

Neonatal Opioid Withdrawal Syndrome (NOWS) Initiative

Action Period Call

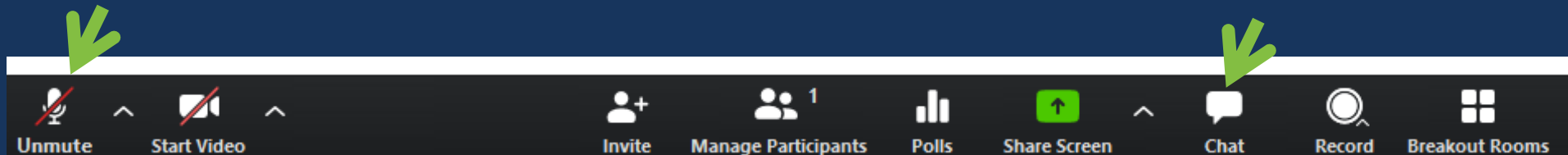
May 26, 2021

- Please type your **name** and the **institution** you represent in the chat box and send to “Everyone”.
- Please also do for all those in the room with you viewing the webinar.
- Thank You

Welcome!



- Attendees are automatically muted to reduce background noise
- Please enter questions/comments in the “chat” box during the presentation
- Slides will be emailed and available at www.alpqc.org
- We are now recording



Agenda



Welcome and NOWS Updates  12:00 – 12:05

Baseline Data  12:05 – 12:20

Infant Discharge Resources Overview  12:20 – 12:30

Team Talks  12:30 – 12:50

Q&A and Next Steps  12:50 – 1:00



NOWS Updates - Data portal

- Remember to
 - Fill out “Step 1”
(baseline) & “Step 3”
(monthly)
 - Run reports every month
to visualize your data and
share with your team at
team meetings

ALPQC

Project: Neonatal Opioid Withdrawal Syndrome

Select a topic:

- + Step 1 – Select measurement period for baseline data
- + Step 2 – Enter baseline data
- + Step 3 – Select measurement period for monthly data reporting
- + Step 4 – Enter monthly data
- + Step 5 – Take brief monthly assessment
- + Quarterly Structural Measures
- + Create Reports

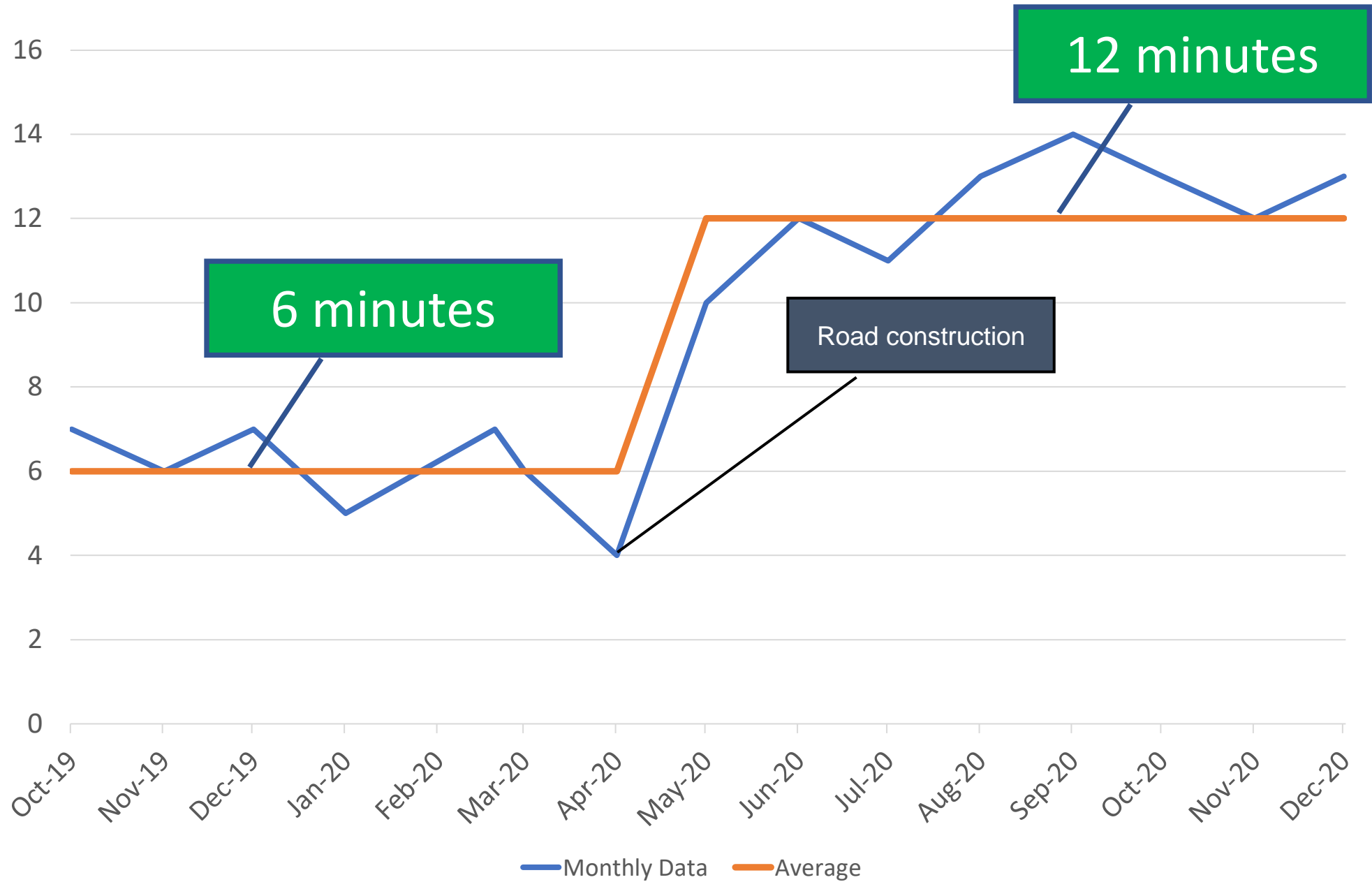
[Back to Project List](#)

