Prenatal Education for Families Affected by Opioid Use Disorder in Vermont

Perinatal Quality Collaborative-Vermont Learning Webinar Series

Improving Care for Opioid Exposed Newborns (ICON) Statewide Call

October 12, 2021

VERMONT DEPARTMENT OF HEALTH

VCHIP Vermont Child Health Improvement Program UNIVERSITY OF VERMONT LARNER COLLEGE OF MEDICINE

Disclosures

We have no relevant financial relationships to disclose or conflicts of interest to resolve.

Objectives

1. Review current perinatal education approaches use in Vermont clinical care settings to support families affected by OUD
2. Identify potential best prenatal education practices for families affected by OUD
3. Share common experiences educating families about OUD
4. Discuss barriers to optimal education for families affected by OUD and potential solutions

Improving Preparedness for the Newborn Hospitalization Among Families of Opioid-Exposed Newborns

Molly Rideout MD & Adrienne Pahl MD

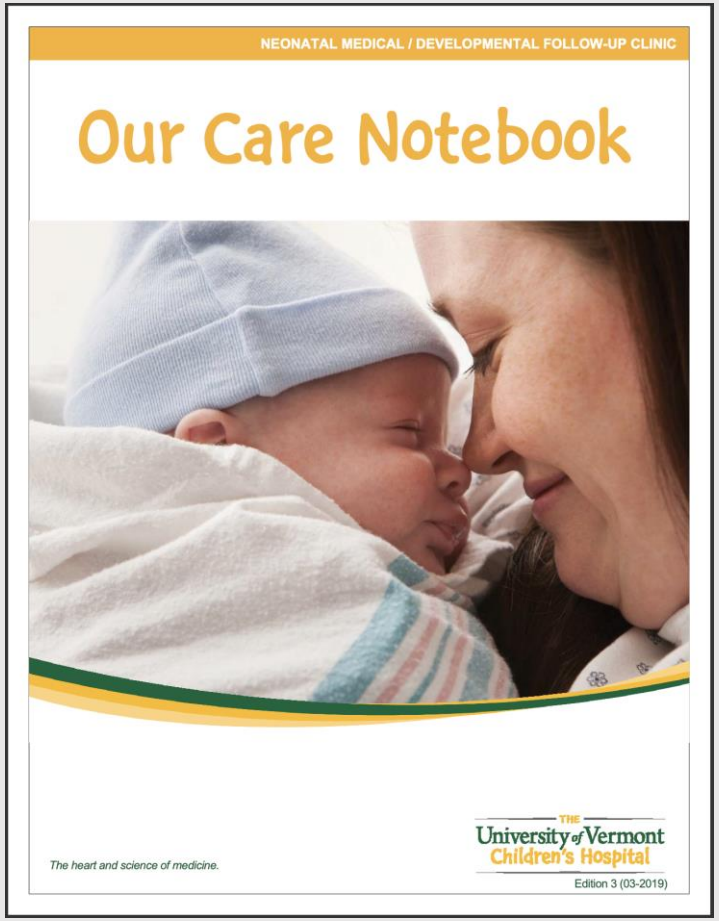
University of Vermont Children's Hospital

Background

- Nursing staff at UVMMC anecdotally noted that families seemed unprepared for duration of stay and degree of parental involvement
- Quality Improvement Team came together to develop ideas for change
- Gathered input from focus groups and nursing / family surveys
- Plan for enhanced education and ongoing surveys to see if changes result in improved preparedness of families

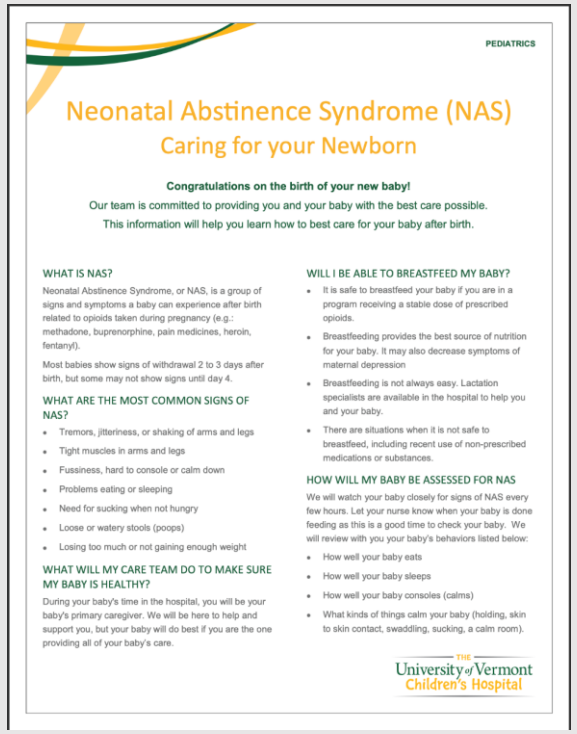
Our Care Notebook

- Available in several obstetric practices and on the Mother Baby Unit at UVMMC
- Published by NeoMed Clinic
- 44 pages (~20 pages are family stories / space for notes)



Handout

- Available on the Mother-Baby Unit
- Included in Our Care Notebook
- Focuses on hospital care of an opioid exposed newborn



PEDIATRICS

Neonatal Abstinence Syndrome (NAS)
Caring for your Newborn

Congratulations on the birth of your new baby!

Our team is committed to providing you and your baby with the best care possible.
This information will help you learn how to best care for your baby after birth.

WHAT IS NAS?

Neonatal Abstinence Syndrome, or NAS, is a group of signs and symptoms a baby can experience after birth related to opioids taken during pregnancy (e.g.: methadone, buprenorphine, pain medicines, heroin, fentanyl).

Most babies show signs of withdrawal 2 to 3 days after birth, but some may not show signs until day 4.

WHAT ARE THE MOST COMMON SIGNS OF NAS?

- Tremors, jitteriness, or shaking of arms and legs
- Tight muscles in arms and legs
- Fussiness, hard to console or calm down
- Problems eating or sleeping
- Need for sucking when not hungry
- Loose or watery stools (poops)
- Losing too much or not gaining enough weight

WHAT WILL MY CARE TEAM DO TO MAKE SURE MY BABY IS HEALTHY?

During your baby's time in the hospital, you will be your baby's primary caregiver. We will be here to help and support you, but your baby will do best if you are the one providing all of your baby's care.

WILL I BE ABLE TO BREASTFEED MY BABY?

- It is safe to breastfeed your baby if you are in a program receiving a stable dose of prescribed opioids.
- Breastfeeding provides the best source of nutrition for your baby. It may also decrease symptoms of maternal depression
- Breastfeeding is not always easy. Lactation specialists are available in the hospital to help you and your baby.
- There are situations when it is not safe to breastfeed, including recent use of non-prescribed medications or substances.

HOW WILL MY BABY BE ASSESSED FOR NAS

We will watch your baby closely for signs of NAS every few hours. Let your nurse know when your baby is done feeding as this is a good time to check your baby. We will review with you your baby's behaviors listed below:

- How well your baby eats
- How well your baby sleeps
- How well your baby consoles (calms)
- What kinds of things calm your baby (holding, skin to skin contact, swaddling, sucking, a calm room).

THE University of Vermont Children's Hospital

HOW CAN I BEST HELP MY BABY?

- ***Be with your baby as much as possible:*** One of the best things you can do is to keep your baby with you in your room as much as possible. Being close to your baby helps you learn your baby's cues and respond quickly to your baby's needs. Your baby will feel safest and most comfortable when close to you.
- ***Skin to skin:*** When you are awake, spend as much time "skin to skin" with your baby as you can. This helps your baby eat and sleep better, and will help calm your baby. It can also help decrease other symptoms of NAS. It also helps your milk supply when breastfeeding.
- ***Swaddle / Cuddle:*** Hold your baby or swaddle your baby in a light blanket. Just being close to someone, or "tucked" in a swaddle, helps your baby feel safe and comfortable.
- ***A calm room:*** Keep your room calm and quiet with the lights low. Loud noises and bright lights may upset your baby.
- ***Feed at early hunger cues:*** Feed your baby whenever your baby is hungry and until content, at least every 3 hours. Early signs of hunger include lip licking or smacking, hand or finger sucking, and moving the head quickly side to side.
- ***Sucking:*** If your baby still wants to suck after a good feeding, offer a finger or pacifier to suck on. This can be very comforting for your baby. Always make sure your baby is not hungry first!
- ***Limit visitors:*** Try to have only one or two visitors in your room at a time as more may make your baby fussy or not sleep as well.

We look forward to working with you to help you and your baby have the best care possible.

If you have any questions about any of this information, please ask your pediatrician, the NeoMed Clinic staff, a social worker or a nurse caring for your baby.

Informational pamphlet adapted from a pamphlet developed by the Children's Hospital at Dartmouth-Hitchcock.

IF MY BABY DOES NOT NEED MEDICINE, WHEN CAN WE GO HOME?

Your baby's care team will help decide when it is safe for your baby to go home. We will need to watch your baby for at least 4 days (96 hours) in the hospital to make sure there are no significant signs of NAS. You will be ready to go home when your baby is easy to console (calm down), sleeping well, and feeding well with appropriate weight. Your baby should also be able to maintain a healthy temperature, heart rate, and breathing.

WHAT HAPPENS IF MY BABY NEEDS MEDICINE TO TREAT WITHDRAWAL?

- Babies who need medicine to treat NAS will be monitored in the neonatal intensive care unit (NICU) or pediatric unit.
- If your baby needs medicine for NAS, it will be with methadone. Some babies only need 1 or a few doses of methadone, and others need to continue methadone at home. It may take a few days to find the right dose of methadone for your baby.
- If your baby received methadone, after going home your baby will be seen in the NeoMed Clinic in the Children's Specialty Center .

IS IT SAFE TO HAVE A VOLUNTEER CUDDLER HOLD MY BABY?

- Cuddlers are a group of volunteers who have been specifically trained to hold and comfort babies under nurse supervision. Cuddlers are also trained in handwashing, infection prevention and confidentiality. They do not provide medical care, deliver medications, feed, transfer-or walk with babies.

UVMHealth.org/childrens

Let's have a conversation about

OPIOIDS DURING PREGNANCY

and beyond

VERMONT DEPARTMENT OF HEALTH

https://www.healthvermont.gov/sites/default/files/documents/pdf/adap_1MC_OpioidsFactSheet.pdf

PEOPLE WHO ARE PREGNANT, TRYING TO GET PREGNANT OR BREASTFEEDING

are encouraged to not use opioids for the health of their baby. Opioids are often prescribed for pain management and, when not taken as prescribed are highly addictive substances. Before taking opioids, talk to your healthcare professional about the risks, benefits and if you may be or are planning to be pregnant. While this conversation is critical for anyone taking opioids, it's also good to know some of the facts so you can go in well informed. To help, here are some answers to your most common questions. This way you have the latest information about opioids and pregnancy risks to inform that next conversation with your provider.

IS ANY AMOUNT SAFE?

There is no known safe amount of opioid use during pregnancy. Opioids are strong narcotics and use always carries a risk. However, patients prescribed medication or who may have a substance use disorder should always speak with their healthcare professional for the safest way to manage opioid use during pregnancy.

HOW CAN IT AFFECT MY BABY?

Opioid use during pregnancy can cause miscarriages, premature birth, preeclampsia, respiratory depression, low birth weight and neurobehavioral problems. Newborns can also suffer withdrawal symptoms, including hypersensitivity and hyper irritability, tremors, vomiting, respiratory difficulties, poor sleep, and low-grade fevers. Newborns with this neonatal abstinence syndrome (NAS) often require hospitalization and treatment, including medication (usually morphine) as their bodies adapt to being opioid free.

I USED BEFORE I KNEW I WAS PREGNANT, IS THAT A PROBLEM?

If you used opioids in the first weeks of pregnancy, chances are good that no harm was done. But if you're having trouble not using, you should seek help.

