see drop in max score when training completed
• OPQC has sent out DVD’s to each site
Importance of Assessment: what are we assessing?

Neonatal Withdrawal

- Onset: 24 hours to days
- Duration: 16 days to months, self limiting

AAP Monitoring Recommendations:

- Minimum 2-3 days for any maternal history of drug use
- 5-7 days if mom on multiple and/or long acting drugs
# Finnegan Scored Items

## Central Nervous System
- Excessive Crying (2-3)
- Sleep (1-3)
- Hyperactive Moro (2-3)
- Tremors (1-4)
- Increased muscle tone (2)
- Excoriation (1)
- Myoclonic jerks (3)
- Convulsions (5)

## Autonomic Nervous System
- Sweating (1)
- Fever (1-2)
- Frequent Yawning (1)
- Mottling (1)
- Nasal Stuffiness (1)
- Sneezing (2)
- Nasal Flaring (2)
- Respiratory rate (1-2)

## Gastrointestinal System
- Excessive sucking (1)
- Poor feeding (2)
- Regurgitation (2)
- Projectile Vomiting (3)
- Stools (2-3)
What are our hospitals testing?

“Steal Shamelessly-Share Seamlessly”

- Have a parent observe and participate when the nurse completes the infant’s scoring.

- Track an additional variable of the infant weight on the Scoring Tool.

- Feed the infant prior to scoring; does this impact the score?

- Increase inter-rater reliability among NICU staff; other sites are working on this with their Post Partum and/or Newborn Nursery nursing staff.
**Key Driver Diagram**

**Project Name:** OPQC Neonatal NAS  
**Leader:** Walsh

### GLOBAL AIM
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### INTERVENTIONS
- **All MD and RN staff to view “Nurture the Mother- Nurture the Child”**
- **Monthly education on addiction care**
- **Fulltime RN staff at Level 2 and 3 to complete D'Apolito NAS scoring training video and achieve 90% reliability.**
- **Swaddling, low stimulation.**
- **Encourage kangaroo care**
- **Feed on demand- MBM if appropriate or lactose free, 22 cal formula**
- **Initiate Rx If NAS score > 8 twice.**
- **Stabilization/ Escalation Phase**
- **Wean when stable for 48 or 72 hrs. (Morphine/Methadone) by 10% daily.**
- **Establish agreement with outpatient program and/or Mental Health**
- **Utilize Early Intervention Services**
- **Collaborate with DHS/ CPS to ensure infant safety.**
- **Engage families in Safety Planning.**
- **Provide primary prevention materials to sites.**
Non-Pharmacological Bundle

Key Driver:

Optimize Non-Pharmacologic Rx Bundle

Intervention:

• Swaddling, low stimulation.
• Encourage kangaroo care
• Feed on demand-
  • MBM if appropriate
Non-Pharmacologic Management of Infants with NAS

Key Driver:

Optimize Non-Pharmacologic Rx Bundle

- Feeding on Demand
  - Breast Milk Feeds *(contraindicated if Mom not in Treatment program/still using illicit drugs/HIV+)*
  - Tested Low Lactose Formula
  - Tested higher kcal/oz feeds
- Swaddling
- Low Stimulation
- Rooming In

Other interventions in the literature:
- Skin-to-Skin/Kangaroo Care
- Rocker Beds
- Massage therapy
- Music therapy
- Aromatherapy (lavender, mother’s scent)
- Color Therapy (B&W more soothing?)
What are other hospitals testing?

“Steal Shamelessly-Share Seamlessly”

• Having the mother rooming-in with the infant.

• Involving Labor & Delivery nurses in non-pharmacological approach; specifically skin to skin contact.

• Cuddling Volunteer Programs for NAS infants.

• Primary Nurse assigned to infant for consistency of care; will this increase the use of non-pharmacological bundle?

• Improving documentation/charting of non-pharmacological activities.
Pharmacological Bundle

Key Driver:

Standardize NAS Treatment Protocol

Intervention:

• Initiate Rx If NAS score > 8 twice.
• Stabilization/ Escalation Phase
• Begin wean when stable for 48hrs
• Discharge home after 48hrs (Morphine) to 72hrs (Methadone)
<table>
<thead>
<tr>
<th><strong>Ohio Potentially Better Protocol</strong></th>
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<tbody>
<tr>
<td><strong>Initiate</strong></td>
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<tr>
<td><strong>Drug</strong></td>
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<td><strong>Escalate</strong></td>
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<td><strong>Stabilize</strong></td>
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<tr>
<td><strong>Wean</strong></td>
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Key Driver:
Connect with outpatient support and treatment program prior to discharge

Intervention:
• Establish agreement with outpatient program and/or Mental Health Services
• Utilize Early Intervention Services

Examples of organizations our hospital teams have partnered with:
• County Drug Courts
• MAT Treatment Centers
• Homeless Shelters (gender specific)
• ADAMHS Board (Alcohol, Drug Addiction and Mental Health Services) throughout the state of Ohio
  • Under Ohio law, the ADAMHS Board is one of 50 Boards coordinating the public behavioral health system in Ohio.
Collaboration with regional Community Resource organizations

Include a listing of available Community Resources in your area.