Baseline Data

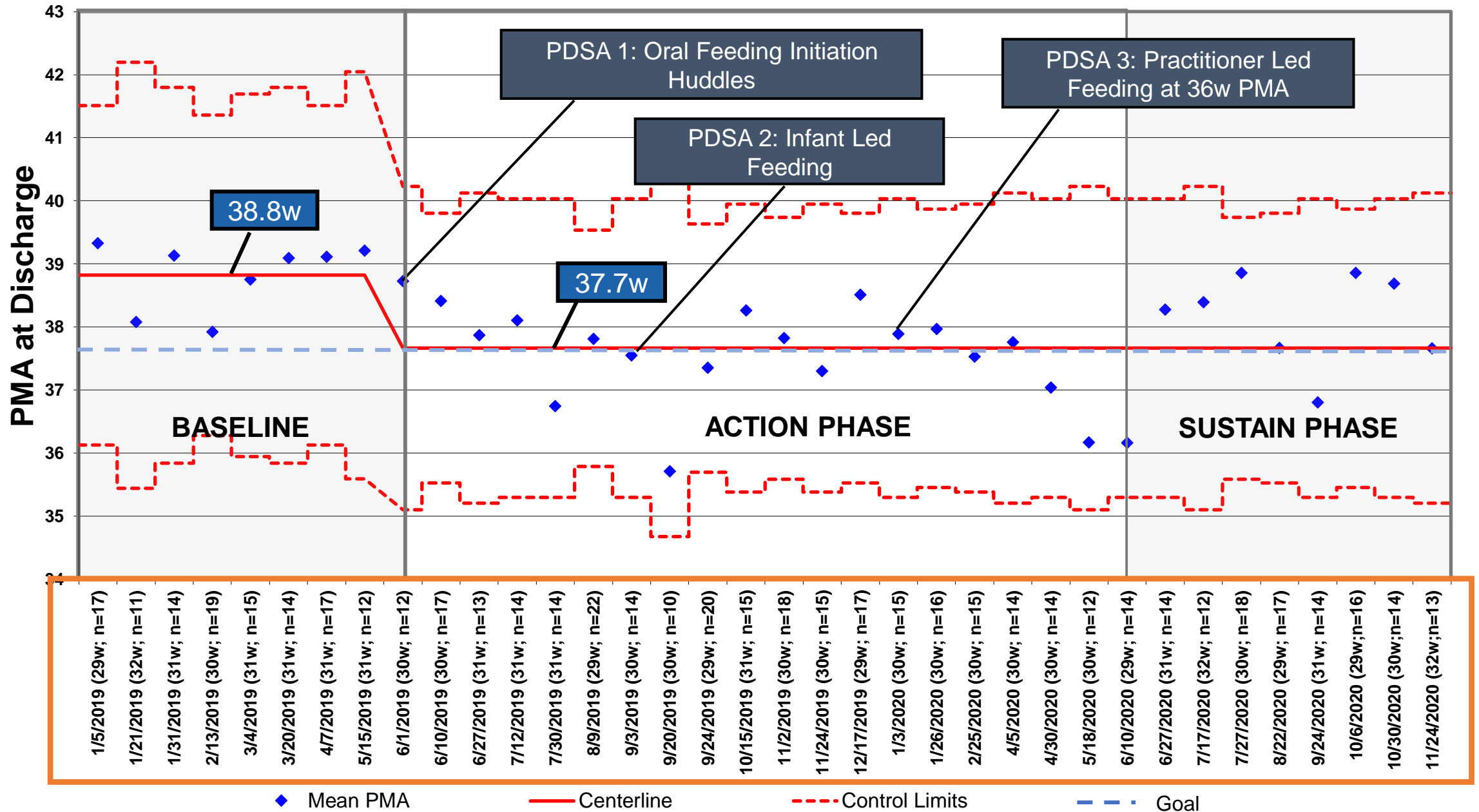
Control Charts

- Graph showing continuous data over time
- Historically used in industry to to minimize variation
- Using specific rules can depict common cause variation and identify "special cause variation"
- The central line demonstrates the average

Minutes to Work



Postmenstrual Age at Discharge



NOWS Baseline Data Submissions

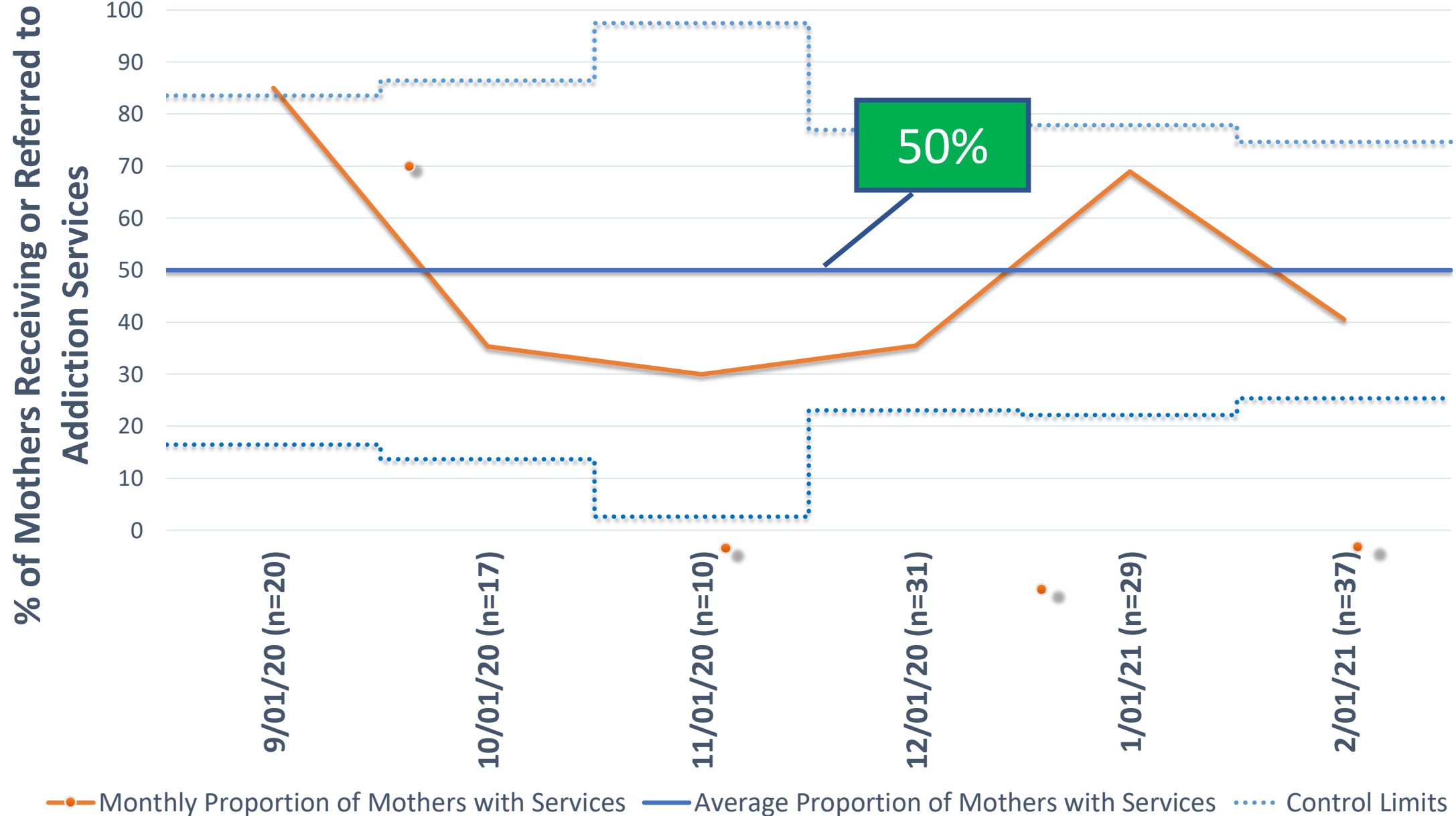
- Number of Hospitals Reporting: 11
- Total number of infants: 144
- Total number of mothers: 135