WHAT IF THEY WERE PRESCRIBED?

If your doctor has prescribed opioids for pain maintenance and you follow prescription instructions, you shouldn't just stop taking them when you become pregnant. Talk to your healthcare professional to be sure you still need the prescription and any risks associated with stopping.

ARE MAINTENANCE TREATMENT PROGRAMS SAFER?

When combined with prenatal care and a drug treatment program, Methadone and other maintenance programs can improve many of the negative effects associated with opioid addiction and the chances of a healthy birth.

ARE THERE ANY SUGGESTIONS FOR SELF CARE?

With opioids, self care is not recommended. The risks associated with withdrawals is too great for both you and your baby. Seek help from a healthcare professional.

HOW ABOUT BREASTFEEDING?

A person with an opioid substance use disorder who breastfeeds exposes the infant to increased risk to harmful effects, including respiratory depression, lethargy, trouble feeding and withdrawal symptoms such as tremors and high-pitched screaming. However, if medication was prescribed for pain moderation– as in the case of a Caesarian birth or other issue– and is taken exactly as directed, these risks are fairly low. Patients in treatment for opioid use are also encouraged to breastfeed as breastfeeding has shown improved outcomes for infants with NAS.

WILL OPIOIDS BE IN MY BREAST MILK?

Opioids are transferred to a baby through breast milk. This can cause lethargy and respiratory depression. But breastfed infants with NAS have a decreased need for pharmacological treatment and tend to have shorter hospital stays than formula-fed infants with NAS.

WHERE CAN I FIND HELP?

Call 2-1-1, visit VTHelpLink.org or 802.565.LINK (5465) or

For more information, there's no better resource than your healthcare professional. Remember, they're not there to judge. They're there to help you have the healthiest pregnancy possible. Keep the conversation going.

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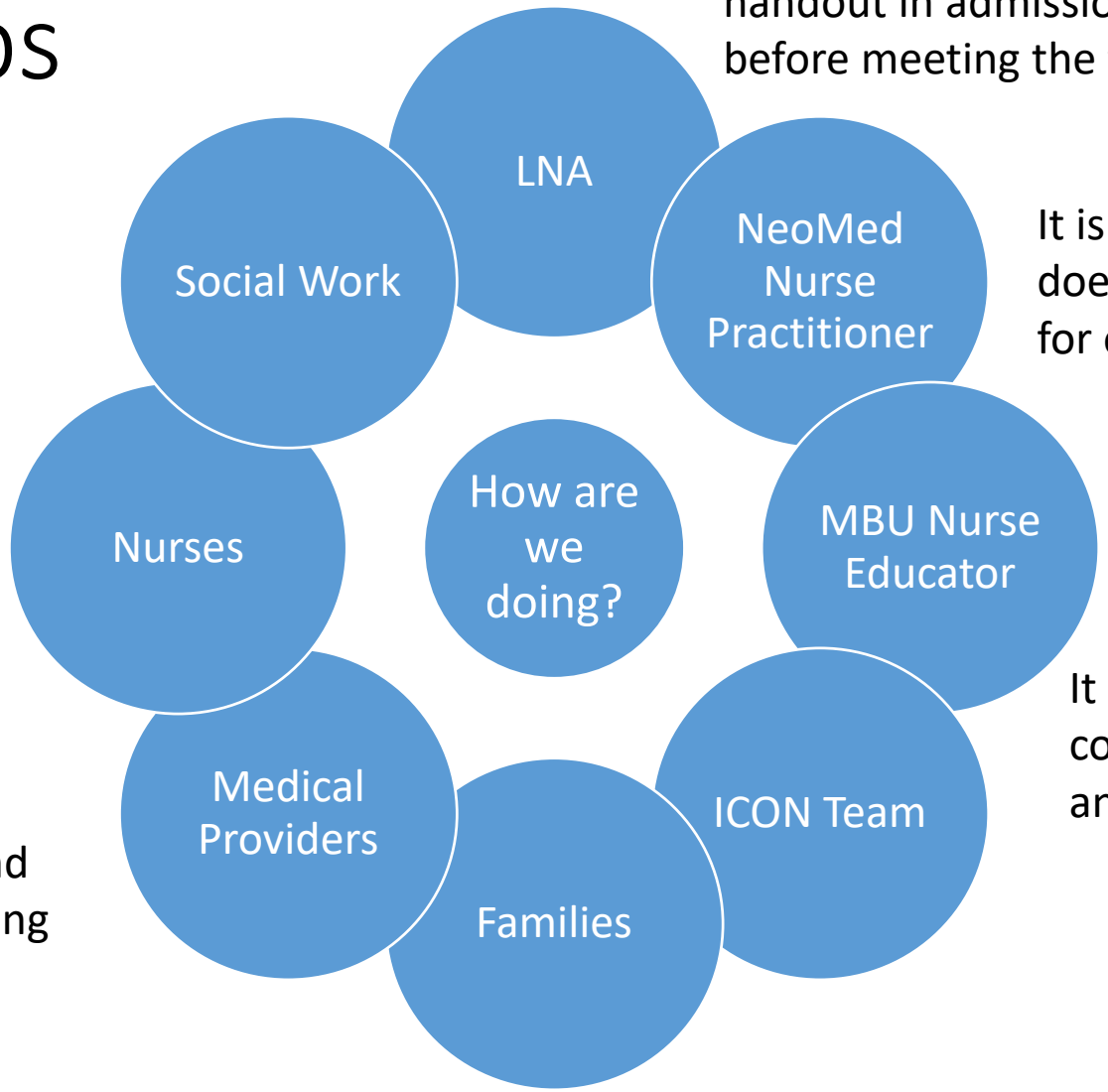
one more conversation can make the difference

Focus groups

Privacy concerns about putting handout in admission packet before meeting the family



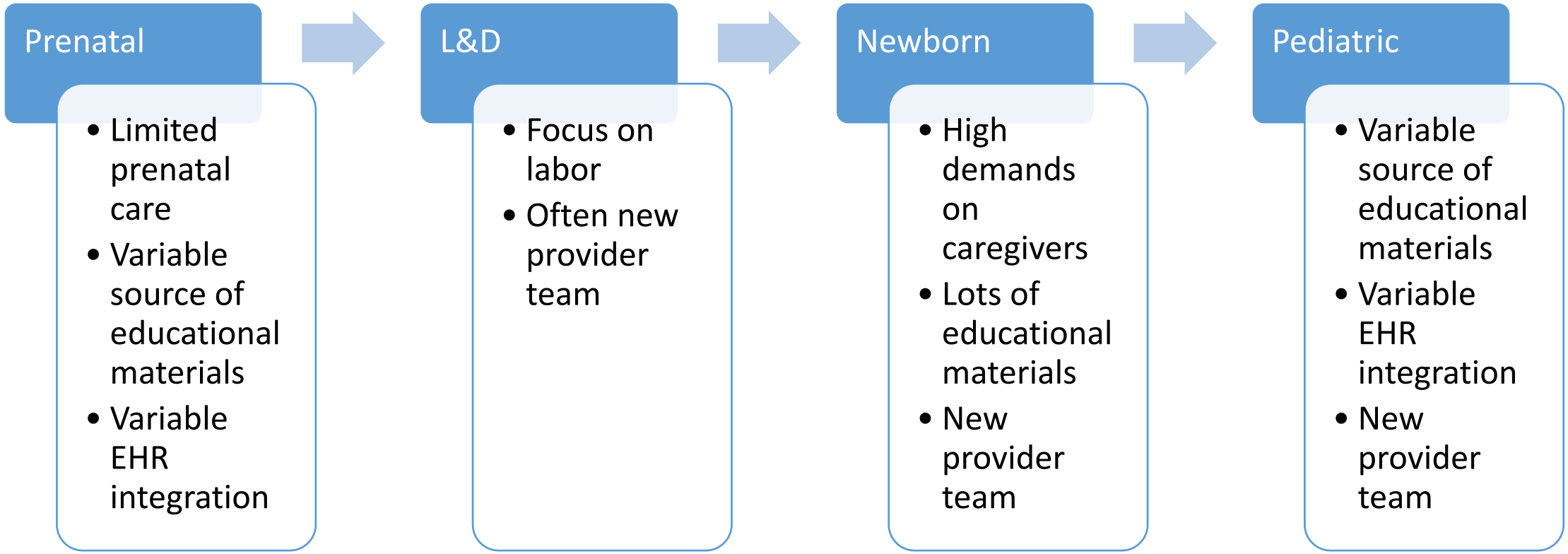
It is challenging when a family does not show up or is only seen for one visit

If a family received Our Care Notebook, they often don't bring it to the hospital

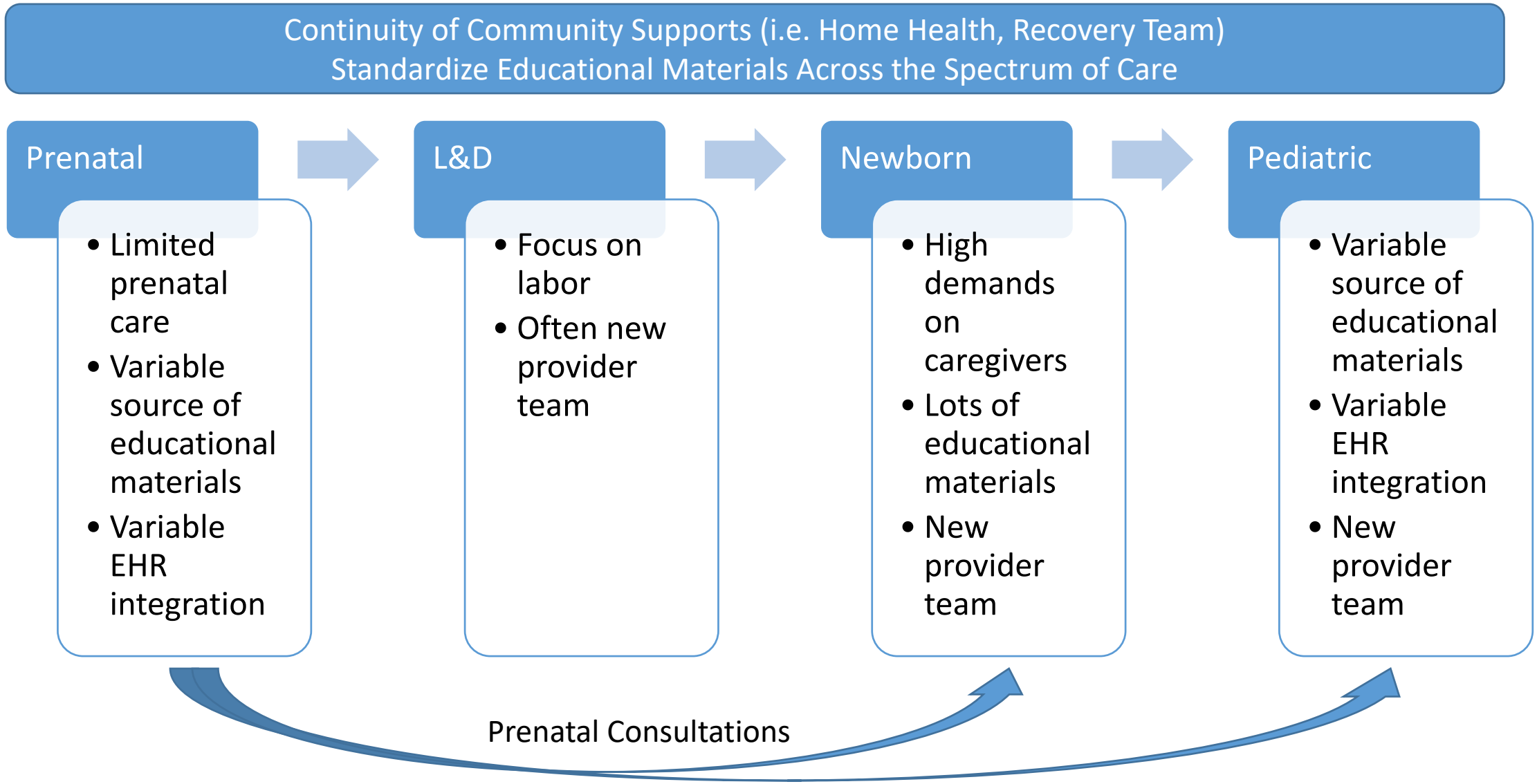
It is challenging to schedule and coordinate virtual consultations and tours in the Mother Baby Unit