*What exists?  *Are there barriers or challenges to accessing these Community Resources?

- Crisis nurseries?
- Residential treatment centers?
- Wrap around services?
  - Trauma focused care services
  - Gender specific care
  - Housing

- Please highlight one of the above mentioned Community Resources in your area.

- Include details about the population it serves, benefit to your patients and families, etc.

- Feel free to include pictures, graphs, brochures, personal narratives, etc.

- Please include a PDSA around partnering with a local Community Resource.
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Partner with Families to Establish Safety Plan for Infant
Ohio Counties = 88
Primary Prevention

Key Driver:
Partner with other stakeholders to influence policy and primary prevention.

Intervention:
Provide primary prevention materials to sites.

- Ohio Collaborative to Prevent Infant Mortality (OCPIM) Summit;
- December 4, 2014
NAS Awareness Week in Ohio

**H.B. 465**
136th General Assembly
(As Introduced)

**Rep. Johnson**

**BILL SUMMARY**
- Designates the first week of July as “Neonatal Abstinence Syndrome Awareness Week.”

**CONTENT AND OPERATION**

**Neonatal Abstinence Syndrome Awareness Week**

The bill designates the first week of July as "Neonatal Abstinence Syndrome Awareness Week."  

Neonatal abstinence syndrome (NAS) occurs in newborn babies exposed to addictive drugs while in utero. When a pregnant woman takes addictive illegal or prescription drugs, these substances pass through the placenta to the baby. The baby may become addicted along with the pregnant woman. At birth, the newborn may still be dependent on the addictive drug. Because the newborn is no longer receiving the drug, withdrawal symptoms may occur. Symptoms can begin within one to three days after birth, but may take five to ten days to appear. According to data from the Ohio Department of Mental Health and Addiction Services and the Ohio Department of Health, in 2011, the rate of NAS in Ohio was 88 per 10,000 live births.
Primary Prevention Pieces
Social Media

Neonatal Abstinence Syndrome (NAS) is a significant and growing public health issue, with estimates that one infant is born addicted every hour in the United States. Tiny newborns with NAS suffer withdrawal only hours after entering the world, nauseous, vomiting, and irritable. These early signs may be unnoticed as NAS prior to a physical discharge at 48 hours of life. Infants identified and untreated infants can develop excessive weight loss, growth retardation, and by die in an 18-month period in Ohio, more than 900 newborn infants were identified in Ohio’s newborns and their conditions, which represents only 14% of the newborns in the state (the top of the article). The epidemic is well documented. Increasing, overwhelming cases are seen in systems and public health agencies. In Ohio in 2016, mental health and substance use disorder hospitals incurred more than $7.5 million in healthcare expenses, 1,238 admissions (roughly 3.6 per day) and nearly 19,000 hospital days.

OPQC is committed to improving the care these infants receive through their NAS Project. Here, you can find resources that will explain the problem of NAS in more detail, shed light on maternal addiction, and educate parents on the care of their new baby with NAS.

NAS Project Resources
- Prevention of Opioid-Exposed Infants with NAS: OhioMed and hospital
- Neonatal Abstinence Syndrome: A Guide for Parents (Guideline for patients and families)
- Opioid (Forfia) Family
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Non-Judgmental Support and Compassionate Care

- Vermont Oxford Network DVD “Nurture the Mother, Nurture the Child” provided to all teams
  - harm reduction model of care

- Addiction Education: Addiction as a Chronic Illness

- Patient Panel Presentation; sharing stories
Think about verbiage used to discuss the problem. . . .

“The negative words we use to describe drug addiction -- "clean" vs. "dirty," "patient" vs. "addict" -- can drive some individuals away from the very help they so desperately need. To reduce that stigma, we need to start changing the language for people struggling with a disease.”

– John F. Kelly, MD, associate professor of psychiatry at Harvard Medical School
The White House Office of National Drug Control Policy has drafted a preliminary glossary of suggested language: “dirty” replaced with “actively using”; “clean” replaced with “abstinent”.