-
- ❖ Brookwood Baptist Medical Center
 - ❖ DCH Regional Medical Center
 - ❖ East Alabama Medical Center
 - ❖ Huntsville Hospital for Women & Children
 - ❖ Jackson Hospital
 - ❖ Madison Hospital
 - ❖ Medical West
 - ❖ Northeast Alabama Regional Medical Center
 - ❖ St. Vincent's Hospital
 - ❖ UAB Medicine
 - ❖ USA Health Children's & Women's Hospital

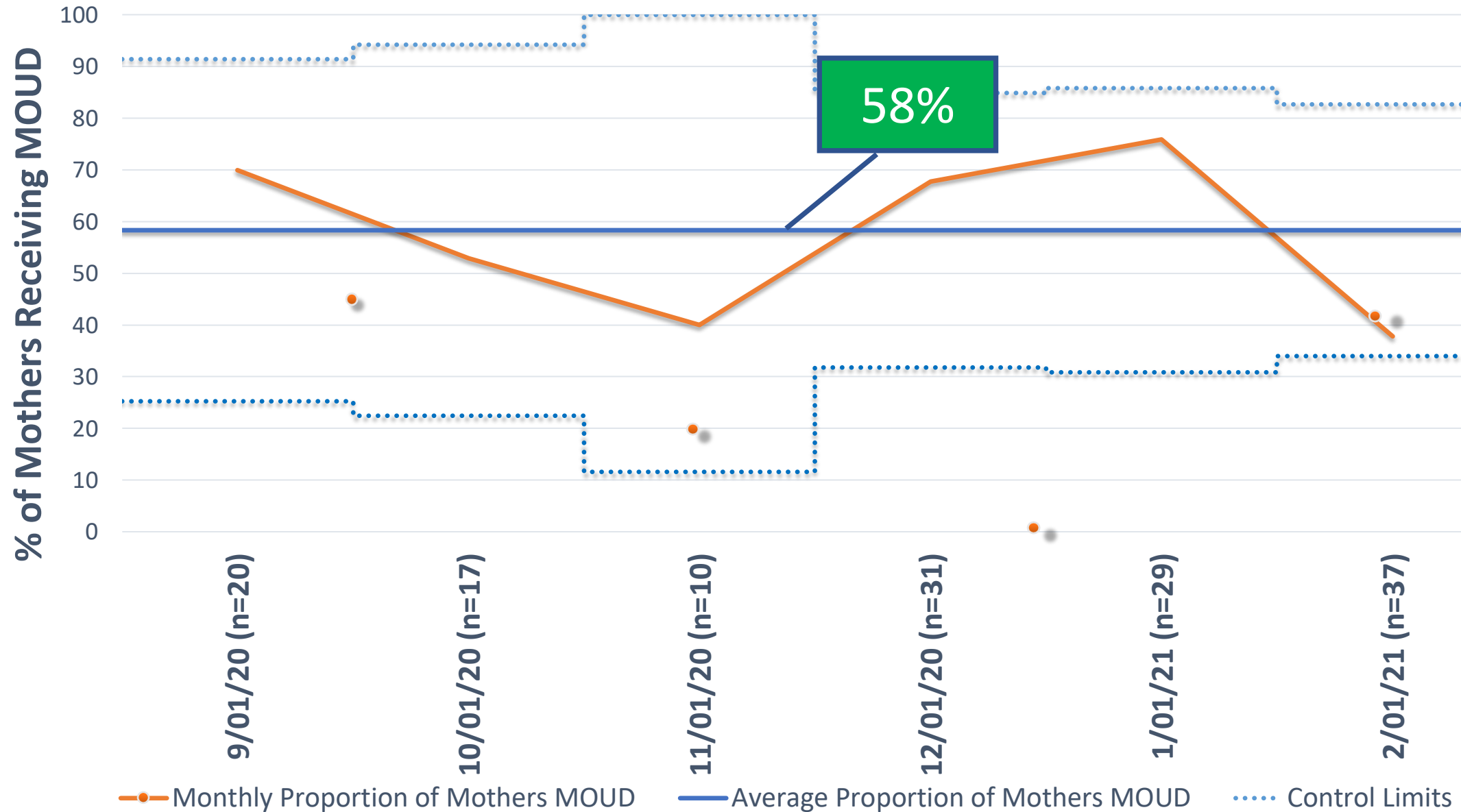


THANK YOU!