Identification of families and communication is challenging

Process: Potential Challenges



Process: Opportunities



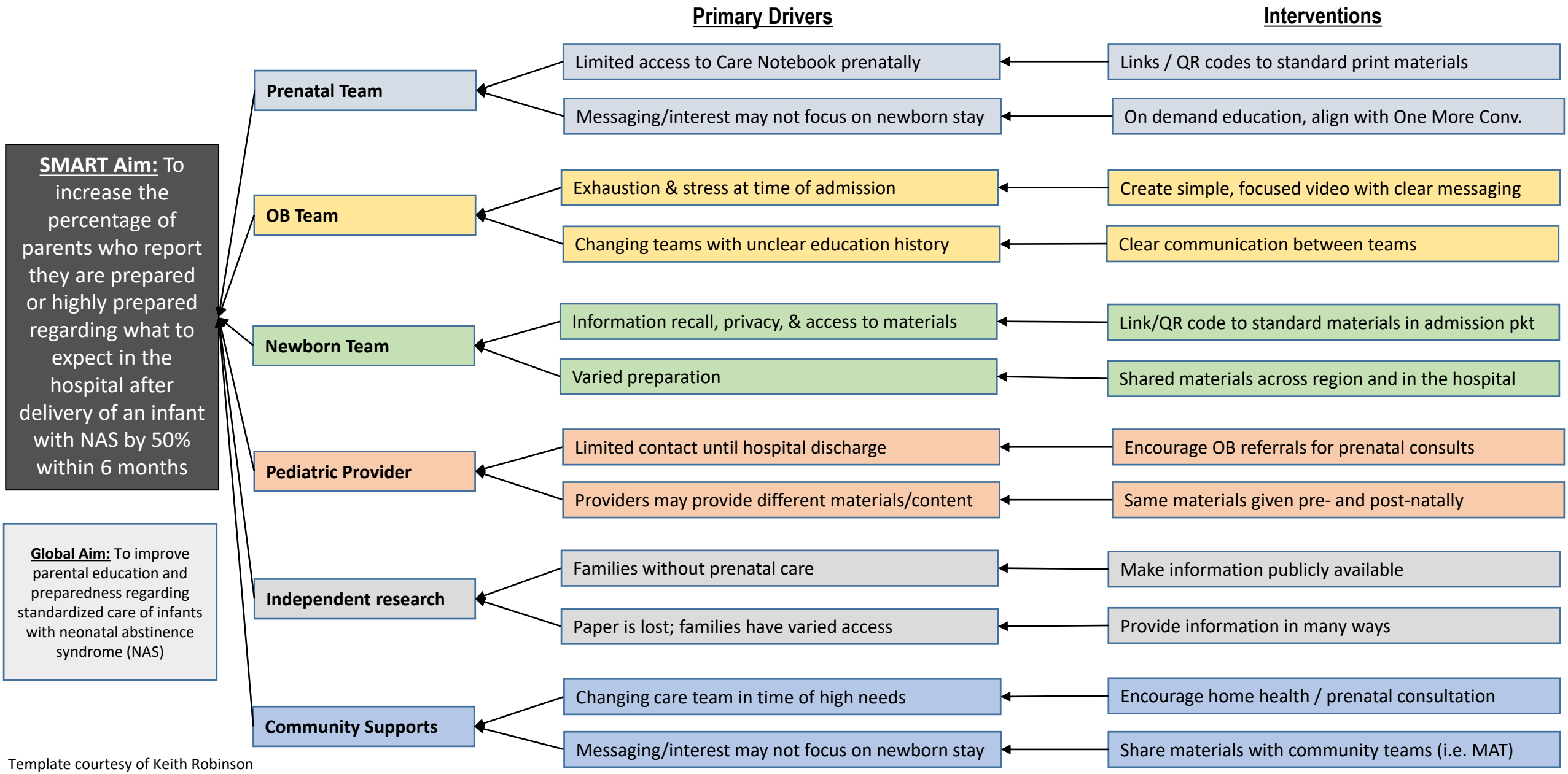
Quality Improvement Framework

- Team
  - Adrienne Pahl (NICU), Molly Rideout (NBN), Kayla Panko (nurse educator MBU), Katherine Ruggerio (SW MBU), Rachel Wayne (medical student)

- Aims-
  - Global Aim: To improve parental education and preparedness regarding standardized care of infants with neonatal abstinence syndrome (NAS).

  - Project Aim: To increase the percentage of parents who report they are prepared or highly prepared regarding what to expect in the hospital after delivery of an infant with NAS by 50% within 6 months.

Key Driver Diagram



Template courtesy of Keith Robinson

Ideas for Change

1. Create short video option for education about what to expect

2. Make materials universally available to all families
   - Put One Care notebook on a website and link to QR code
   - Put info Handout on website and link to QR code
   - Put video on website and link to QR code
   - Encourage use regionally, not just at UVMMC

3. Bridge the gaps with enhanced communication between care teams
   - Increase OB referrals to pediatrics for prenatal consultations
   - Maximize engagement with community providers who have continuity
   - Standardize transfer of information about supports through use of the POSC

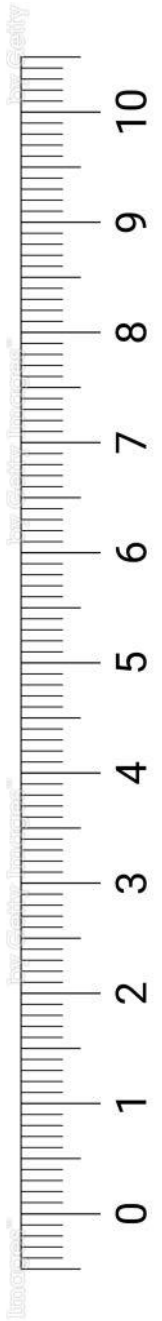
How will we know the change is an improvement?

- Primary Outcome Measures:
  - Parental perception of preparation
    - Percent of parents that felt prepared or highly prepared regarding the postnatal hospitalization
  - Nurse perception of parental preparation
    - Estimate of overall level of preparedness of families regarding the postnatal hospitalization on 6-point Likert scale
- Surveys:
  - Family surveys – ongoing- social work and study team- started Aug 2021
  - Nurse surveys- quarterly- one cycle so far

Other measures

- Process measures
  - Number of times: materials accessed and/or downloaded
  - Number of times video was accessed
  - Video ratings via survey- quality and effectiveness
  - Number of prenatal referrals

- Balancing measures
  - Nurse and parent survey fatigue
  - Time spent by social workers and team to administer surveys
  - Time needed to edit and upload educational materials
  - Administrative time to develop/implement system of prenatal referrals



Family Surveys

Date _____

Family Survey

As you answer the following questions, think about when you arrived at the hospital and how prepared you felt for the care of your baby related to opioid exposure. Think about how prenatal visits, pamphlets, websites, or other materials may have prepared you.

1. How prepared were you about what to expect during your hospital stay? (Check 1)
   - ☐ Highly unprepared
   - ☐ Unprepared
   - ☐ A little unprepared
   - ☐ A little prepared
   - ☐ Prepared
   - ☐ Highly prepared

2. Check the topics that you felt prepared for. (Check all that apply)
   - ☐ how long your baby would need to stay in the hospital
   - ☐ how involved you would be in your baby's care
   - ☐ how to tell if your baby is having withdrawal symptoms
   - ☐ how to help your baby feel comfortable
   - ☐ what would happen if your baby needed medication
   - ☐ how to get support with breastfeeding

3. What materials did you use to prepare? (Check all that apply)

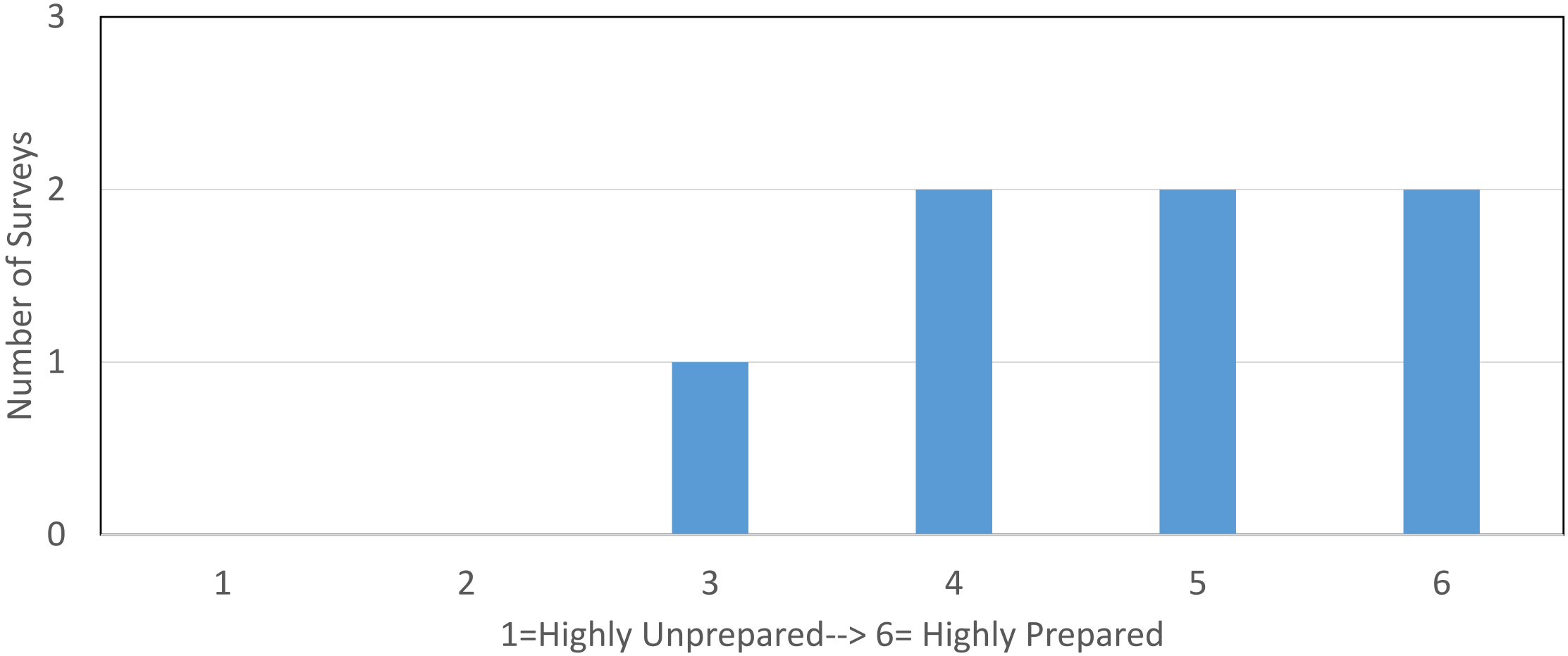
Materials	Check (X) if you used this	Check (X) if this would have been helpful
Paper Information (such as Our Care Notebook)	☐	☐
Website Links	☐	☐
Video	☐	☐
Medical Appointment (in person, phone, or video)	☐	☐
Peer support group	☐	☐
Friend or family member	☐	
None of these	☐	

What materials were the most helpful to you (optional)?

