



Neonatal Opioid Withdrawal Syndrome (NOWS) Initiative

Action Period Call: Non-Pharmacologic Management

June 23, 2021



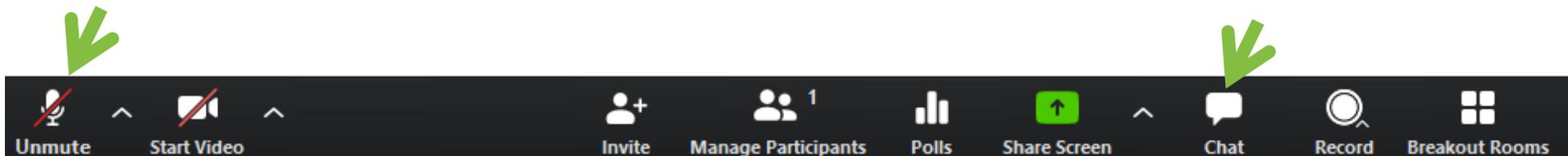
Welcome!

- Please type your name and organization 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
Data Review		12:05 – 12:15
Non-Pharmacologic Management		12:15 – 12:35
Team Talks		12:35 – 12:55
Q&A and Next Steps		12:55 – 1:00



NOWS Updates

- Naloxone prescription
 - No charge to the patient or insurance if patient completes training via the QR code
 - ADMH provides kits for non-Jefferson County residents
 - JCDH provides the kits to Jefferson County residents
 - Standing order prescription from the State Health Officer only valid at pharmacies, not linked to free kits.



alpqc.org/initiatives/nows/, under “Care Team Education” menu

GETTING NALOXONE IN ALABAMA

is as easy as
1...2...3!



Steps:

1. Go to [JCDH.org](https://jcdh.org) and search Naloxone, or scan the QR code below.
2. Watch a quick video on Naloxone and how to administer it. Complete the online form to get your certificate.
3. Pick one of the options to get your free naloxone kit:
 - Have kit mailed to you
 - Pick up kit at JCDH
(1400 6th Ave South, Birmingham, AL)
 - Pick up kit at a participating pharmacy



The Jefferson County Department of Health is offering free naloxone training certification on how to prevent, recognize, and respond to an opioid overdose by using naloxone. Naloxone is a prescription medication used to reverse an opioid overdose. Opioids are substances such as heroin, fentanyl, or prescription pain medication.

Any questions? Call 930-1065 or email naloxonetraining@jcdh.org

Further Education Links:

<https://recoveryresourcejeffco.com/>

<https://www.alabamapublichealth.gov/pharmacy/naloxone-dispensing.html>



NOWS Updates



➤ New resources on our website: alpqc.org/initiatives/nows/, under “Care Team Education” menu



🔍 Search All AAP

Recovery-friendly Family-centered Pediatrics

[Patient Care](#) / [Maternal-Infant Health and Opioid Use Program](#) / [Recovery-friendly Family-centered Pediatrics](#)



The use of opioids, even as directed by a clinician can increase the possibility of developing opioid use disorder (OUD). The increase in opioid use in the recent years has affected people across all demographics, including pregnant people. While the initiation to prescribed or non-prescribed opioids, seldom starts in the prenatal period, pregnancy is an opportunity to support families in accessing OUD treatment and recovery services. Pediatricians understand the challenges of becoming a parent; they also know that infants exposed to opioids prenatally will have the most positive health outcomes when the parents are healthy and are involved in caring for their newborn right from the start. Similar to other chronic conditions, such as diabetes and hypertension, OUD can be successfully managed and treated. Pediatricians play an essential role in supporting birth parents and caregivers during reconvey and ensuring they can access the health services they need to achieve the family health and recovery goals.

Recovery-friendly Pediatric Care

Family-centered care proposes a framework that supports birth parents with opioid use disorder during treatment and recovery.

Opioid Use and Pregnancy

Birth parents with opioid use disorder love their children and they can successfully recover.

NOWS – Planning for Maternal and Infant Discharge

An early start to discharge planning can enable care continuity for the mother-infant dyad.

Community Care Coordination

Pediatricians are in the unique position to coordinate individualized care and community services for infants and families affected by opioid use disorder.

Provides feedback



Search...

Login | Register | Donate

Clinician Consultation

Clinical Resources

About the Center

You are here: Home > Clinician Consultation > Substance Use Management

Substance Use Management



Clinically supported advice on substance use management for healthcare providers

Peer-to-peer consultation from physicians, clinical pharmacists, and nurses with special expertise in substance use evaluation and management.

Submit a Case for Consultation

Send an NCCC clinician your case online.

SUBMIT

Call for a Phone Consultation

(855) 300-3595

Monday – Friday, 9 a.m. – 8 p.m. ET

CALL

California-based clinicians, please visit our [California Substance Use Line](#).

We advise on all aspects of substance use management, including:

- Assessment and treatment of opioid, alcohol, and other substance use disorders
- Approaches to suspected misuse, abuse, or diversion of prescribed opioids
- Methods to simplify opioid-based pain regimens to reduce risk of misuse and toxicity
- Urine toxicology testing – when to use it and what it means
- Use of buprenorphine and the role of methadone maintenance
- Withdrawal management for opioids, alcohol, and other CNS depressants
- Harm reduction strategies and overdose prevention
- Managing substance use in special populations (pregnancy, HIV, hepatitis)
- Productive ways of discussing known or suspected addiction with patients

Advice for providers from national experts

The NCCC's consultation on HIV/AIDS and exposure management has helped guide clinicians for more than 20 years. That same expert consultation is now available for decision-making around substance use management, including the treatment of complex patients with addiction, chronic pain, and behavioral health issues; considerations around medication regimens and the risk of overdose; and caring for and supporting persons living with or at risk for HIV.