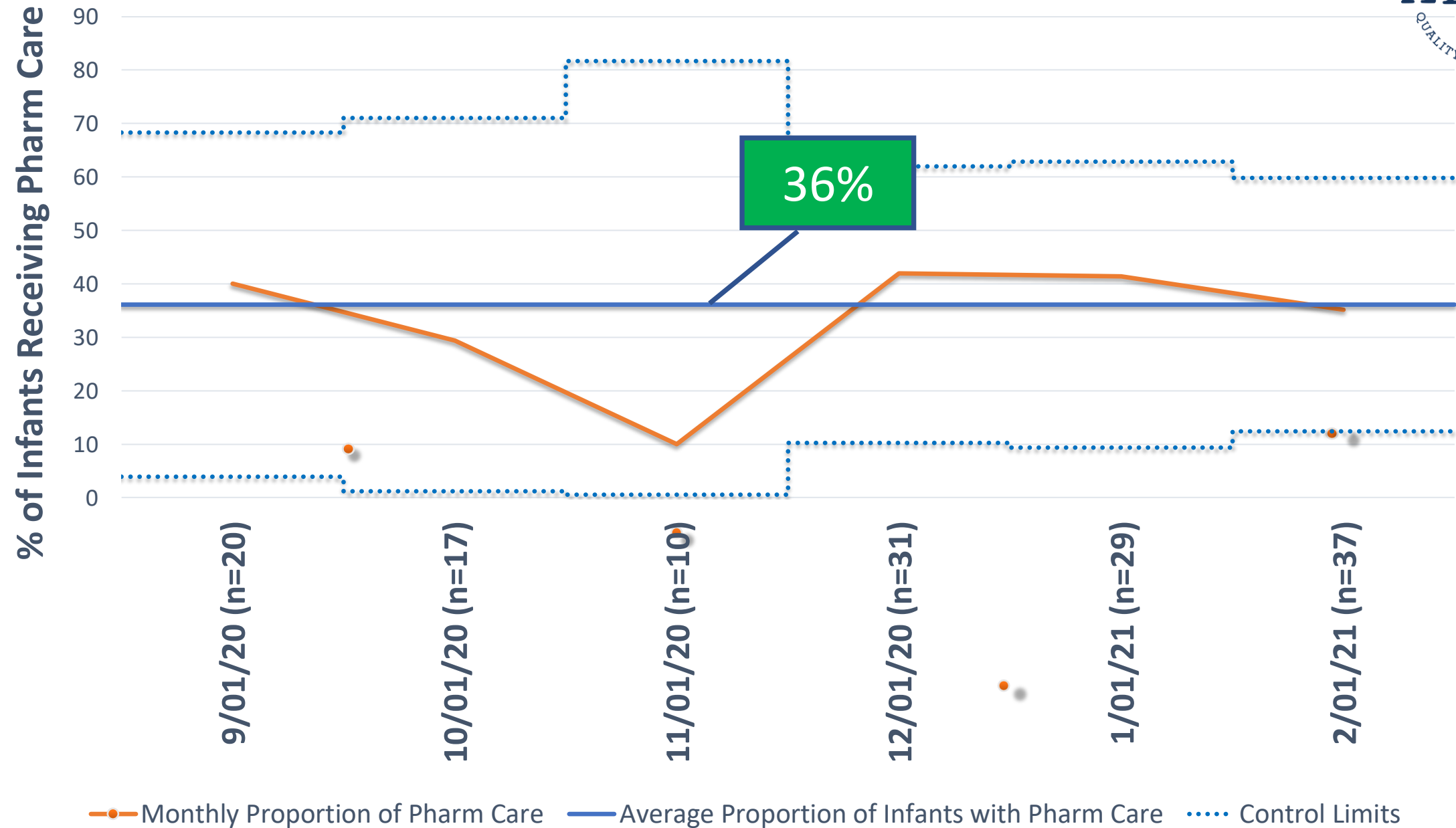
Addiction Services



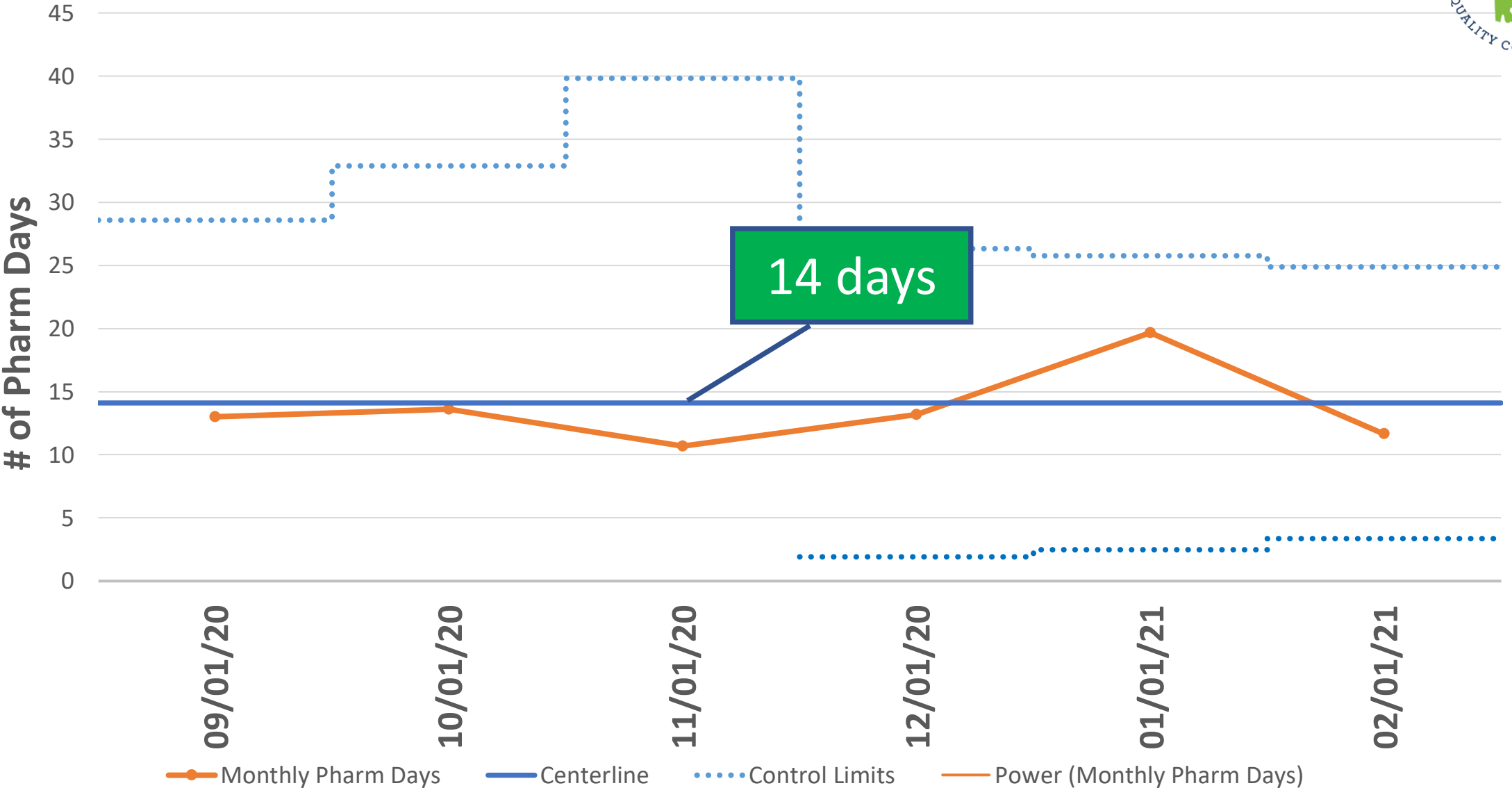
Medication for Opioid Use Disorder

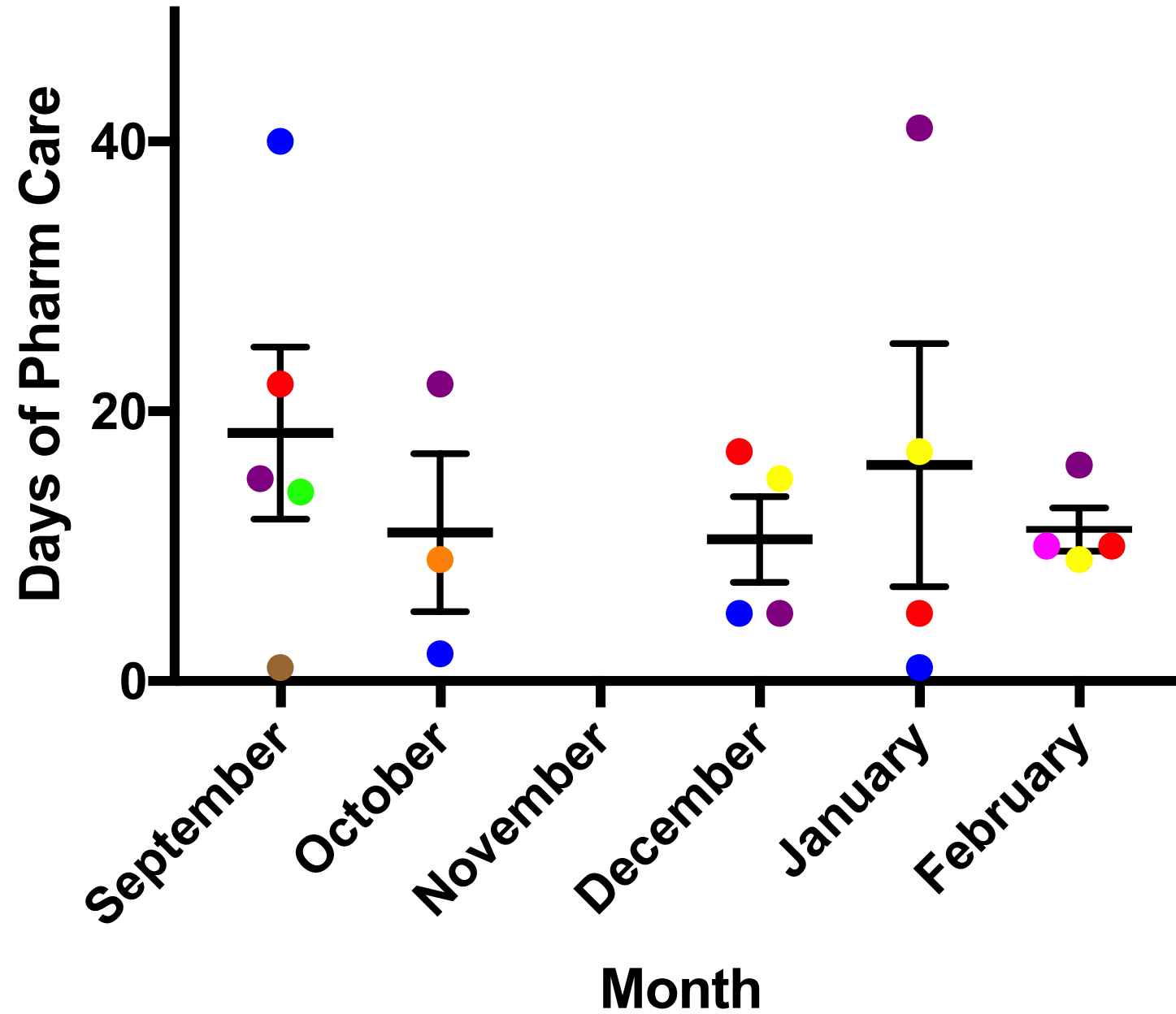


Pharmacologic Care

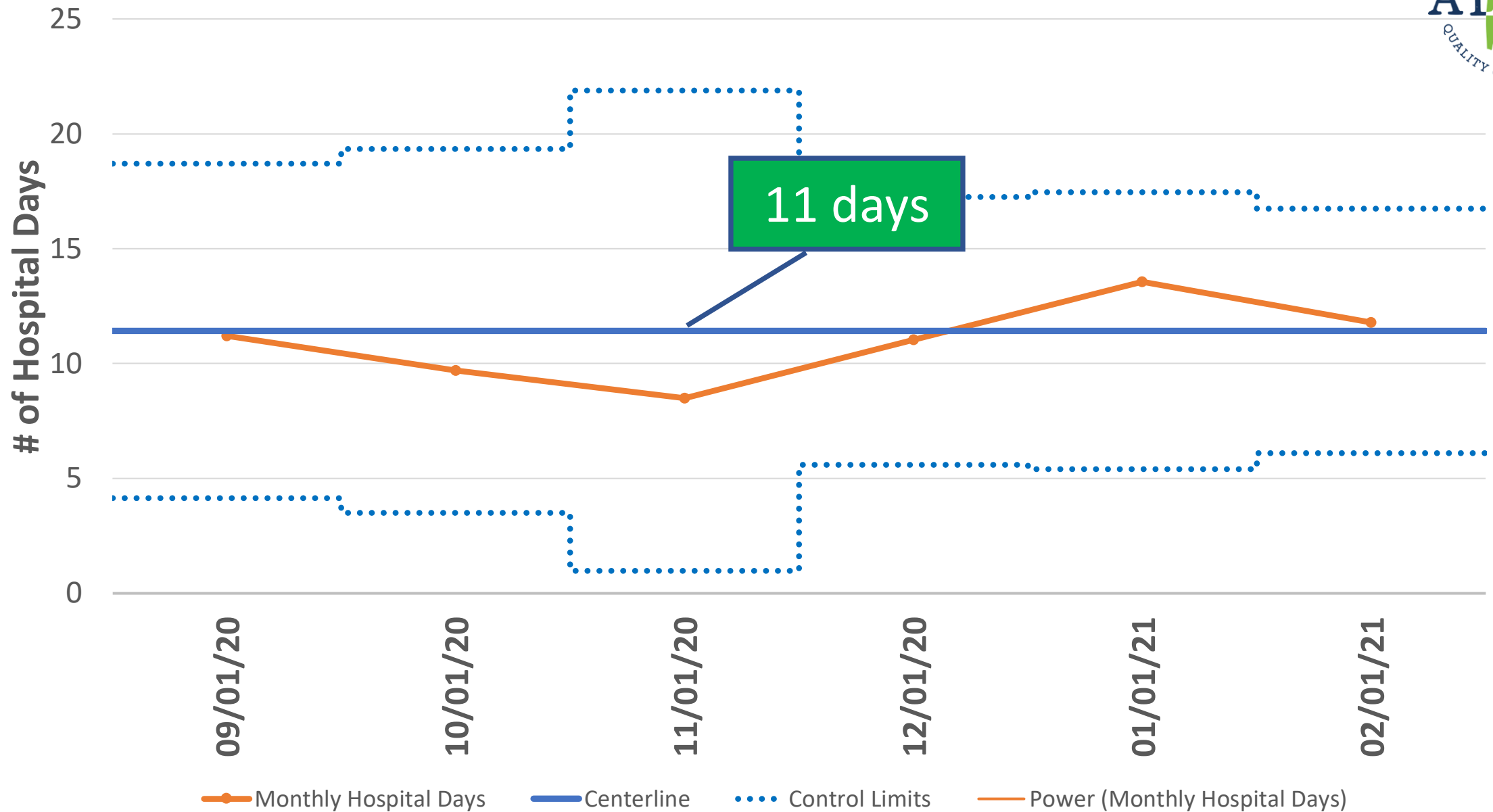