_____

_____

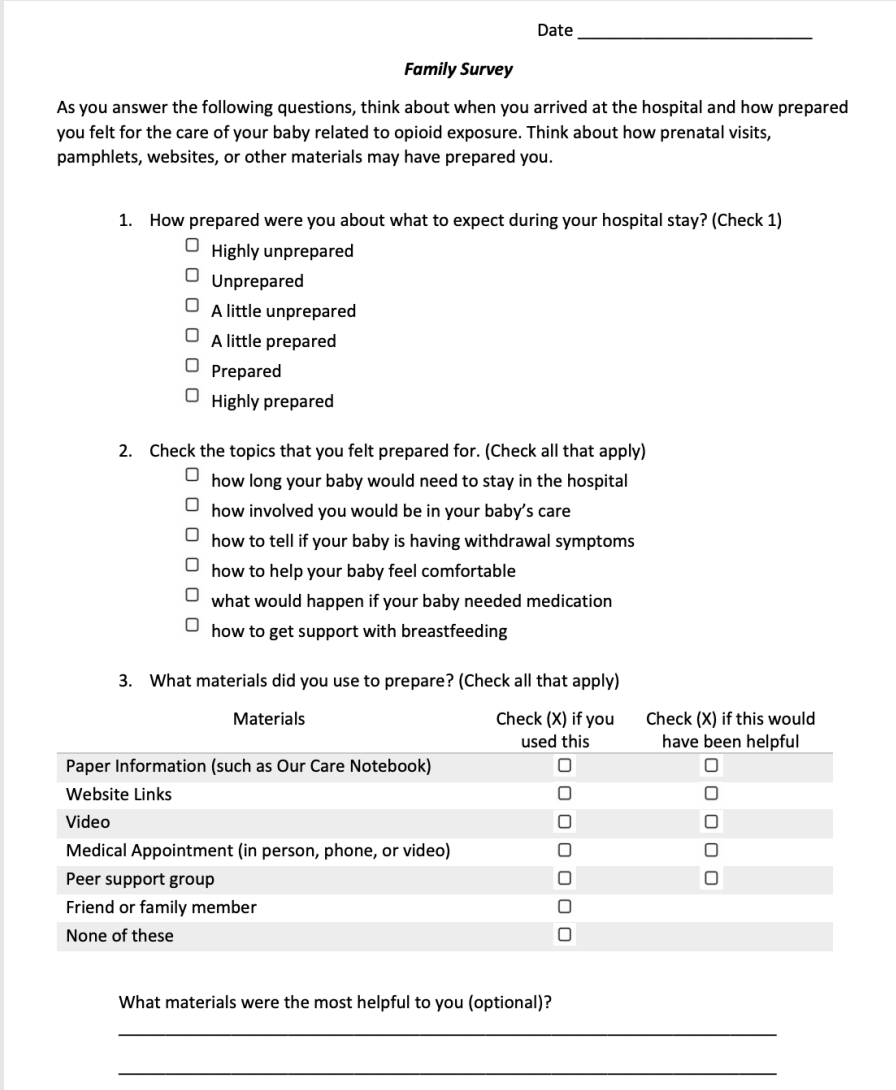
Family Survey: How prepared were you for what to expect during the hospitalization following the birth of your baby? (n=7)



Family Surveys (n=7)

- Most commonly used to prepare:
  - Medical appointments (most helpful)
  - Also: paper materials, friend/family

- Least commonly reported to prepare:
  - Peer support group
  - One comment: peer support groups would be helpful



Date _____

Family Survey

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1. How prepared were you about what to expect during your hospital stay? (Check 1)
   - ☐ Highly unprepared
   - ☐ Unprepared
   - ☐ A little unprepared
   - ☐ A little prepared
   - ☐ Prepared
   - ☐ Highly prepared

2. Check the topics that you felt prepared for. (Check all that apply)
   - ☐ how long your baby would need to stay in the hospital
   - ☐ how involved you would be in your baby's care
   - ☐ how to tell if your baby is having withdrawal symptoms
   - ☐ how to help your baby feel comfortable
   - ☐ what would happen if your baby needed medication
   - ☐ how to get support with breastfeeding

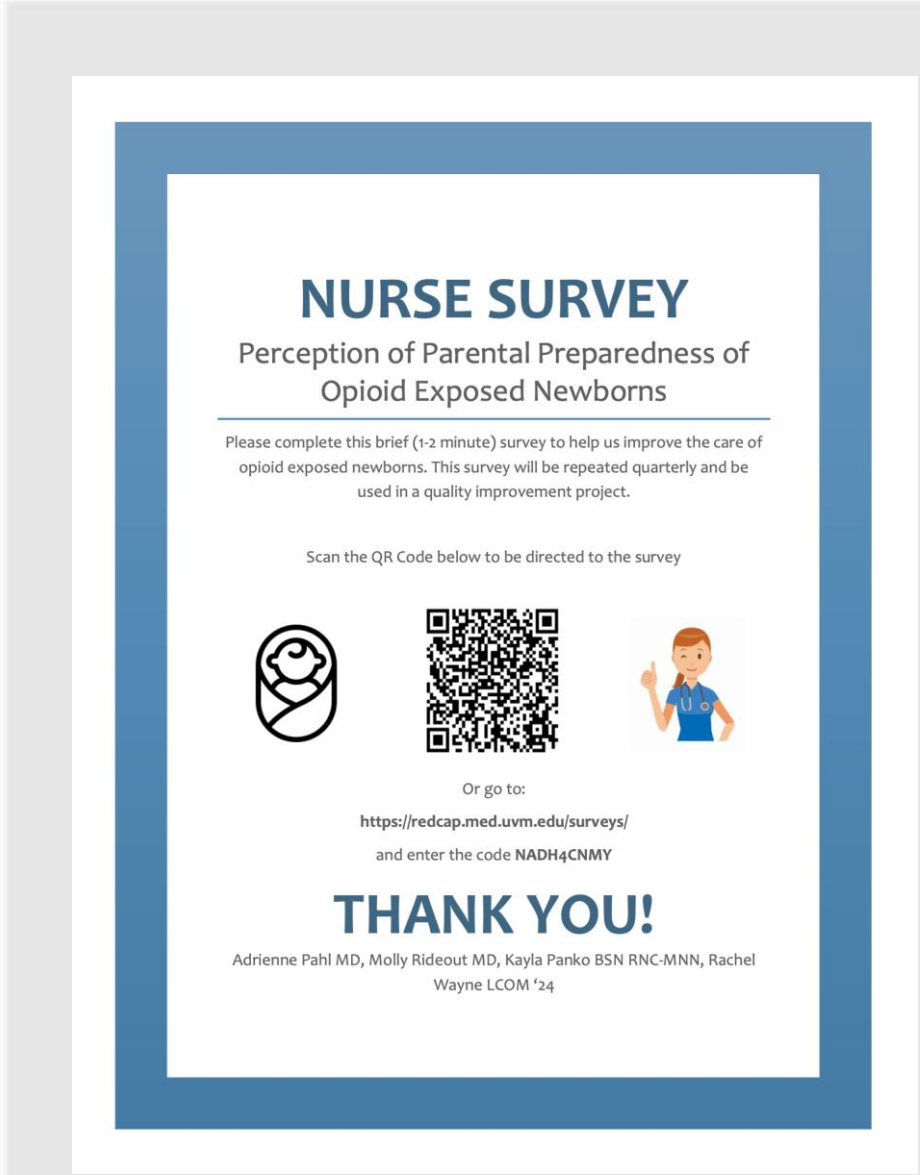
3. What materials did you use to prepare? (Check all that apply)

Materials	Check (X) if you used this	Check (X) if this would have been helpful
Paper Information (such as Our Care Notebook)	☐	☐
Website Links	☐	☐
Video	☐	☐
Medical Appointment (in person, phone, or video)	☐	☐
Peer support group	☐	☐
Friend or family member	☐	
None of these	☐	

What materials were the most helpful to you (optional)?