Up-to-date information

Related Information

How are we responding to the COVID-19 pandemic?

The NCCC is pleased to support ongoing efforts to prevent, prepare for, and respond to COVID-19 as it relates to HIV and viral hepatitis prevention and treatment, as well as substance use disorder treatment. For more information on how we can assist you, please visit our [COVID-19 Response Page](#).

Find Education and Training

Education & Professional Development

[Patient Care](#) / [Maternal-Infant Health and Opioid Use Program](#) / Education & Professional Development

Pediatricians know that healthy babies grow in healthy families. Educational resources from the AAP and other organizations invite pediatricians to learn how they can partner with families, build a positive therapeutic alliance, and address the challenges of opioid use. All pediatricians are invited to learn how they can partner with families, build a positive therapeutic alliance, and address the challenges of opioid use.

AAP Resources

[NEW from the AAP! Plans of Safe Care for Infant Exposed to Opioids – PediaLink Course](#)

The increase in opioid use during pregnancy has been paralleled by an increase in the number of infants diagnosed with opioid use disorder. As pediatricians and family physicians, you may face barriers to accessing medical care and other challenges that can impact the medical system for the mother-infant dyad, they are in a unique position to identify families affected by parental opioid use and to access comprehensive treatment and services.

The new PediaLink course, [Plans of Safe Care for Infants Exposed to Opioids](#), educates pediatricians about best practices for care coordination and the patient- and family-centered pediatric medical home framework, the course also covers the newly released clinical report, [Neonatal Opioid Withdrawal Syndrome](#). This course is eligible for continuing medical education (CME) Certification Part 2 points.

- **First**, you must [Register](#) for this **free course** on ShopAAP using your AAP credentials. If you do not have a ShopAAP account, that an AAP membership is not required to create this account and access the course. Having an account allows you to access the course at your own convenience.
- **Second**, you will access the course through [PediaLink.org](#) using the same AAP login credentials. Find the **launch** button. You can also use the “CME Finder” and type *opioids* in the search bar.

[Stigma and Opioid Use Disorder Webinar: What Pediatricians Need to know in Caring for Mothers and Children](#)

[ACOG/AAP Webinar: Pediatric Transitions in Care for the Mother-Infant Dyad Affected by Opioid Use Disorder](#)

[ACOG/AAP Webinar: Maternal Transitions in Care for the Mother-Infant Dyad Affected by Opioid Use](#)

[Understanding Neonatal Abstinence Syndrome for the General Pediatrician](#)

[#NavigatingNAS](#)

Campaign developed by the TECaN Group (Trainees and Early Career Neonatologists) of the AAP Section on Neonatology

Additional Learning Opportunities

[Opioids Through the Ages: Caring for Children and Families in the Wake of Opioid Crisis](#)

Pediatrics for 21st Century (Peds21) – 2019 AAP National Conference & Exhibition

[AAP Substance Use ECHO](#)

The AAP serves as the leader in developing, training, supporting and leading pediatric-specific ECHOs.

[Providers Community Support System \(PCSS\)](#)



MEDICAL PROFESSIONALS

- **CME Opportunity – Registration fee is covered!**
- ASADS 2nd Quarter Virtual Training Event Series
- To take advantage of these trainings you must enter code **2022** in the **Provider Code** section during the registration process.
- To register go to ASADS website at www.asadsonline.com

COURSES AT A GLANCE

Date	Course Title	Presenter/s	Length	CME
July 8, 2021 1:00pm - 4:00pm	Gen Z Marketing: Using Creative Marketing Strategies to better address Substance Use	Jerria Martin	3 hours	CME-3
July 13, 2021 1:00pm - 4:00pm	Positive Ethics: How Ethics Can Improve Our Wellbeing	Dr. Patrick Faircloth	3 hours	CME-3
July 15, 2021 1:00pm - 4:00pm	What are Gas Station Drugs, Their Dangerous Impacts, and Recovery Mechanisms from their Devastating Effects: The Detrimental Injury of Tianeptine Part 1	Merrill Norton	3 hours	CME-3
July 22, 2021 9:00am - 12:00pm	Ethical Decision-Making Processes for Treatment Providers	Vanessa Goepel	3 hours	CME-3
July 27, 2021 9:00am - 12:00pm	Brief Negotiated Interview 101: Exploring Behavior Change	Jennifer Smith and Audra Morrison	3 hours	CME-3
July 29, 2021 1:00pm - 4:00pm	Integrating Peers in the Workforce for Successful Recovery Outcome	Sheila Tyson and Keshia Kennedy	3 hours	CME-3
August 5, 2021 1:00pm - 4:00pm	What are Gas Station Drugs, Their Dangerous Impacts, and Recovery Mechanisms from their Devastating Effects: Phenibut Poisoning Part 2	Merrill Norton	3 hours	CME-3
August 10, 2021 12:00pm - 3:00pm	E-cigarette Use and Vaping: An Emerging Public Health Epidemic	Fayetta Royal	3 hours	CME-3
August 19, 2021 11:00am - 12:00pm	Preventing Pandemic Fatigue in Helping Professionals	Elana Merriweather	1 hour	CME-1
August 24, 2021 10:00am - 1:00pm	Human Trafficking Panel	Pat McCay, Barbara Fowler, Audrey Jordan, Carrie Hill, Doug Gilmer, Lynn Caffery, Vikki Vodasia and Ashley Blalock	3 hours	CME-3
August 31, 2021 9:00am - 12:00pm	Contingency Management: Impacting Treatment and Recovery Outcomes by Increasing Value and Worth	Debbi Metzger	3 hours	CME-3
September 7, 2021 12:00pm - 3:00pm	Methamphetamine: The Addicted, The Addiction and Recovery	Cardwell C. Nuckols	3 hours	CME-3
September 14, 2021 1:00pm - 4:00pm	What are Gas Station Drugs, Their Dangerous Impacts, and Recovery Mechanisms from their Devastating Effects: Special K and The Herbal and Speedball: Ketamine and Kratom: The Deadly K Duo Part 3	Merrill Norton	3 hours	CME-3
September 16, 2021 12:00pm - 3:00pm	HIV/AIDS/STI Update for the Prevention/Substance Abuse Professional	Rick Meriwether	3 hours	CME-3
September 23, 2021 12:00pm - 3:00pm	The Science of Recovery: An Advanced Clinical Seminar on Addiction and Recovery	Cardwell C. Nuckols	3 hours	CME-3
September 28, 2021 1:00pm - 4:00pm	Using Strength-Based Approaches to Empower, Encourage and Engage Women in Substance Use Disorder Treatment: Being Gender Responsive and Culturally Sensitive	Dawn Tyus	3 hours	CME-3