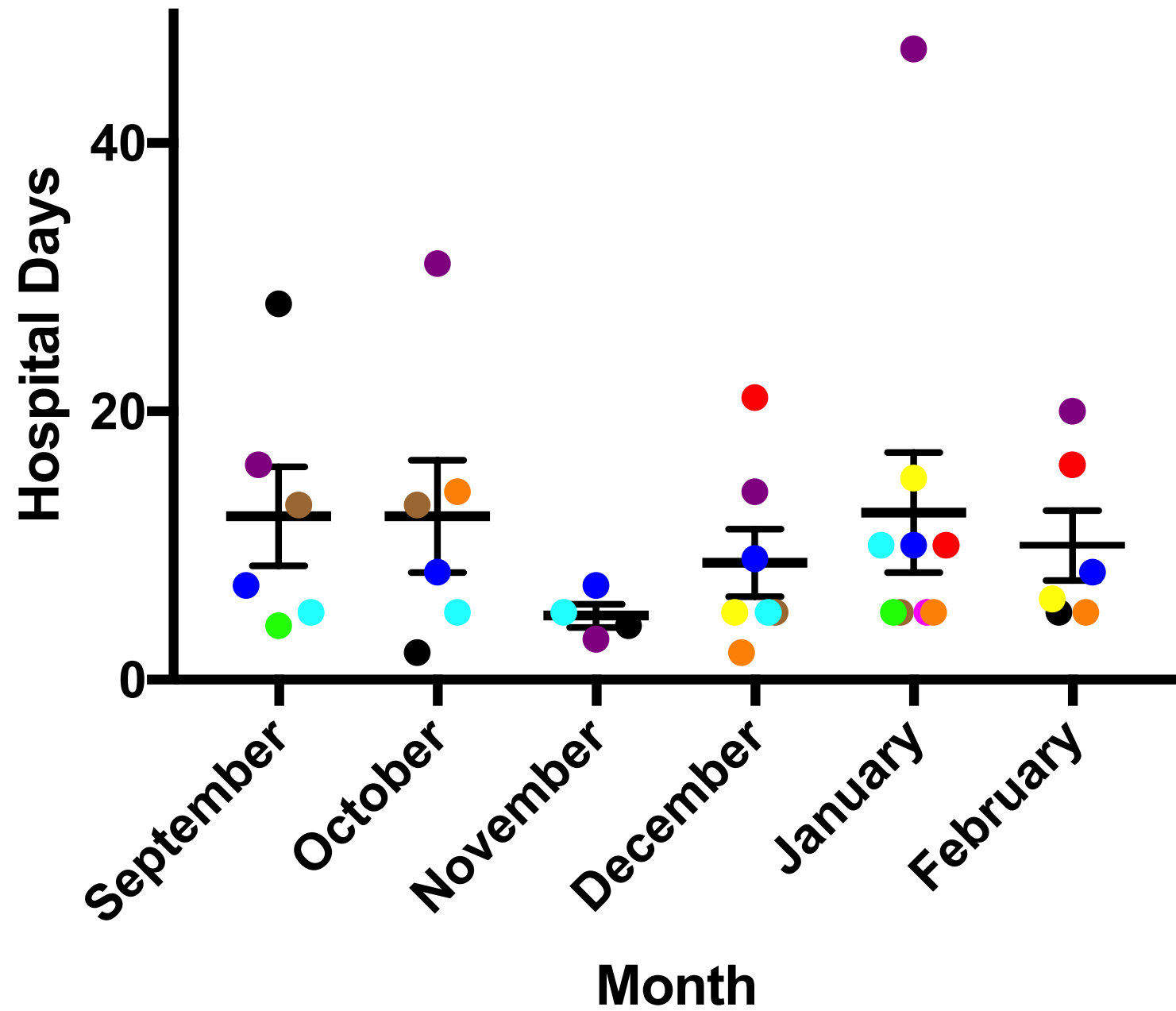
Days of Pharmacologic Care





Length of Stay



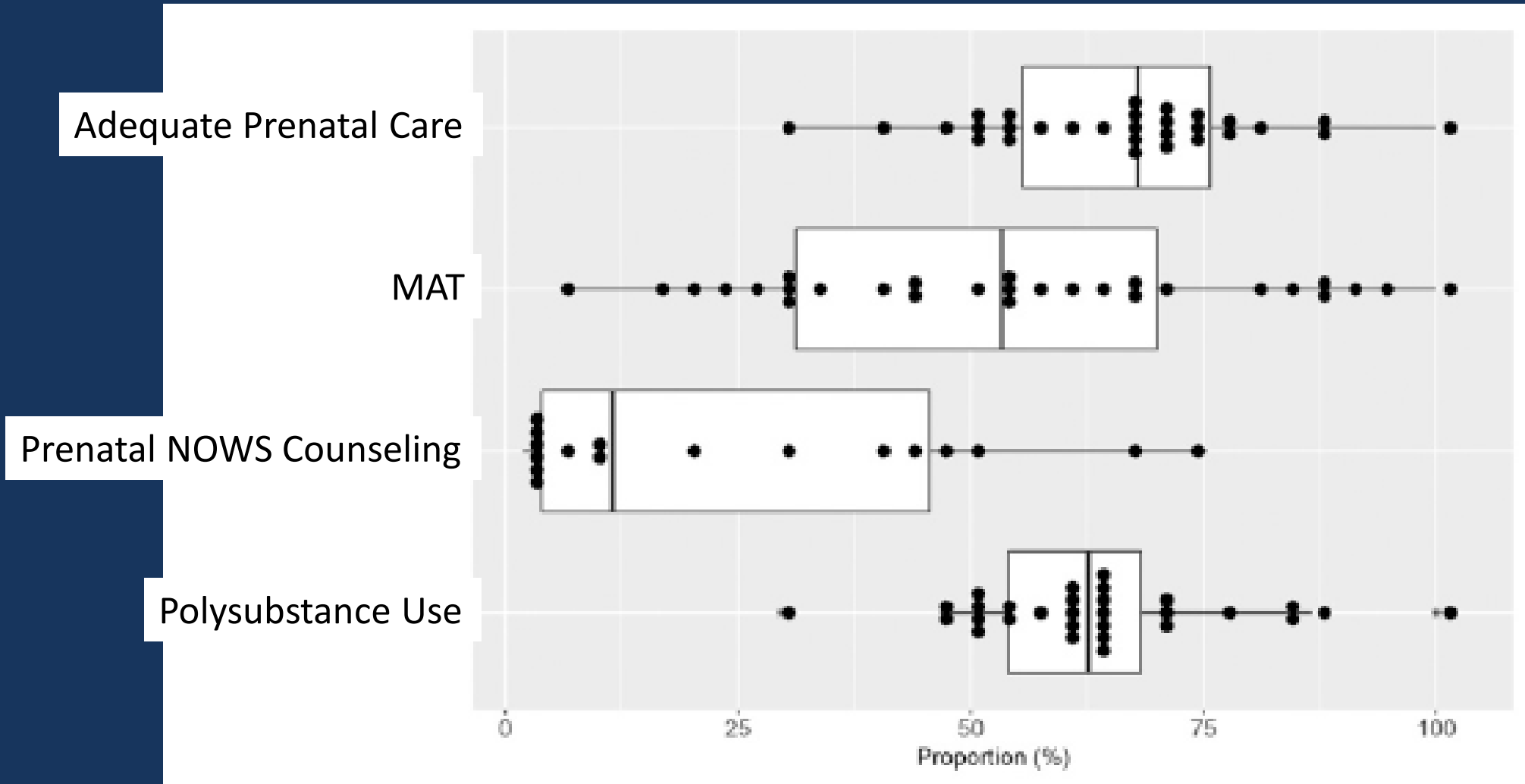


Additional Data

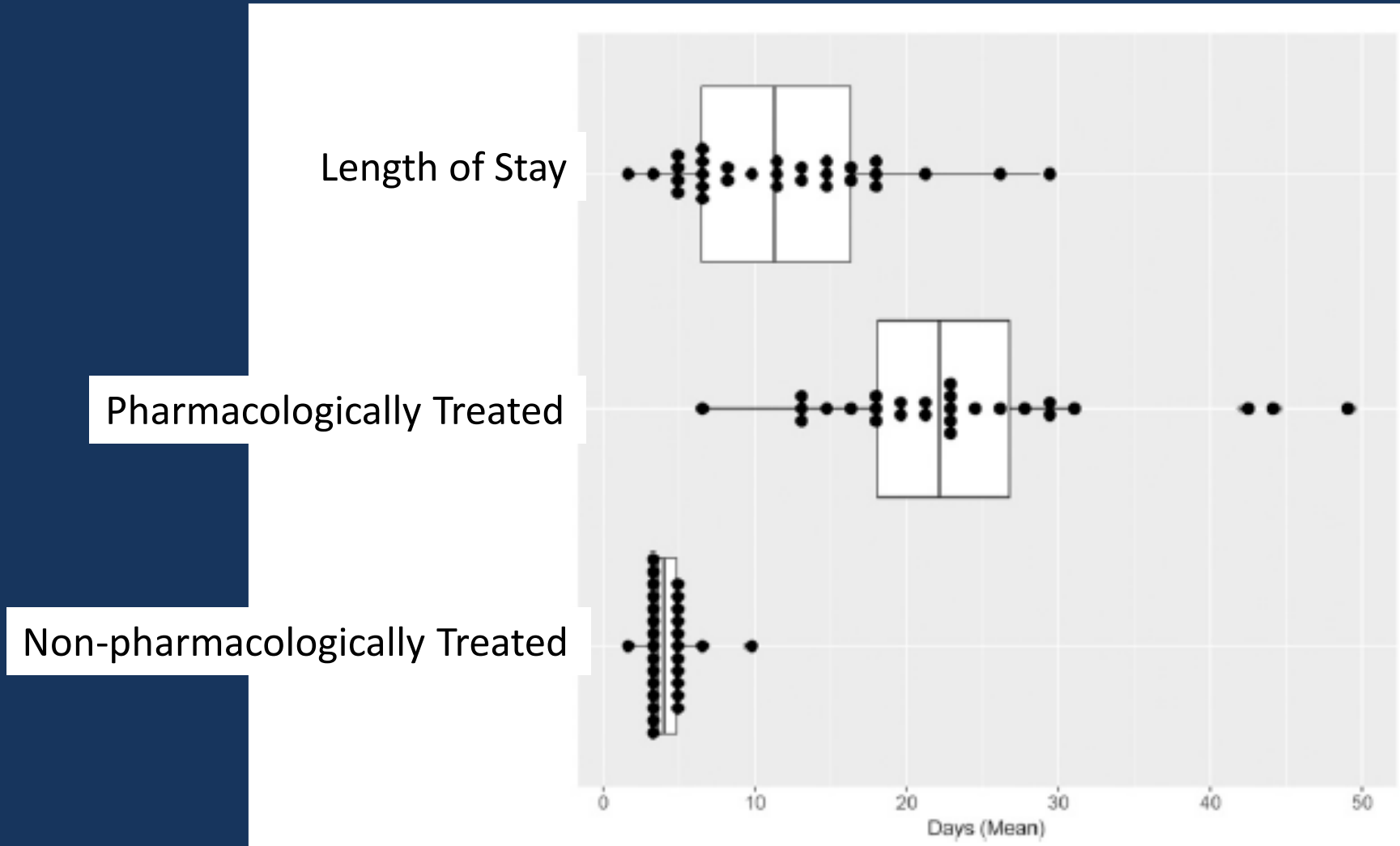


- No mothers received Narcan counseling

Variation in Practice



Variation in Practice



Summary

Measure	Baseline
Receiving or Referred to Addiction Services	50%
Medication for Opioid Use Disorder	58%
Pharmacologic Care	36%
Days of Pharmacologic Care	14 days
Length of Stay	11 days

Summary

Measure	Baseline	Average
Receiving or Referred to Addiction Services	50%	75%
Medication for Opioid Use Disorder	58%	66% ²
Pharmacologic Care	36%	48% ²
Days of Pharmacologic Care	14 days	18 days ²
Length of Stay	11 days	12 days ²

