

Global Aim

To optimize inpatient care strategies for mothers with opiate use disorder* and opiate exposed newborns.

SMART Aims

By March 2022, in infants born at $\geq 35w$ GA with NOWS:

- 1) Reduce length of stay by 20%
- 2) Reduce exposure to pharm care by 20%
- 3) Increase the % of mothers and infants discharged with Plan of Supportive Care to 95%

Population

Mothers with opiate use disorder and opiate exposed newborns in the state of Alabama

Primary Drivers

Identification and Assessment of Opiate Exposed Newborns

Inpatient Management of Infants with NOWS

Plan of Supportive Care for Mother and Baby

Secondary Drivers

Strengthen Family/Care Team Relationships

Withdrawal scoring consistency

Non-pharmacologic care standardization

Pharmacologic care consistency: initiation, weaning, and cessation

Keeping mother-baby dyad together

Hospital specific Plan of Supportive Infant Discharge

Hospital specific Plan of Supportive Maternal Discharge

Interventions

Stigma education as part of ongoing education procedures

Standardize education for all staff on withdrawal scoring

Non-pharmacologic care guidelines for opioid exposed newborns

Pharmacologic treatment guidelines

Establish hospital policy for infant transfer and rooming in

Establish hospital specific supportive discharge package

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*Positive self report screen or toxicology, use of non-prescribed opioids, use of prescribed opioids >1 month, newborn screen positive for opioids, newborn affected by maternal use of opioids