Wednesday, June 30, 2021, 1:00 pm – 2:00 pm CST

Life-Saving Medications for Pregnant and Parenting People Who Use Opioids

Please join the National Network of Perinatal Quality Collaboratives (NNPQC) for a clinical and policy discussion on buprenorphine and naloxone with Dr. Mishka Terplan, a nationally recognized expert in the care of pregnant and parenting people with substance use disorder.

In this webinar, Dr. Terplan will explain the recent changes to the buprenorphine x-waiver and its implications for providers; describe best practices in prescribing buprenorphine to pregnant and parenting people; and inform attendees on ways to increase naloxone access and reduce maternal deaths due to overdose. We encourage you to bring questions and concerns about how to incorporate this work into your PQC opioid initiatives and/or in your clinical practice. Hospital teams are welcome and encouraged to attend.

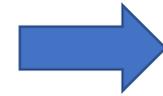
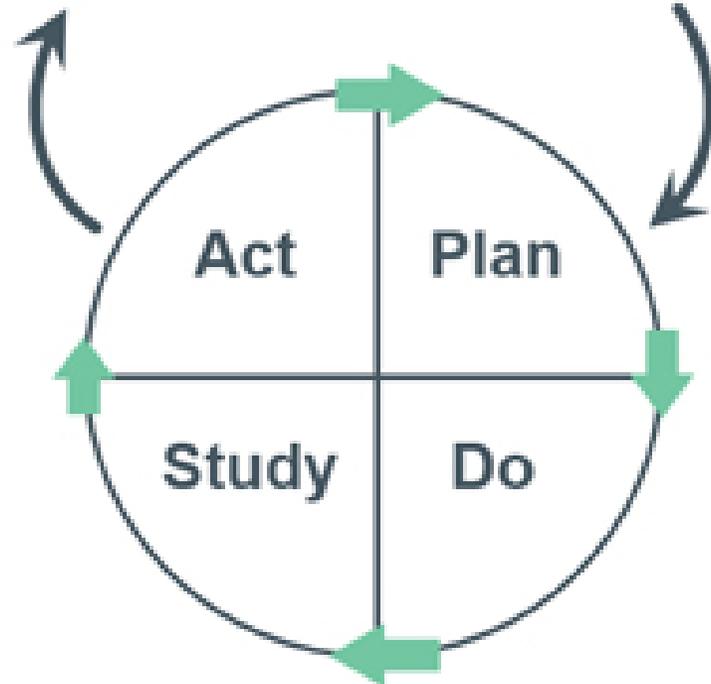
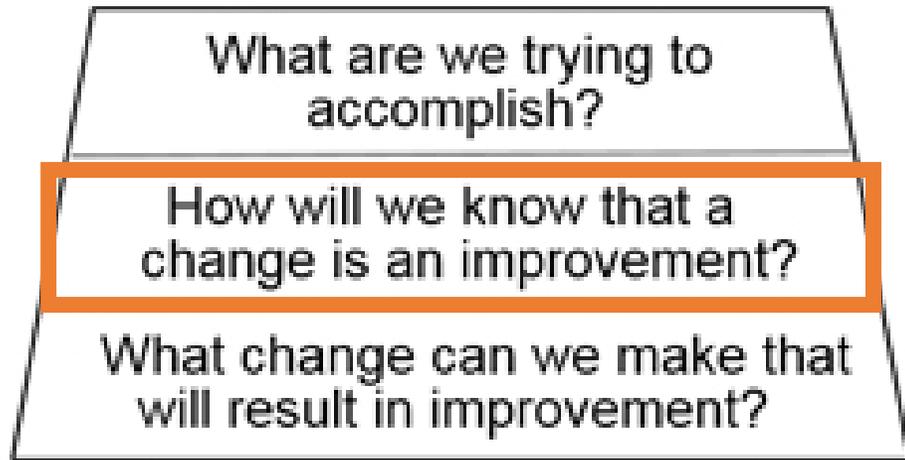


Please follow this link to register for the webinar:
<https://survey.alchemer.com/s3/6396293/Registration-for-June-30th-OUD-Webinar>

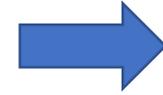
Poll Question 1

Operationalizing the Model

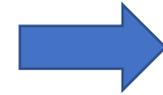
Model for Improvement



Setting your SMART aim



Measurement Strategy



Key Driver Diagram ->
Change Package



Testing Changes via PDSA
cycles

SMART AIM Statement



Specific (clearly stated)