1: Crane et al. *J Subst Abuse Treat.* 2019

2: Young et al. *Pediatrics.* 2021

Resources Overview



Neonatal Opioid Withdrawal Syndrome

Stephen W. Patrick, MD, MPH, MS, FAAP,^a Wanda D. Barfield, MD, MPH, FAAP,^b Brenda B. Poindexter, MD, MS, FAAP,^c COMMITTEE ON FETUS AND NEWBORN, COMMITTEE ON SUBSTANCE USE AND PREVENTION

The opioid crisis has grown to affect pregnant women and infants across the United States, as evidenced by rising rates of opioid use disorder among pregnant women and neonatal opioid withdrawal syndrome among infants. Across the country, pregnant women lack access to evidence-based therapies, including medications for opioid use disorder, and infants with opioid exposure frequently receive variable care. In addition, public systems, such as child welfare and early intervention, are increasingly stretched by increasing numbers of children affected by the crisis. Systematic, enduring, coordinated, and holistic approaches are needed to improve care for the mother-infant dyad. In this statement, we provide an overview of the effect of the opioid crisis on the mother-infant dyad and provide recommendations for management of the infant with opioid exposure, including clinical presentation, assessment, treatment, and discharge.

abstract

^aDivision of Neonatology, Department of Pediatrics and Health Policy, School of Medicine, Vanderbilt University and Vanderbilt Center for Child Health Policy, Vanderbilt University Medical Center, Nashville, Tennessee; ^bCenters for Disease Control and Prevention, Atlanta, Georgia; and ^cDepartment of Pediatrics, College of Medicine, University of Cincinnati and Cincinnati Children's Medical Hospital Center, Cincinnati, Ohio

Clinical reports from the American Academy of Pediatrics benefit from expertise and resources of liaisons and internal (AAP) and external reviewers. However, clinical reports from the American Academy of Pediatrics may not reflect the views of the liaisons or the organizations or government agencies that they represent.

Drs Patrick, Barfield, and Poindexter were directly involved in the planning, researching, and writing of this report and approved the final manuscript as submitted.

See “Additional Resources” menu on our NOWS webpage:

<https://www.alpqc.org/initiatives/nows/>



Topics Covered

- Screening and testing
- Period of observation
- Hospital settings
- Nonpharmacologic care
- Breastfeeding
- Pharmacotherapy
- Discharge

Observation

1. All infants with chronic opioid exposure should be observed for at least 72 hours to monitor for the development of withdrawal. Although there is increasing evidence that multiple factors may increase an opioid-exposed infant's risk of withdrawal (eg, gestational age, specific genotypes, tobacco use, benzodiazepine, and gabapentin), there remains insufficient evidence of how to use these exposures to tailor an infant's postnatal observation period. Institutions may use the following approach for observation of infants with opioid exposure:
 2. immediate-release opioids: 3 days;
 3. buprenorphine and sustained-release opioids: 4 to 7 days; and
 4. methadone: 5 to 7 days.



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Gratefully adapted with permission from the ILPQC Mothers and Newborns affected by Opioids (MNO) Neonatal Initiative.

See “Collaborative Discharge Plan” menu on our NOWS webpage:
<https://www.alpqc.org/initiatives/nows/>

What are the signs of NOWS?

- High-pitched cry / crankiness
- Shaking / jitters
- Trouble sleeping
- Stuffy nose / sneezing
- Yawning
- Difficulty feeding due to problems sucking
- Stiff arms, legs and back
- Vomiting / diarrhea
- Poor weight gain after the 4th day of life
- Fast breathing
- Skin breakdown, particularly in the diaper area or on the face

How can I help my baby?

Whether or not your baby needs medicine, you can help your baby by:

- Staying close to your baby
- Continually holding and swaddling your baby
- Making skin-to-skin contact with your baby
- Feeding your baby whenever he or she looks hungry
- Keeping things quiet and calm around your baby (few visitors, no noise, no bright lights)
- Breastfeeding

Your nurse can help you learn how to swaddle your baby if you want to practice or do not know how. If you have any questions at all, please ask.

Team Talks

Neonatal Opioid Withdrawal Syndrome Key Driver Diagram

Global Aims

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

SMART Aims

By April 1, 2022, in infants born at ≥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 Collaborative Discharge Plan 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

Supportive Discharge for Mothers 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 Collaborative Discharge Plan

Team Talks - Breakouts

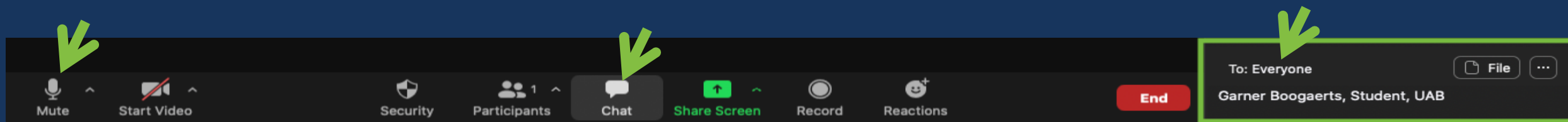
- You will be automatically assigned to a breakout
- Breakout will end after 5 mins
- We will have brief report outs at the end

Discussion topics:

1. What are you working on?
2. What are your challenges?
3. What are some early wins / lessons learned?
4. What questions do you have for the other hospital teams?

Q&A

- Please feel free to **unmute** and ask questions
- You may also enter comments or questions in the "chat" box (with **Everyone** selected)



Next Steps

- Monthly (April) data due May 31, 2021
 - Remember monthly self-assessment
- If have not done so already, please also submit:
 - Baseline data
 - March monthly data
 - Quarterly structural measures data

Structural Measures

1. Hospital has implemented education practices for hospital staff for reducing stigma in opioid-exposed newborns (OENs)

☐ Haven't started

☐ Working on it

☐ In place

2. Hospital has implemented education practices for hospital staff for scoring OENs

3. Hospital has implemented standardized non-pharmacologic guidelines for OENs

4. Hospital has implemented standardized practices of when to transfer infants with NOWs to a higher level of care

5. Hospital has implemented standardized pharmacologic guidelines for infants with NOWS

6. Hospital has implemented standardized protocols/guidelines for Collaborative Discharge Plan for mothers and infants

Next Steps

- Submit data use agreement to csnowden@alaha.gov
- Meet with your team every month to review data and plan next steps for your hospital
- Continue running PDSAs!
 - Samples and template on our [website](#) under “Key Documents”



Thank You

Next Call: Wednesday, June 23 at 12:00 PM