_____

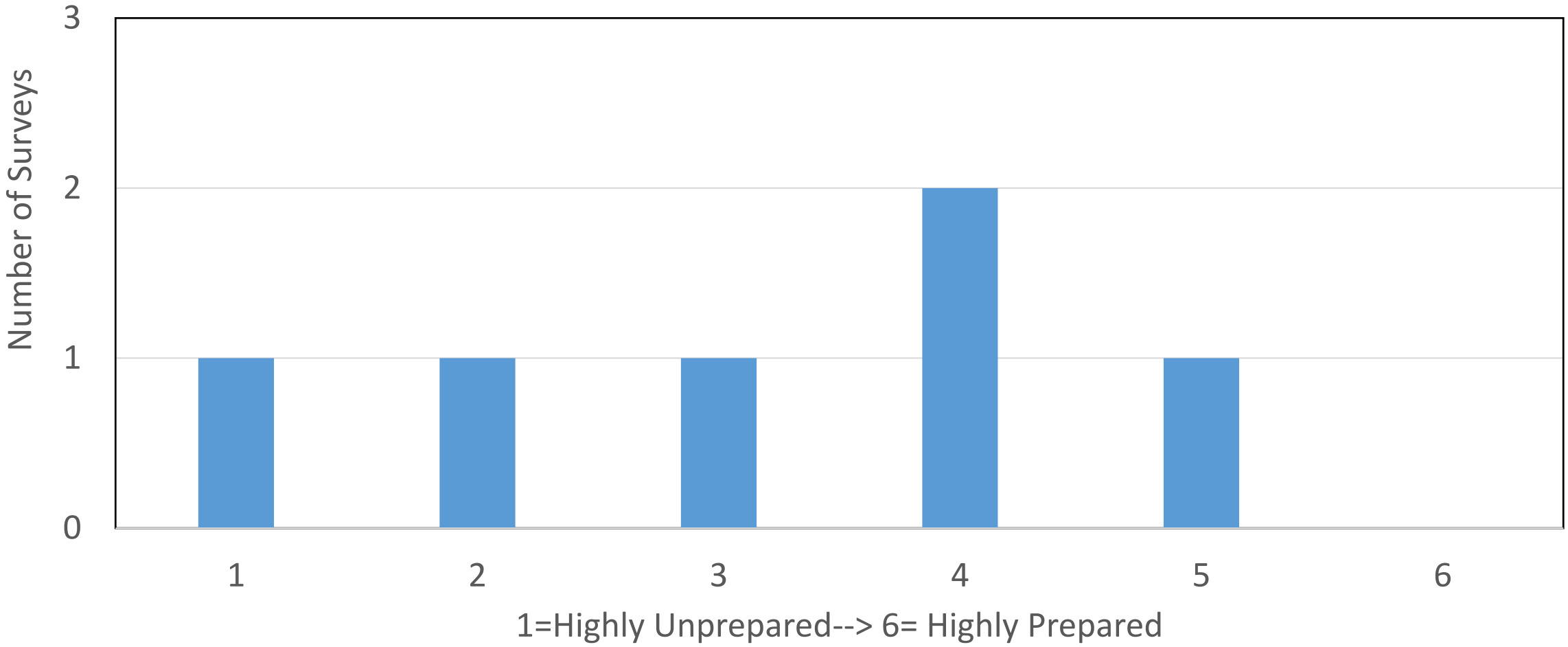
_____



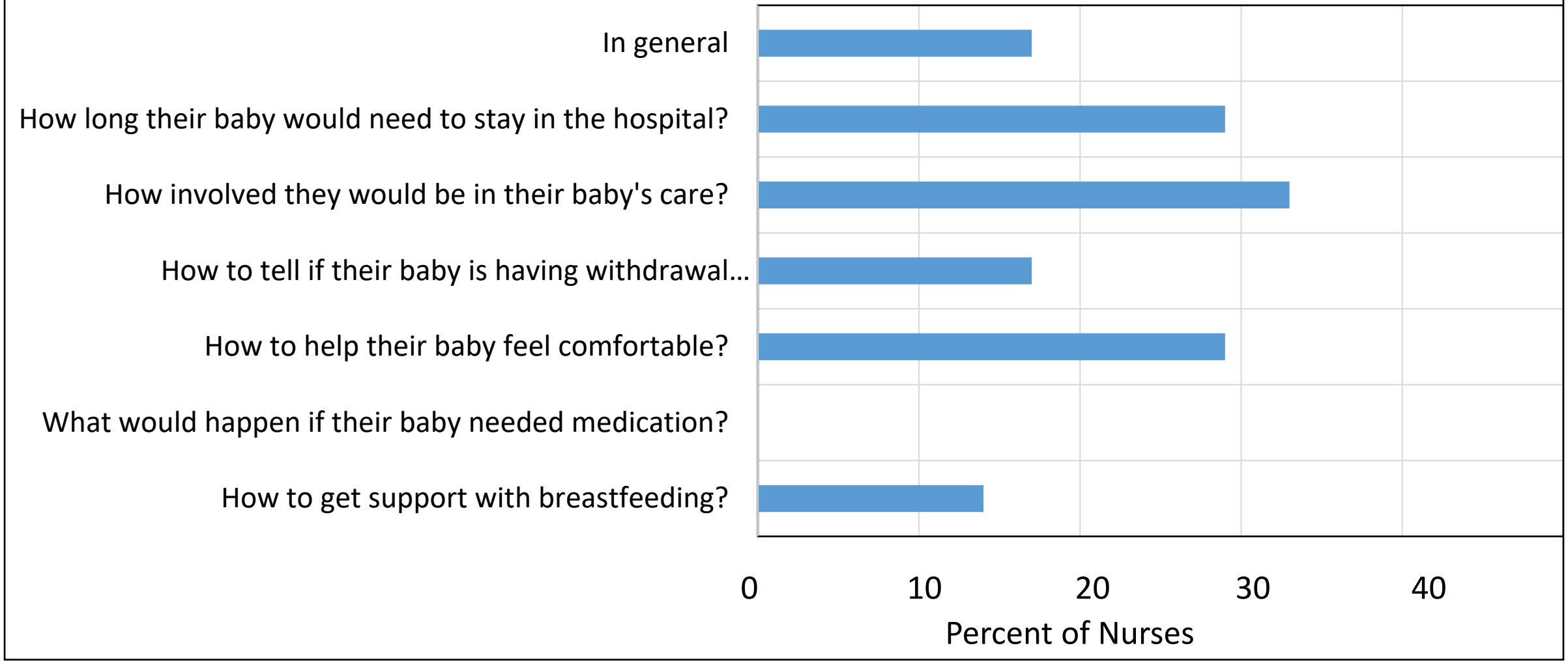
Nurse Surveys (n=8)

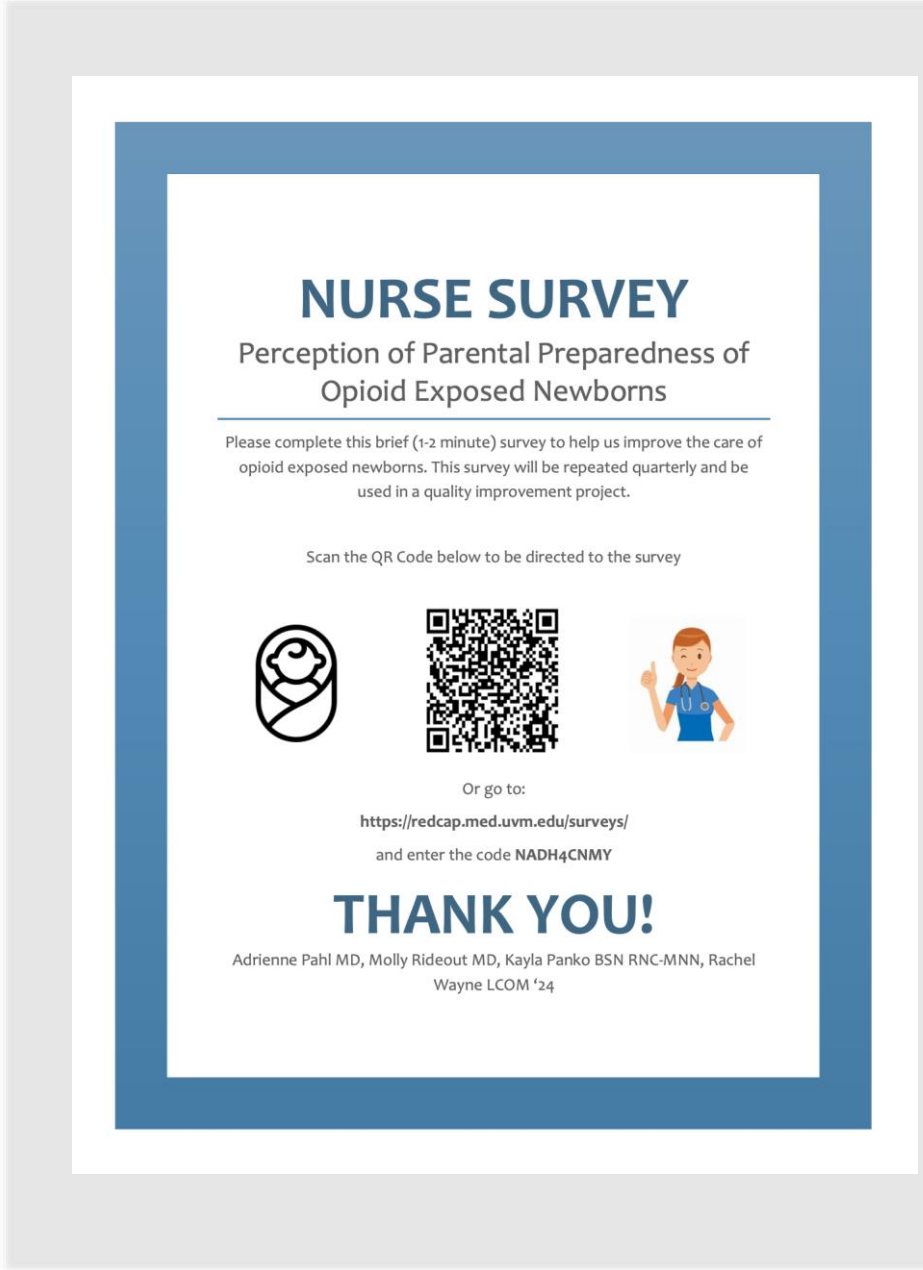
- 7 cared for families of opioid exposed newborns
- 1 survey incomplete

Nurse Survey: How prepared were families of opioid-exposed newborns for what to expect in the hospital? (n=6)



Nurse Survey: Percent of nurses reporting that families were Prepared or Highly Prepared following delivery? (n=6)





Nurse Surveys

- Comments
  - Not understanding the signs and symptoms directly related to exposure.
  - Unaware that feeding difficulties commonly go with withdrawal.
  - Possibly having to bottle feed when their intention was to exclusively breastfeed
  - Some babies have to go to NICU for medication and / or feeding difficulty.
  - Further education on sleep deprivation of the parents due to nb needing to be held to console.

Project Aim

To increase the percentage of parents who report they are prepared or highly prepared regarding what to expect in the hospital after delivery of an infant with opioid exposure by 50% within 6 months.

Baseline: 57% report they are prepared or highly prepared

Goal: 86% report they are prepared or highly prepared

Next steps: Plan-Do-Study-Act Cycles

In process

- Video development
- Revise Our Care Notebook to reflect current medication practices
- Post all materials online
- Share QR code to materials on admission
- Continue survey collection and brainstorming change ideas
- Meet with other stakeholders: OB providers, home health

Summary

- There are many areas for potential improvement regarding education about the hospital experience for families of opioid-exposed newborns
- Increasing access to standard materials and communication from prenatal to postnatal periods are initial areas of focus
- We hope to share resources and develop a toolkit that could be used across Vermont to help optimize care for newborns and families

Clinical Care Setting

Comprehensive Obstetrics and Gynecological Specialty (COGS) Clinic UVM Medical Center

Speaker: Kristin Fletcher, RN

- Population served: both women with Opioid Use Disorder (OUD) and patients who do not have OUD.
- Currently about 130 obstetric patients
  - 20 pregnant patients are on MAT
- Team: Resident physicians and generalists
  - Work with local MAT Team
  - Member of the CHARM team in Chittenden County

Prenatal Education Approach

Neomed Teaching:

- Done in 3rd trimester of pregnancy (27+ weeks) or sooner if patient requests.
- Performed with all patients currently enrolled in an MAT program (not just COGs MAT patients).
  - Flag chart and make list of patients needing these services
- Done via in-person appointments with regularly scheduled prenatal visits, Tele-video and phone conversations.
  - If I am not able to do teaching with a patient prior to delivery, our inpatient clinical educator on Mother Baby will speak with them about what to expect for the remainder of the admission.
- Use “Our Care Notebook” from UVM Children’s Hospital.
  - Patients can take the booklet home to review again at their leisure.

Prenatal Education Approach

Education:

- This can be a very emotional conversation for patients and their partners
  - Mostly for women who are experiencing this for the first time (first baby on MAT).
  - Provide reassurance:
    - Baby will be followed closely by a experienced team
    - They are doing the best thing for themselves and their unborn child by being in treatment
    - They will be listened to and we want them to be a part of this process
- The unknown is scary and it is normal to feel scared/worried.

Prenatal Education Approach

Pandemic changes:

- Offering visits over the phone/Zoom
- Patients cannot have any support people (initially)

Lessons Learned

Positive Outcomes:

- Patients are able to have all questions answered and know what to expect
  - They feel a sense of relief knowing this information
  - Can plan ahead for some special circumstances (i.e. adoption and the fine details that need to be worked out between units)

Negative Outcomes:

- Patients are sometimes not able to get this information prior to delivery
  - Mostly due to poor attendance during appointments
- During visitor restrictions, patients couldn’t have anyone here to help them with conversation and absorb the information (now we are allowing support people)

Challenges

Biggest challenges:

- Attendance
- Postpartum:
  - RN will connect with patient at 2 weeks postpartum via phone
  - Assess how patient is doing since delivery (mentally, physically and other family members)

Clinical Care Setting

Rutland Regional Medical Center

Speaker: Andrea Borchlewicz

Neonatal Opiate Withdrawal Syndrome (NOWS) data:

Year	Deliveries	Number of NOWS infants	Percentage of NOWS infants
2017	355	38	11%
2018	336	31	9%
2019	333	31	9%
2020	362	24	7%

Perinatal Education Approach

Identify:

- Intake (medication list review)
- Universal urine drug screens
- 5Ps Prenatal Substance Abuse Screen for Alcohol and Drugs

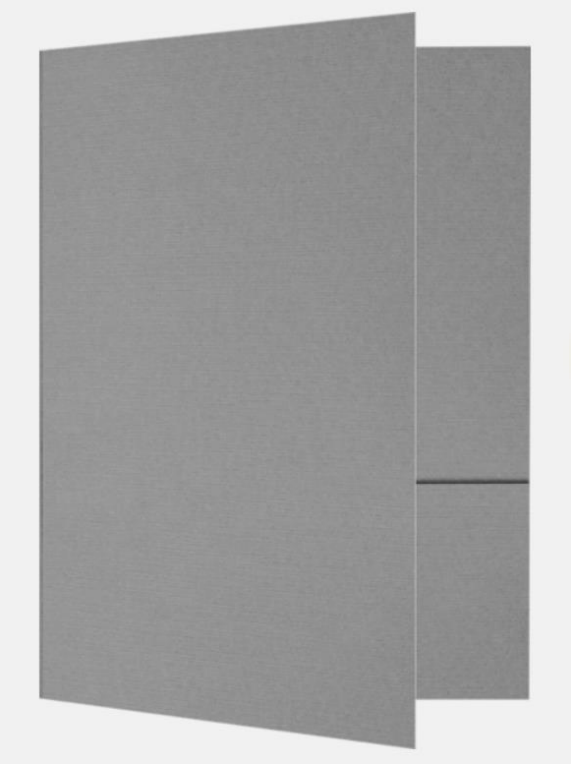
5Ps
Parents
Peers
Partner
Pregnancy
Past

Care:

- Wellness Coaching
- Social work assistance
- MAT

Perinatal Education Approach

Parent/Caregiver Education Folder



Pamphlet Contents

- What is NAS/NOWS?
- Signs/symptoms
- ESC Assessments
- Nonpharmacological care tips
- Medication treatment overview
- Planning tips for hospital stay and beyond

Perinatal Education Approach

ESC Care Tool

Rutland Women's Healthcare
A Department of Rutland Regional Medical Center
Women's & Children's Unit

EATING, SLEEPING, CONSOLING (ESC) CARE TOOL

- Review ESC behaviors with parents since last assessment 3-4 hours ago using Newborn Care Diary.
- If infant with Yes for any ESC item or 3 for Consoling Support Needed: Perform a Formal Parent/Caregiver Huddle to determine Non-Pharm Care Interventions to be optimized further and continue to monitor closely.
  - If not clear if infant's difficulties eating, sleeping or consoling are due to NAS, indicate Yes and continue to monitor closely while optimizing all Non-Pharm Care Instructions.
- If infant continues with Yes for any ESC item or 3 or Consoling Support Needed (or other significant concerns are present) despite maximal non-pharm care: Perform a Full Care Team Huddle to determine if medication treatment is needed. Continue to follow infant closely, maximizing all Non-Pharm Care Interventions.