Measurable (measurable numeric goals)

Actionable (within control/influence)

Relevant (aligned with organization)

Time bound (specific time frame)

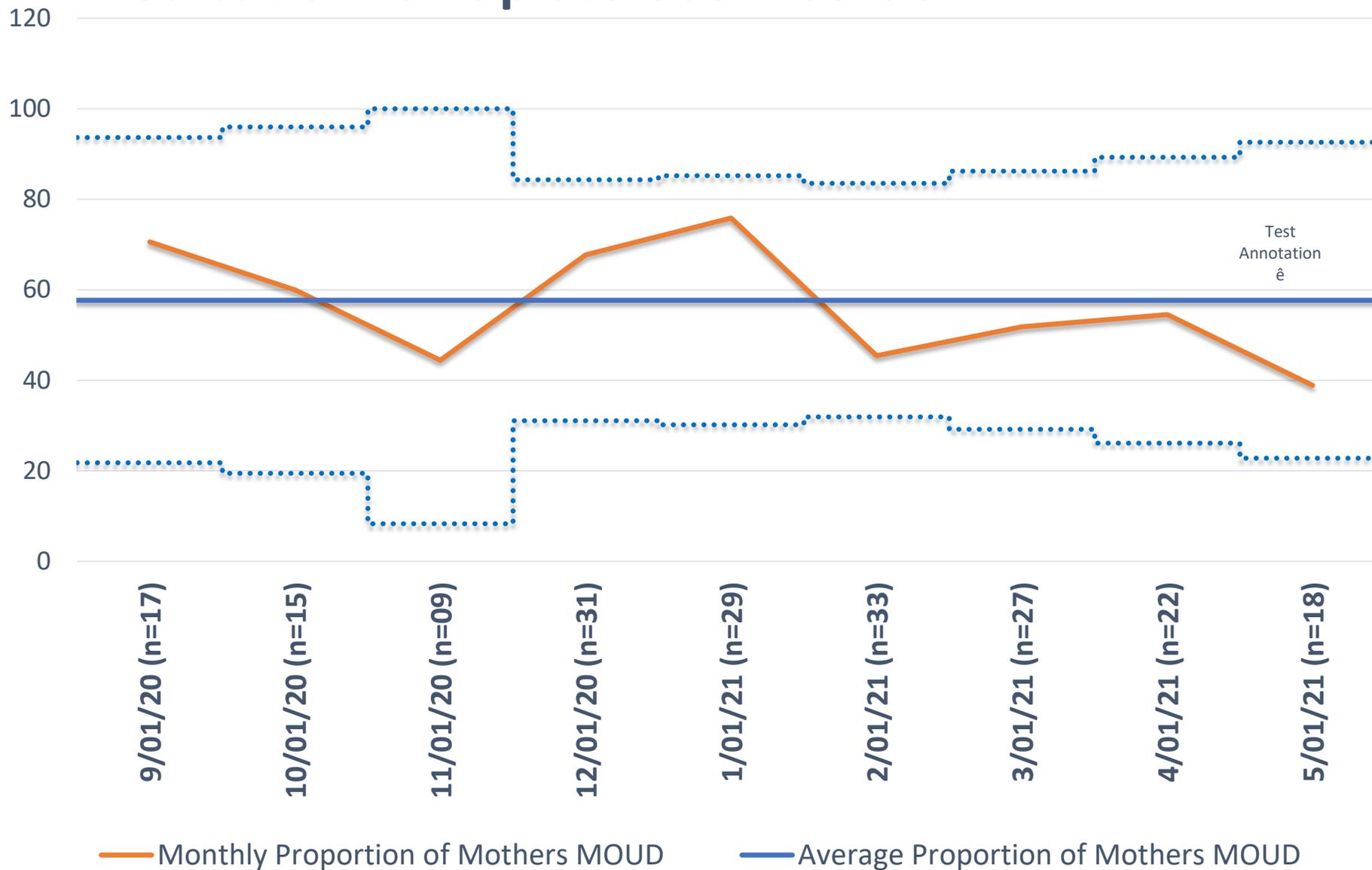


Data Review