Michael Botticelli
Director of Office of National Drug Control Policy
<table>
<thead>
<tr>
<th>Instead of:</th>
<th>Try:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Addict</td>
<td>Person with a substance use disorder</td>
</tr>
<tr>
<td></td>
<td>Person with a serious substance use disorder</td>
</tr>
<tr>
<td>Addicted to X</td>
<td>Has an X use disorder</td>
</tr>
<tr>
<td></td>
<td>Has a serious X use disorder</td>
</tr>
<tr>
<td></td>
<td>Has a substance use disorder involving X (if more than one substance is involved)</td>
</tr>
<tr>
<td>Addiction</td>
<td>Substance use disorder</td>
</tr>
<tr>
<td></td>
<td>Serious substance use disorder</td>
</tr>
<tr>
<td></td>
<td>• Note: Addiction is appropriate when quoting findings or research that used the term or if it is a proper name of an organization. It is also appropriate when speaking of the disease process that leads to someone developing a substance use disorder that includes compulsive use (for example: “the field of addiction medicine” or “the science of addiction”.</td>
</tr>
<tr>
<td>Clean</td>
<td>Abstinent</td>
</tr>
<tr>
<td>Clean Screen</td>
<td>Substance-free</td>
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<tr>
<td></td>
<td>Testing negative for a substance use</td>
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<tr>
<td>Dirty</td>
<td>Actively using</td>
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<tr>
<td></td>
<td>Positive for substance use</td>
</tr>
<tr>
<td>Dirty Screen</td>
<td>Testing positive for substance abuse</td>
</tr>
<tr>
<td>Drug Habit</td>
<td>Substance use disorder</td>
</tr>
<tr>
<td></td>
<td>Compulsive or regular substance abuse</td>
</tr>
<tr>
<td>Drug/Substance</td>
<td>Person with a substance use disorder</td>
</tr>
<tr>
<td>Abuser</td>
<td>Person who uses drugs (if not qualified as a disorder)</td>
</tr>
<tr>
<td>Former Addict</td>
<td>Person in recovery</td>
</tr>
<tr>
<td>Opioid Replacement</td>
<td>Medication assisted treatment</td>
</tr>
<tr>
<td></td>
<td>Medication assisted recovery</td>
</tr>
</tbody>
</table>
This resource is focused on people’s attitudes towards alcohol and other drug use and is designed to encourage health professionals to explore and evaluate their attitudes towards drug users - particularly perceptions about a client’s or patient’s deservingness of medical care.
Attitude Measures Survey

- To what extent are adverse life circumstances likely to be responsible for a person's problematic drug use?

- To what extent is an individual personally responsible for their problematic drug use?

- To what extent do you feel angry towards people using drugs?

- To what extent do you feel disappointed towards people using drugs?

- To what extent do you feel sympathetic towards people using drugs?

- To what extent do you feel concerned towards people using drugs?

- To what extent do people who use drugs deserve the same level of medical care as people who don't use drugs?
Attitude Measurement: Brief Scales Analysis

• Surveys were analyzed using a mixed model looking at differences in mean responses per time point by site while accounting for the difference in response volume by site.

• Adjusted means from the mixed model are compared across all time points while adjusting for multiple comparisons (3 total comparisons).

• Sites were excluded if there were not at least 5 responses for each time point in order to have a high enough volume to characterize responses at each site.
To what extent do you feel angry towards people using drugs?

- 1 = Not at all angry
- 5 = Very angry

Legend:
- Blue circles: Site Means Timepoint 1 (n=6-127)
- Purple circles: Site Means Timepoint 2 (n=6-174)
- Green circles: Site Means Timepoint 3 (n=7-233)
- Adjusted Mean Timepoint 1 (2.41)
- Adjusted Mean Timepoint 2 (2.27)
- Adjusted Mean Timepoint 3 (2.29)
OPQC NAS Project
Attitudes Survey

To what extent is an individual personally responsible for their problematic drug use?
To what extent do you feel disappointed towards people using drugs?

1 = Not at all disappointed, 5 = Very disappointed

- Site Means Timepoint 1 (n=6-127)
- Site Means Timepoint 2 (n=6-174)
- Site Means Timepoint 3 (n=7-233)
- Adjusted Mean Timepoint 1 (3.11)
- Adjusted Mean Timepoint 2 (2.92)
- Adjusted Mean Timepoint 3 (2.95)
To what extent are adverse life circumstances likely to be responsible for a person's problematic drug use?
OPQC NAS Project
Attitudes Survey

To what extent do you feel sympathetic towards people using drugs?

Desired Direction of Change

1 = Not at all sympathetic, 5 = Very sympathetic

De-identified Sites

- Site Means Timepoint 1 (n=6-127)
- Site Means Timepoint 2 (n=6-174)
- Site Means Timepoint 3 (n=7-233)

Adjusted Mean Timepoint 1 (2.95)
Adjusted Mean Timepoint 2 (3.13)
Adjusted Mean Timepoint 3 (3.14)
To what extent do people who use drugs deserve the same level of medical care as people who don't use drugs?
OPQC NAS Project
Attitudes Survey

To what extent do you feel concerned towards people using drugs?

1 = Not at all concerned, 5 = Very concerned

De-identified Sites

- Site Means Timepoint 1 (n=6-127)
- Site Means Timepoint 2 (n=6-174)
- Site Means Timepoint 3 (n=7-233)
- Adjusted Mean Timepoint 1 (4.15)
- Adjusted Mean Timepoint 2 (4.13)
- Adjusted Mean Timepoint 3 (4.19)
In closing…

Supportive non-judgmental care for the mother with perinatal substance use and her baby can…

• foster a nurturing and trusting relationship between mother, infant and the medical team
• and encourage a continued team-approach care for the mother-infant dyad…

…in the hope of promoting healthier babies!
Questions/Comments

ANY QUESTIONS?
The OPQC NAS Project is funded by The Ohio Department of Medicaid