DATE/TIME							
EATING							
Poor eating due to NAS? Yes / No							
SLEEPING							
Sleep <1 hour due to NAS? Yes / No							
CONSOLING							
Unable to console within 10 min due to NAS? Yes / No							
Consoling Support Needed 1. Able to console on own 2. Able to console with caregiver support within 10 min 3. Unable to console with caregiver support within 10 min							
PLAN OF CARE							
Recommend Formal Parent / Caregiver Huddle? Yes / No							
Recommend Full Care Team Huddle? Yes / No							
Management Decision 1. Continue / Optimize Non-Pharm Care 2. Initiate Medication Treatment 3. Continue Medication Treatment 4. Other (please describe)							
PARENTAL / CAREGIVER PRESENCE							
0. No parent present 1. < 1 hour 2. 1 – 2 hours 3. 2 – 3 hours 4. ≥ 3 hours							
NON-PHARM CARE INTERVENTIONS							
Rooming-in: Increase / Reinforce							
Parent / Caregiver presence: Increase / Reinforce							
Skin-to-skin contact: Increase / Reinforce							
Holding by caregiver / cuddler: Increase / Reinforce							
Safe swaddling: Increase / Reinforce							
Optimal feeding at early hunger cues: Increase / Reinforce							
Quiet, low light environment: Increase / Reinforce							
Non-nutritive sucking / pacifier: Increase / Reinforce / Not Needed							
Additional help: Increase / Reinforce							
Limiting # of visitors: Increase / Reinforce							
Clustering care: Increase / Reinforce							
Safe sleep / fall prevention: Increase / Reinforce							
Parent / caregiver self-care & rest: Increase / Reinforce							
RN initial							

RN Signature: _____ Date/Time: _____
RN Signature: _____ Date/Time: _____
RN Signature: _____ Date/Time: _____
RN Signature: _____ Date/Time: _____

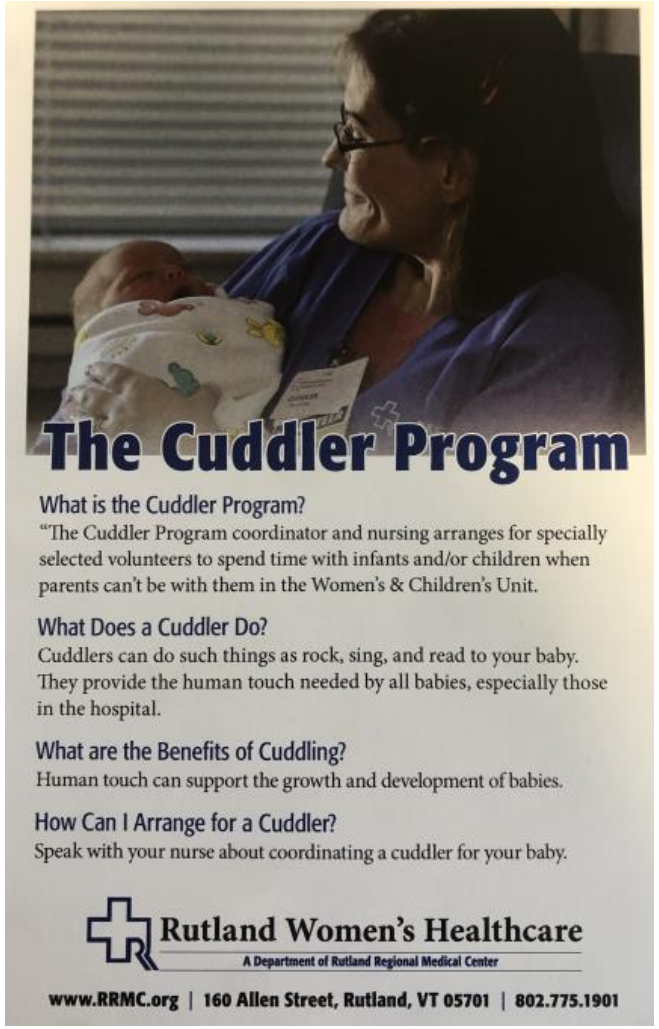
Form #4908 Created 11/18

Rutland Regional Medical Center
www.RRMC.org | 160 Allen Street, Rutland, VT | 802.775.7111
Our Promise to You – We Listen, We Respect, We Care…*Always!*

Page 1 of 2

Patient Label

Cuddler Program Rack card



Newborn Care Diary

Rutland Women's Healthcare
A Department of Rutland Regional Medical Center
Women's & Children's Unit

Newborn Care Diary

Baby's Name: _____ Baby's MRN: _____ Date: _____

Time of baby's feeding (start to finish)	Breast feeding (total # of minutes)	Bottle feeding (total # of minutes	Time when baby fell asleep	Time when baby woke up	Did baby feed well? (if no, please describe)	Did baby sleep for an hour or more? (if no, please describe)	Did baby console in 10 min? (if no, please describe)	Check box for pee	Check box for poop (please describe)	Extra Comments / Care provided

Form #4907 Created 8/18

Worksheet- not to be scanned to the medical record.

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Our Promise to You – We Listen, We Respect, We Care…*Always!*

Patient Label

Perinatal Education Approach…beyond discharge

Rutland Women's Healthcare

A Department of Rutland Regional Medical Center

NEWBORN TRANSITION PLAN

Rutland Women's Health Care is committed to supporting parents and babies from birth and beyond. It is our goal to discuss and offer supports for your new baby *and you* in these early days. We hope to be transparent around any concerns and build trust around challenging issues. Please feel free to ask our staff for any clarifications needed.

Given name of infant: _____ DOB: _____ Anticipated discharge date: _____

Infant's PCP: _____

Household Members

Name	Age	Relationship to Infant	Name	Age	Relationship to Infant

Birth, even when all goes well, is often an intense experience for a woman. We are interested in your view of this delivery experience:

_____

_____

_____

_____

What supports do you plan to use for yourself and your child in the first 48 hours home with baby?

_____

_____

_____

_____

_____

Eating is important- for both baby and for mom! Do you have any questions about feeding/nutrition/breast feeding supports?

_____

_____

_____

Sleep: Newborns often sleep the majority of the day – yet somehow this does not easily translate into well rested parents. What supports can you utilize as a new parent to ensure you are well rested to care for baby?

_____

_____

_____

Rutland Women's Healthcare

A Department of Rutland Regional Medical Center

Please review a list of available resources in our community. Please mark if you are involved or enrolled with any of these support systems or if you would like more information

Resources	Involved in/Enrolled In	Wants more Information
Breastfeeding Support		
Childcare		
DCF		
Domestic Violence		
Financial Assistance		
Housing Assistance		
Mental Health Counseling		
Parenting Classes		
Post-Partum Depression		
Safe Sleep Plan		
Smoking Cessation		
Substance Use Treatment		
Transportation		
Visiting Nurses		
WIC		

If you or a close caregiver for baby are a tobacco user, would you like additional information about reducing your infant's exposure to second hand smoke, or would you like quitting resources? YES NO

Consoling and bonding with your baby: The old adage is true – it really does take a village to raise a child. Help is always available! Please do not hesitate to reach out! Our staff is committed to supporting you and your family. If you ever have any questions do not hesitate to call us at **Rutland Women's Healthcare 802.775.1901** or **Women's and Children's Unit at Rutland Regional Medical Center 802.747.3695**. You can also bring up any concerns to your baby's pediatrician who also has robust supports for babies and their families.

Thank you for participating in our RWH Transition Plan. By reviewing the above information we have identified the following family strengths and goals:

_____

_____

_____

_____

_____

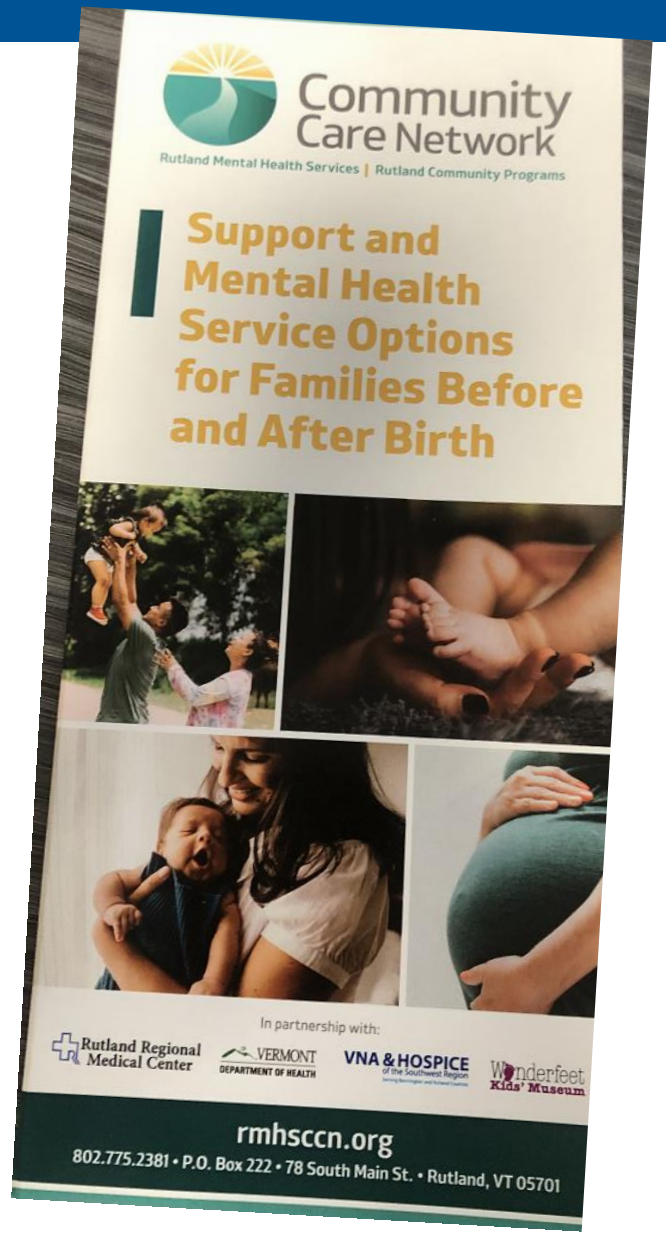
Parent Signature: _____ Date/Time: _____

Staff Signature: _____ Date/Time: _____

Lessons Learned

- Interdepartmental care team awareness of Prenatal Education for OUD
    - Consider involvement with MAT providers
    - Collaboration between inpatient and outpatient women's health.
    - Collaboration within the community

- And Beyond discharge….