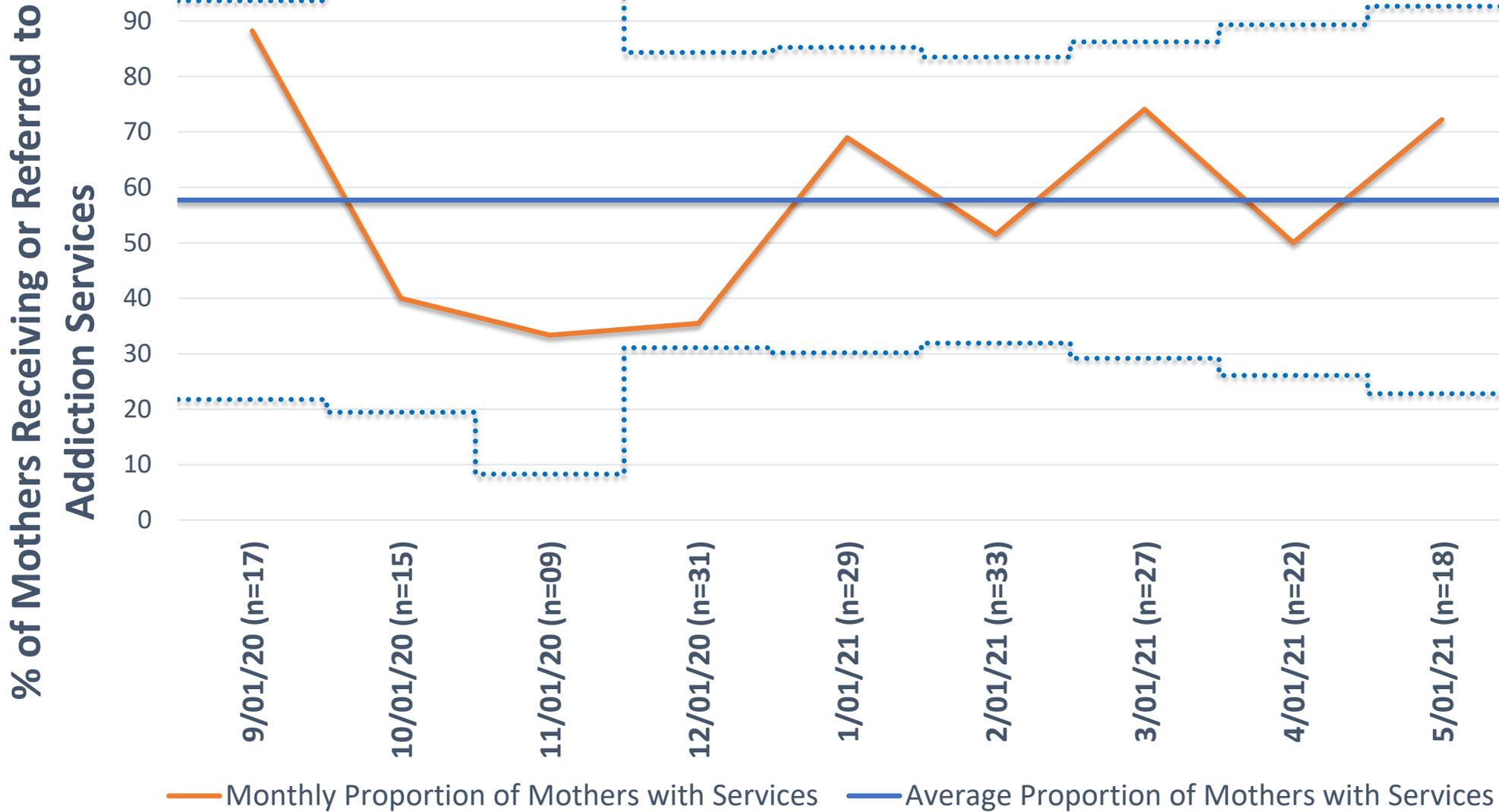
Poll

Medication for Opiate Use Disorder

% of Mothers Receiving MOUD

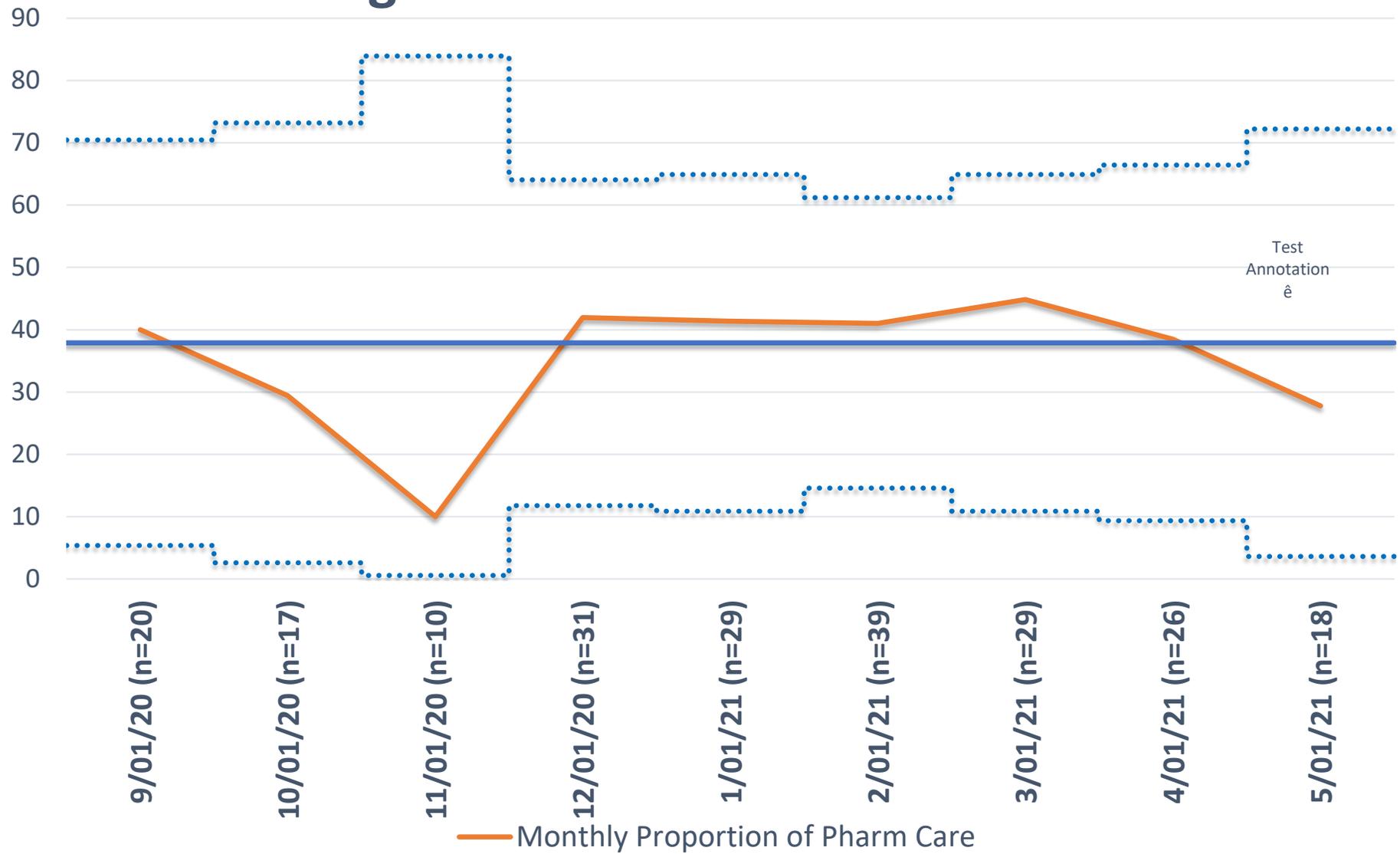


Addiction Services

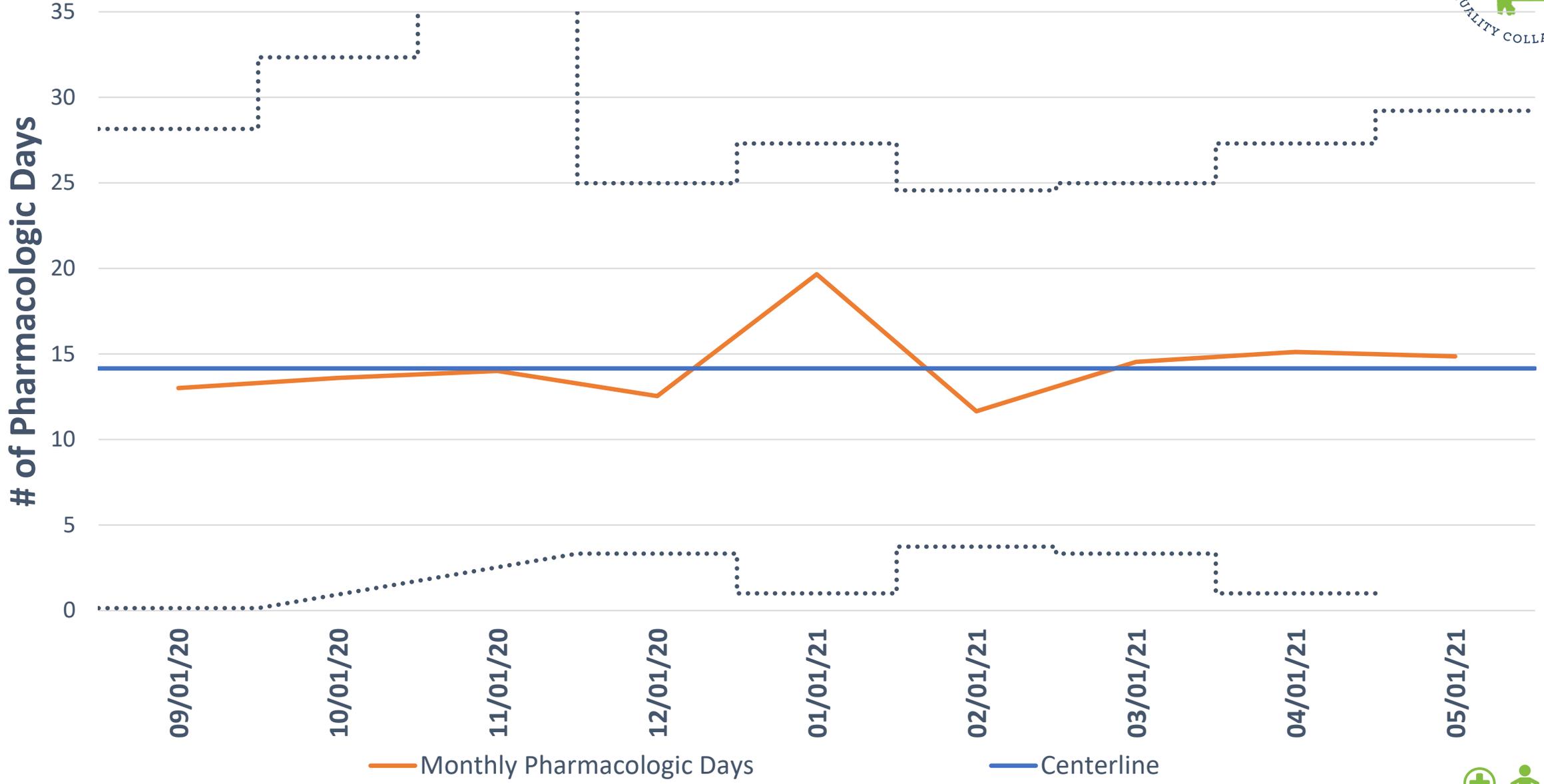


Pharmacologic Care

% of Infants Receiving Pharm Care



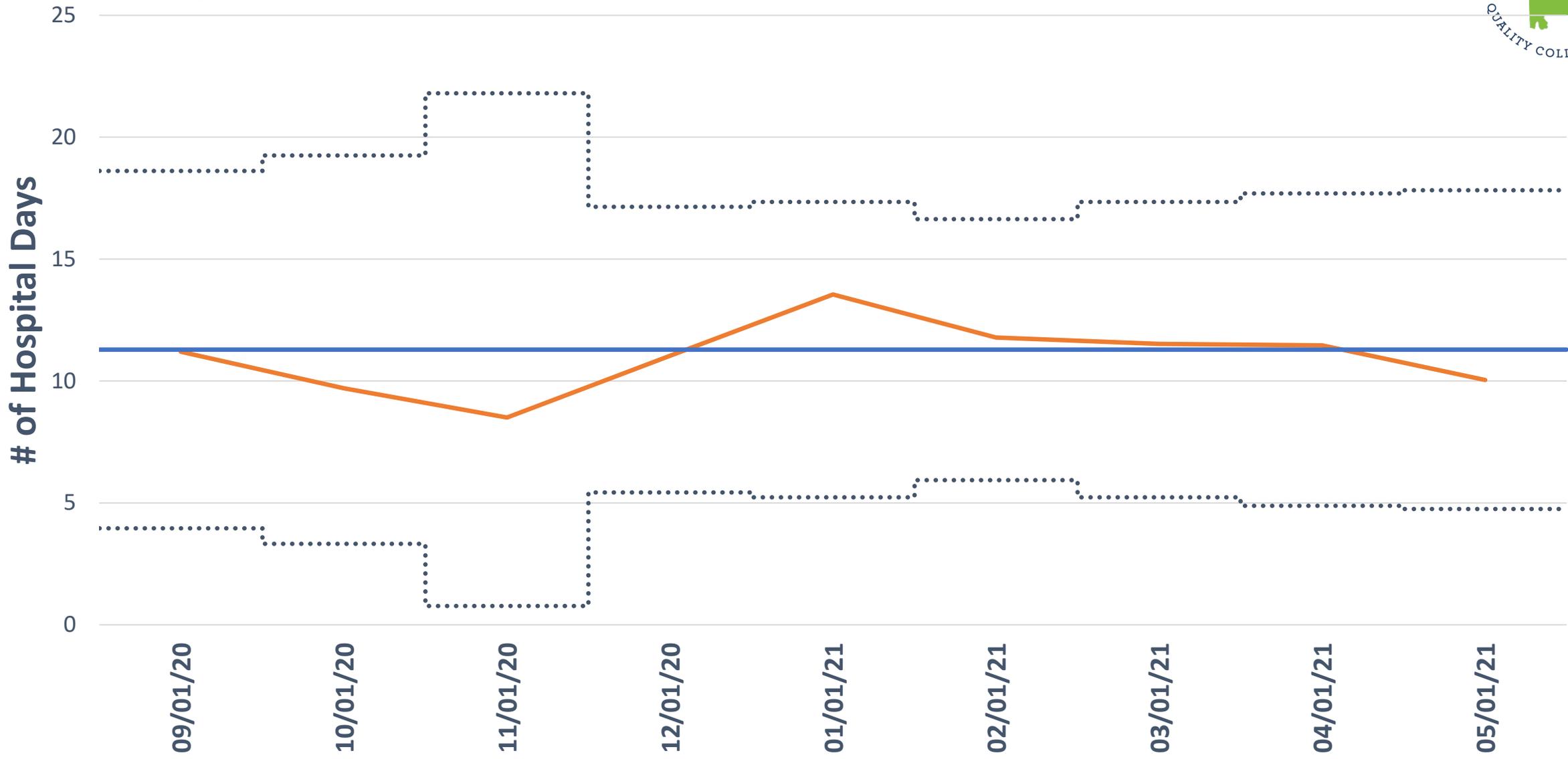
Days of Pharmacologic Care



— Monthly Pharmacologic Days

— Centerline