Clinical Care Setting

Central Vermont Medical Center (CVMC)

Speaker: Chris Moore, BSN, RN IBCLC

One More Conversation

- Campaign by the VT Department of Health- Maternal and Child Health Division

- Aims to give both providers and pregnant people resources for discussing substance use

One More Conversation **Can** Make The Difference

VERMONT DEPARTMENT OF HEALTH

VCHIP Vermont Child Health Improvement Program UNIVERSITY OF VERMONT LARNER COLLEGE OF MEDICINE

One More Conversation

Patient educational materials reviewed and revised by healthcare providers on:

- Alcohol
- Cannabis
- Opioids
- Tobacco

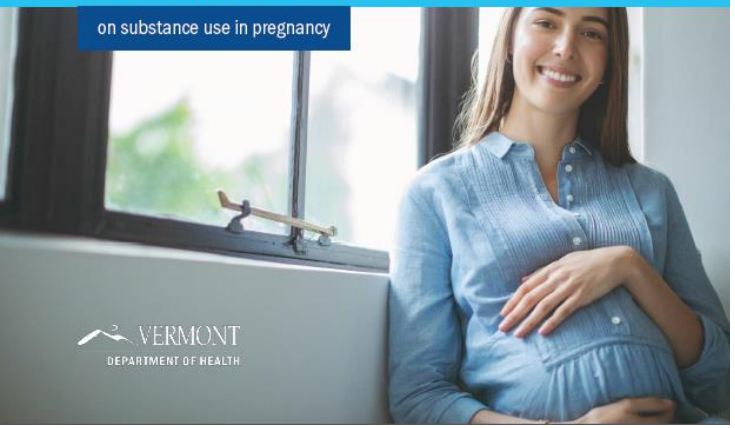
https://www.healthvermont.gov/family/pregnancy/substance-use-pregnancy

https://www.healthvermont.gov/family/pregnancy/substance-use-pregnancy-information-providers

Tips and tools for

THE 9+ MONTH CONVERSATION

on substance use in pregnancy



WHAT'S THIS ALL ABOUT?

Recent research shows the prevalence of substance use in pregnancy is higher in Vermont than other, similar states. To help the healthcare professionals working to reduce those numbers, the Vermont Department of Health has created the One More Conversation Can Make the Difference campaign to encourage open, ongoing dialogue between professionals and their patients.

TIPS

Suggestions on how and when to talk substance use in pregnancy.

Make the conversation part of every visit or, at least, of every mental-health check in.
Remind patients about safe and effective treatments that improve pregnancy outcomes.
Take the stigma out of the conversation with open-ended, nonjudgmental language.
"We ask this of everyone." "Just checking in on this again." "Do you have any questions about substance use?" "Is there anything we can do to work on it?" "How do you feel about substance use?" "Is it okay to discuss the risks?"
Meet patients where they are in their relationship to substances to help build trust.
Look for the reason behind the use before jumping to negative outcomes.
Help them understand addiction is a treatable disease, not a character flaw.
When information is limited (e.g. marijuana) use questions or admission as an opportunity to discuss other substances.
Encourage the idea that there is "No Known Safe Amount" of substance use for a healthy pregnancy.
Empower patients to learn more with One More Conversation Can Make the Difference patient materials and webpage.
Try to tap into the patient's support system (especially when language barriers exist)
Share this information with other providers to help create one voice across Vermont.

TOOLS

Help encourage your patients to continue the conversation.

KEEP THE CONVERSATION GOING OUTSIDE THE OFFICE
with digitally shareable information.
Download Substance-Specific Fact Sheets

START THE CONVERSATION EARLY
with printable or email-able intake and discharge packet inserts.
Download Inserts/Rack Cards

TEXT OR TELL
patients about this easy to remember patient-centric page.

1MORECONVERSATION.COM

ENCOURAGE PATIENTS TO THINK ABOUT DISCUSSING SUBSTANCE USE BEFORE THEIR APPOINTMENT
with in-office digital screens.
Download Digital Screen Ads

VERMONT DEPARTMENT OF HEALTH

one more conversation
can make the difference

OTHER RESOURCES

Curated list of the latest information on substance use in pregnancy for easy access.

General Links & Research

Evidenced-based Screening Tool
A valuable resource that includes several evidence-based screening tools and other pertinent information.

JSI Research Report
2019 Report on Vermont Healthcare Provider's and Patient's Knowledge, Perceptions, and Attitudes of Substance Use and Pregnancy.

Vermont Pregnancy Risk and Management System (PRAMS) Report
provides data about pregnancy and the first few months after birth to help identify groups of women and infants at high risk for health problems.

Alcohol

NOFAS
Prevention organization focused on raising awareness as well as supporting families with FAS.

SAMHSA.gov Addressing FASD
Interventions for pregnant women and methods of Identification for people living with FASD.

CDC Choices Curriculum
A program for women about choosing healthy behaviors.

Tobacco

Vermont 802Quits
Incentives for counseling calls, custom quit plans, free text support, and nicotine replacement therapies with Rx.

CDC Perinatal Tobacco Risk
Understanding the Health Effects of Smoking and Secondhand Smoke on Pregnancies.

ACOG Tobacco Use and Women's Health
Epidemiology, Forms of Tobacco, Health Effects, Role of the Obstetrician, and Medications.

Cannabis

Maternal cannabis use in pregnancy and child neurodevelopmental outcomes
A 2020 study on the connection between maternal cannabis use and autism.

CDC Marijuana in Pregnancy
The potential health effects during pregnancy and breastfeeding – using marijuana in pregnancy.

NIH Marijuana Safety in Pregnancy or Breastfeeding
Statistics, the endocannabinoid system, health effects, the role of poly-drug use, perception of safety and recommendations.

Opioids

Alliance for Innovation in Maternal Health
Multidisciplinary groups of experts compile best practices around maternal health conditions and strategies.

SAMHSA.gov
Collaborative approach to the treatment of pregnant women with Opioid Abuse disorders.

SAMHSA Fact Sheet
Dos and don'ts, things to know and expect, and treatment.

VERMONT DEPARTMENT OF HEALTH

one more conversation
can make the difference

Let's have a conversation about

CANNABIS DURING PREGNANCY

and beyond

VERMONT DEPARTMENT OF HEALTH

WHETHER YOU SMOKE, VAPE, DRINK OR EAT IT

if you are pregnant, trying to get pregnant or breastfeeding you're encouraged to not use cannabis for the health of you and your baby. The chemical in cannabis called THC that gives you the feeling of being "high" can be transferred to your baby while you are pregnant or breastfeeding. To some, pot being "natural" (and now legal) mean it's safe. But that's not necessarily true. Any time you introduce chemicals (or other toxins that come from how it's manufactured or how you ingest it), they can be harmful to a baby's development. While nothing beats an open, honest conversation with your healthcare professional, here are some answers to your most common questions, both to give you the truth about cannabis use and pregnancy risks and to inform that next conversation with your provider.

IS ANY AMOUNT SAFE?

There is no known safe amount of cannabis use during pregnancy. Currently, there isn't as much research on the effects of THC during pregnancy as other substances. But that doesn't mean it's safer. Federal classification of Cannabis as a Schedule 1 substance makes research more difficult. But there are some studies that show cannabis use during pregnancy has negative outcomes.

HOW CAN IT AFFECT MY BABY?

Research shows that cannabis can affect a baby's birth weight, making children more prone to health issues–especially in the critical first year of growth. Cannabis use during pregnancy may increase the risk of stillbirth, and THC may also negatively affect a baby's brain development, leading to longer-term behavioral and learning issues. Supporting this, a 2019 study showed a connection between prenatal cannabis use and autism.

I USED CANNABIS BEFORE I KNEW I WAS PREGNANT. WHAT NOW?

Moderate cannabis use before you know you are pregnant is unlikely to cause harm. But, now that you know, it's important to stop. Weeks three through eight are the most sensitive time for causing birth defects.

WHAT ABOUT EDIBLES, VAPING AND OTHER CONCENTRATES?

While edibles, vaping and other concentrates may remove the potentially harmful effects of smoking, THC in your system is still passed from you to your baby. Plus, many of these alternative methods of using cannabis have higher levels of THC, increasing its negative effects.

ISN'T IT A NATURAL SUBSTANCE?

Yes, but so is tobacco. So is opium. And those aren't safe during pregnancy either. Plus, as more states have legalized or decriminalized its use, cannabis has become a big business. With that come newer cultivating methods and higher levels of THC and it isn't clear how these higher strains may increase the negative effects.

WHAT IF I SLIP UP?

It happens. If you do use cannabis while pregnant, the best thing to do is be honest–both with yourself and with your healthcare professional. Together, you can work to understand why and the best course of action to be sure you move forward in the healthiest way possible for both you and your baby.

ARE THERE ANY SUGGESTIONS FOR SELF CARE?

Depending on your reason for using cannabis, there are ways to help you help yourself avoid using while pregnant. Exercise–even just taking a walk–releases endorphins to make you feel better and can help you sleep. OTC medications can help with morning sickness. Meditation reduces stress hormones. Talk to your healthcare professional about these and methods for self care.

HOW ABOUT BREASTFEEDING?

Breastfeeding is important to your baby's health and cannabis use is not recommended. THC is present in breast milk and upwards of 3 percent of the what you get can be transferred to your baby. It seems small, but so are they.

HOW LONG IS THC IN MY BREAST MILK?

Tests have shown THC can be present in breast milk within 20 minutes of consumption and is present at least 24 hours after. THC is stored in fat cells, so it can stay in the body longer than other substances, so pump and dump doesn't really work. Your best option to avoid issues is to not use cannabis while breastfeeding.

WHERE CAN I FIND HELP?

Call 2-1-1, visit VTHelpLink.org or 802.565.LINK (5465) or talk to your healthcare professional.

For more information, there's no better resource than your healthcare professional. Remember, they're not there to judge. They're there to help you have the healthiest pregnancy possible. Keep the conversation going.

VERMONT DEPARTMENT OF HEALTH

one more conversation
can make the difference

Let's have a conversation about

TOBACCO DURING PREGNANCY

and beyond

VERMONT DEPARTMENT OF HEALTH

PEOPLE WHO ARE PREGNANT, TRYING TO GET PREGNANT OR BREASTFEEDING

are encouraged not to use tobacco products for their health and the health of their baby. But quitting smoking can be one of the most difficult things a person can do. Despite all the information and all the advertising and social pressures, sometimes it can seem nearly impossible. But if you're pregnant, trying to be, or have just had a baby, you have the strength to do anything. Sometimes you just need a little help, some good information, or someone to talk to to take that important step for the health of you and your baby.

While nothing beats an open, honest conversation with your healthcare professional, here are some answers to your most common questions, both to give you the truth about tobacco and pregnancy risks and to inform that next conversation with your provider.

IS ANY AMOUNT SAFE?

Almost everyone has heard that there is no known safe amount of tobacco use during pregnancy. Smoking lowers the amount of food and oxygen your baby gets. The less you smoke, the lower the risk of problems for both you and your baby. So while cutting back helps, quitting as soon as possible is always the best way to a healthy pregnancy.

HOW CAN IT AFFECT MY BABY?

People who smoke have a higher risk of miscarriage and ectopic pregnancy (a dangerous complication where the embryo grows outside the uterus). Smoking increases your chances of premature delivery, placental problems, lower birth weight, stillbirth and sudden unexpected infant death (SUIDs). It increases your baby's risk for asthma and respiratory illnesses. Babies born to people who smoke can suffer from nicotine withdrawal. Studies have shown the link between smoking while pregnant and behavioral problems in childhood, like attention deficit hyperactivity disorder (ADHD) and even a higher likelihood of being overweight.