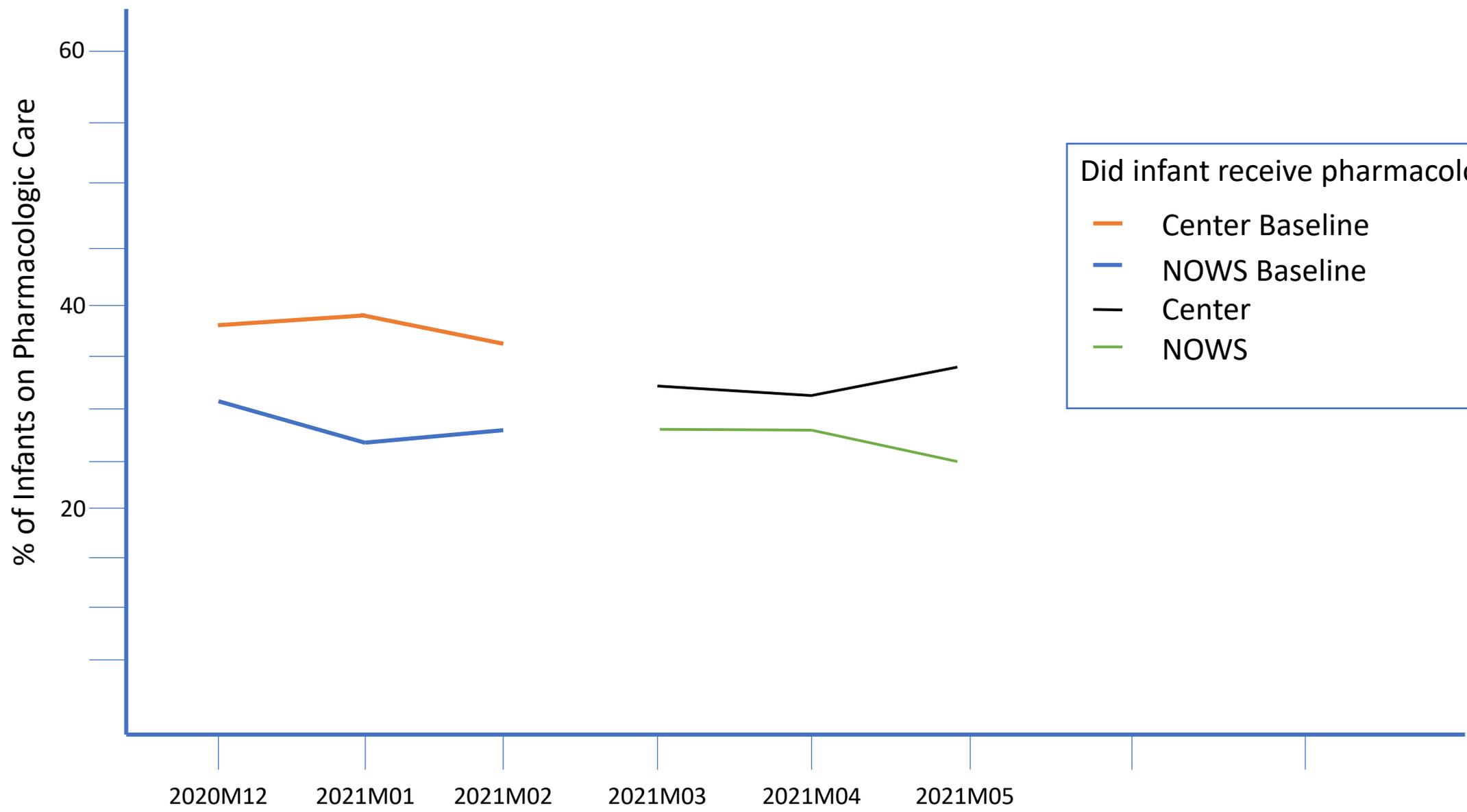
Length of Stay



— Monthly Hospital Days
 — Centerline
 ⋯ Control Limits
 ⋯ Power (Monthly Hospital Days)

Poll Question 2

Portal Report Review



Neonatal Opioid Withdrawal Syndrome Key Driver Diagram