I SMOKED BEFORE I KNEW I WAS PREGNANT. WHAT NOW?

The chances are, if you smoked before you knew you were pregnant, that no harm was done. But the longer you wait to quit, the higher those chances grow– especially during the 3-8 week period where rapid development occurs.

WHAT ABOUT VAPING?

While vaping may expose your baby to fewer toxins than smoking, it is not a safe alternative. Your baby will still be exposed to nicotine, flavorings and other dangerous chemicals found in e-cigarettes.

WHAT ABOUT REPLACEMENT THERAPIES?

Cigarette smoke contains thousands of chemicals, so anything that reduces smoking is better than continuing to smoke. But nicotine, present in all replacement therapies, by itself can harm a baby's development. Some therapies, like the patch, feed a constant stream into the body, so nicotine levels never reduce. Talk to your healthcare professional about nicotine replacement therapies and what may be the best choice for you personally.

HOW ABOUT BREASTFEEDING?

Smoking can reduce the production of breast milk making breastfeeding more difficult. And nicotine and other harmful chemicals from tobacco are found in breast milk, so it's best to not smoke while breastfeeding.

HOW LONG IS NICOTINE IN MY BREAST MILK?

Nicotine remains in breast milk for at least three hours after smoking, and traces may be present much longer. If you must smoke, it's best to do so after breastfeeding and, of course, away from your baby.

WHERE CAN I FIND HELP?

Visit 802quits.org for more information or help quitting, call 1-800-QUIT-NOW (1-800-784-8669) or talk to your healthcare professional.

For more information, there's no better resource than your healthcare professional. Remember, they're not there to judge. They're there to help you have the healthiest pregnancy possible. Keep the conversation going.

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Let's have a conversation about

ALCOHOL DURING PREGNANCY

and beyond

VERMONT DEPARTMENT OF HEALTH

PEOPLE WHO ARE PREGNANT, TRYING TO GET PREGNANT OR BREASTFEEDING

are encouraged to not drink alcohol for the health of their baby. But not drinking is sometimes harder than just deciding to quit, and quitting. And when you hear stories about how "my mother drank and I'm fine" and "so and so says a glass of wine is okay" it only gets more confusing. While nothing beats an open, honest conversation with your healthcare professional, here are some answers to your most common questions, both to give you the truth about cannabis use and pregnancy risks and to inform that next conversation with your provider.

IS ANY AMOUNT SAFE?

There is no known safe amount of alcohol use during pregnancy–no matter what your aunt or friend or anyone says. And a child is developing throughout pregnancy, so any alcohol use–even later in a pregnancy–can cause problems.

HOW CAN IT AFFECT MY BABY?

Drinking during pregnancy can cause miscarriage, stillbirth and lifelong physical, behavioral, or intellectual issues. Among them are difficulty in learning and attention span, hyperactivity, low IQ, speech difficulties, and poor reasoning skills. One of the most serious disorders is called Fetal Alcohol Spectrum Disorder (FASD). A baby born with FASD will have a small head, low weight and distinctive facial features.

I DRANK BEFORE I KNEW I WAS PREGNANT. IS THAT A PROBLEM?

If you drank alcohol in the first month of your pregnancy, it is unlikely any harm was done. It's important to note that the next few weeks (weeks 3-8) are the most sensitive to causing birth defects. If you did drink before you knew, it's best to let your healthcare professional know.

WHAT IF I HAVE A DRINK?

The best thing you can do if you do drink is talk about it. Understanding why you drank and finding alternatives can go a long way to being sure it's a one-time mistake. The more you drink, the greater the risks of doing harm so being honest about the slip up and avoiding another one is the best way to avoid issues.

IF I DRINK WINE AND NOT LIQUOR IS IT OKAY?

Alcohol is alcohol. It's the same chemical with the same negative effects no matter what form it's in. One glass of wine is no different than one cocktail or one beer. And none of them are good for a healthy pregnancy.

ARE THERE ANY SUGGESTIONS FOR SELF CARE?

If you drink when you know you shouldn't, alcohol may be a bigger problem than you know. Programs like Alcoholics Anonymous can help you develop the support you need to stop. VTHelpLink.org has other treatment options. But your greatest asset is your healthcare professional who can help find a care method that works for you.

HOW ABOUT BREASTFEEDING?

Drinking alcohol can make it more difficult for your body to produce breast milk. Alcohol passes very easily into breast milk, and roughly the same level of alcohol in a your blood is present in breast milk. Studies have shown drinking alcohol while breastfeeding can lead to a baby eating less, changes in sleep patterns and problems with motor development.

HOW LONG IS ALCOHOL IN MY BREAST MILK?

It takes between 2 and 2 1/2 hours for a standard drink to clear breast milk and an additional 2-2 1/2 hours for each additional drink. And nothing–not pumping and dumping, not drinking water, not drinking caffeine–can hurry this process.

WHERE CAN I FIND HELP?

Call 2-1-1, visit VTHelpLink.org or 802.565.LINK (5465) or talk to your healthcare professional.

For more information, there's no better resource than your healthcare professional. Remember, they're not there to judge. They're there to help you have the healthiest pregnancy possible. Keep the conversation going.

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Let's have a conversation about

OPIOIDS DURING PREGNANCY

and beyond

VERMONT DEPARTMENT OF HEALTH

PEOPLE WHO ARE PREGNANT, TRYING TO GET PREGNANT OR BREASTFEEDING

are encouraged to not use opioids for the health of their baby. Opioids are often prescribed for pain management and, when not taken as prescribed are highly addictive substances. Before taking opioids, talk to your healthcare professional about the risks, benefits and if you may be or are planning to be pregnant. While this conversation is critical for anyone taking opioids, it's also good to know some of the facts so you can go in well informed. To help, here are some answers to your most common questions. This way you have the latest information about opioids and pregnancy risks to inform that next conversation with your provider.

IS ANY AMOUNT SAFE?

There is no known safe amount of opioid use during pregnancy. Opioids are strong narcotics and use always carries a risk. However, patients prescribed medication or who may have a substance use disorder should always speak with their healthcare professional for the safest way to manage opioid use during pregnancy.

HOW CAN IT AFFECT MY BABY?

Opioid use during pregnancy can cause miscarriages, premature birth, preeclampsia, respiratory depression, low birth weight and neurobehavioral problems. Newborns can also suffer withdrawal symptoms, including hypersensitivity and hyper irritability, tremors, vomiting, respiratory difficulties, poor sleep, and low-grade fevers. Newborns with this neonatal abstinence syndrome (NAS) often require hospitalization and treatment, including medication (usually morphine) as their bodies adapt to being opioid free.

I USED BEFORE I KNEW I WAS PREGNANT, IS THAT A PROBLEM?

If you used opioids in the first weeks of pregnancy, chances are good that no harm was done. But if you're having trouble not using, you should seek help.

WHAT IF THEY WERE PRESCRIBED?

If your doctor has prescribed opioids for pain maintenance and you follow prescription instructions, you shouldn't just stop taking them when you become pregnant. Talk to your healthcare professional to be sure you still need the prescription and any risks associated with stopping.

ARE MAINTENANCE TREATMENT PROGRAMS SAFER?

When combined with prenatal care and a drug treatment program, Methadone and other maintenance programs can improve many of the negative effects associated with opioid addiction and the chances of a healthy birth.

ARE THERE ANY SUGGESTIONS FOR SELF CARE?

With opioids, self care is not recommended. The risks associated with withdrawals is too great for both you and your baby. Seek help from a healthcare professional.

HOW ABOUT BREASTFEEDING?

A person with an opioid substance use disorder who breastfeeds exposes the infant to increased risk to harmful effects, including respiratory depression, lethargy, trouble feeding and withdrawal symptoms such as tremors and high-pitched screaming. However, if medication was prescribed for pain moderation– as in the case of a Caesarian birth or other issue– and is taken exactly as directed, these risks are fairly low. Patients in treatment for opioid use are also encouraged to breastfeed as breastfeeding has shown improved outcomes for infants with NAS.

WILL OPIOIDS BE IN MY BREAST MILK?

Opioids are transferred to a baby through breast milk. This can cause lethargy and respiratory depression. But breastfed infants with NAS have a decreased need for pharmacological treatment and tend to have shorter hospital stays than formula-fed infants with NAS.

WHERE CAN I FIND HELP?

Call 2-1-1, visit VTHelpLink.org or 802.565.LINK (5465) or

For more information, there's no better resource than your healthcare professional. Remember, they're not there to judge. They're there to help you have the healthiest pregnancy possible. Keep the conversation going.

VERMONT DEPARTMENT OF HEALTH

one more conversation
can make the difference

Upcoming Educational Opportunities

One More Conversation: Addressing Substance Abuse in Pregnancy

Tuesday, October 19, 2021 from 12:00-1:00pm **(Next week!)**

Speakers: Shari Levine, MPH, Marjorie Meyer, MD and Michelle Shepard, MD, PhD

COVID-19 Vaccine in Pregnancy Updates

Tuesday, November 16, 2021 from 12:00-1:00pm

Speaker: Marjorie Meyer, MD

For registration information, contact: VCHIP.PQCVT@med.uvm.edu

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Thank you!

If you are interested in perinatal healthcare and quality improvement consider joining the Perinatal Quality Collaborative Vermont (PQC-VT)

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The Perinatal Quality Collaborative – Vermont (PQC-VT)

PERINATAL QUALITY COLLABORATIVE VERMONT

The Perinatal Quality Collaborative-Vermont (PQC-VT) is a formal partnership of long standing Vermont Child Health Improvement Program projects that have joined forces to become Vermont's resource for perinatal care. In partnership with the Maternal and Child Health Division at the Vermont Department of Health, the PQC-VT will mobilize state networks to implement quality improvement efforts and improve care for mothers, babies and their families.

Goal: The PQC-VT will improve care and health outcomes of Vermont's pregnant people, newborns and their families by:

- **Setting Perinatal Outcome Priorities:** Actively engage perinatal health care professionals, maternal and child health public health experts and community-based partners in developing a common agenda by highlighting current successes and gaps in perinatal care and identifying specific pregnancy and infant health outcomes to focus on across the state.
- **Providing Outreach and Education:** Build relationships across sectors including hospitals, outpatient practices, community-based organizations, state health programs, and families to address current and emerging perinatal issues, and provide opportunities for collaborative learning on the latest best practices.
- **Advancing Quality Improvement Efforts:** Mobilize perinatal health care teams in continuous quality improvement efforts for better health outcomes, and disseminate successful system approaches throughout the state. Develop quality metrics appropriate for perinatal health care.
- **Monitoring Health Care Outcomes:** Efficiently analyze available perinatal and public health datasets to gage quality improvement work and opportunity, evaluate program implementation, and perform surveillance of health outcomes.

The PQC-VT Mission: Optimizing care and health outcomes in pregnancy and infancy through collaboration and continuous quality improvement.

VERMONT DEPARTMENT OF HEALTH

VCHIP

ICON Team

- **Faculty:**
  - Michelle Shepard, MD, PhD ∞ Pediatrics ∞ Lead Faculty
  - Molly Rideout, MD ∞ Pediatrics
  - Adrienne Pahl, MD ∞ Neonatology
  - Marjorie Meyer, MD ∞ Obstetrics & MFM
- **Collaborators**
  - Susan White, NP/APRN
  - Bronwyn Kenny, MD
  - Jerilyn Metayer, RN
- **VCHIP:**
  - Julie Parent, MSW ∞ ICON Project Director
  - Angela Zinno, MA ∞ ICON Project Coordinator
  - Avery Rasmussen ∞ ICON Data Manager
- **Parent Advisor:**
  - Ashlee Loyer
  - Victoria Kuck, BS
- **Vermont Department of Health Liaison**:
  - Ilisa Stalberg, MSS, MLSP, MCH Director

Website: https://www.med.uvm.edu/vchip/icon
Email: VCHIP.ICON@med.uvm.edu

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