Global Aims

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

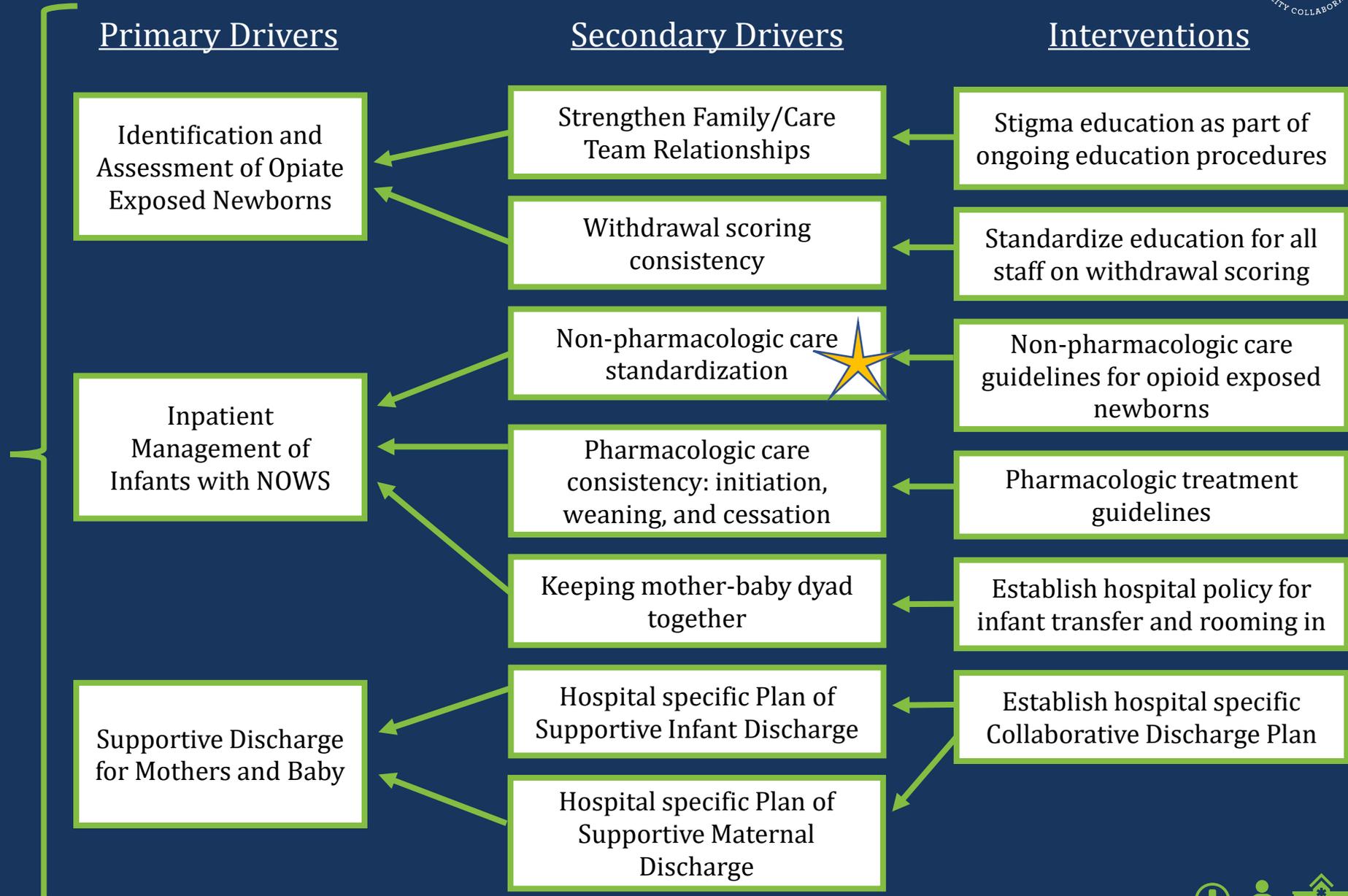
SMART Aims

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%

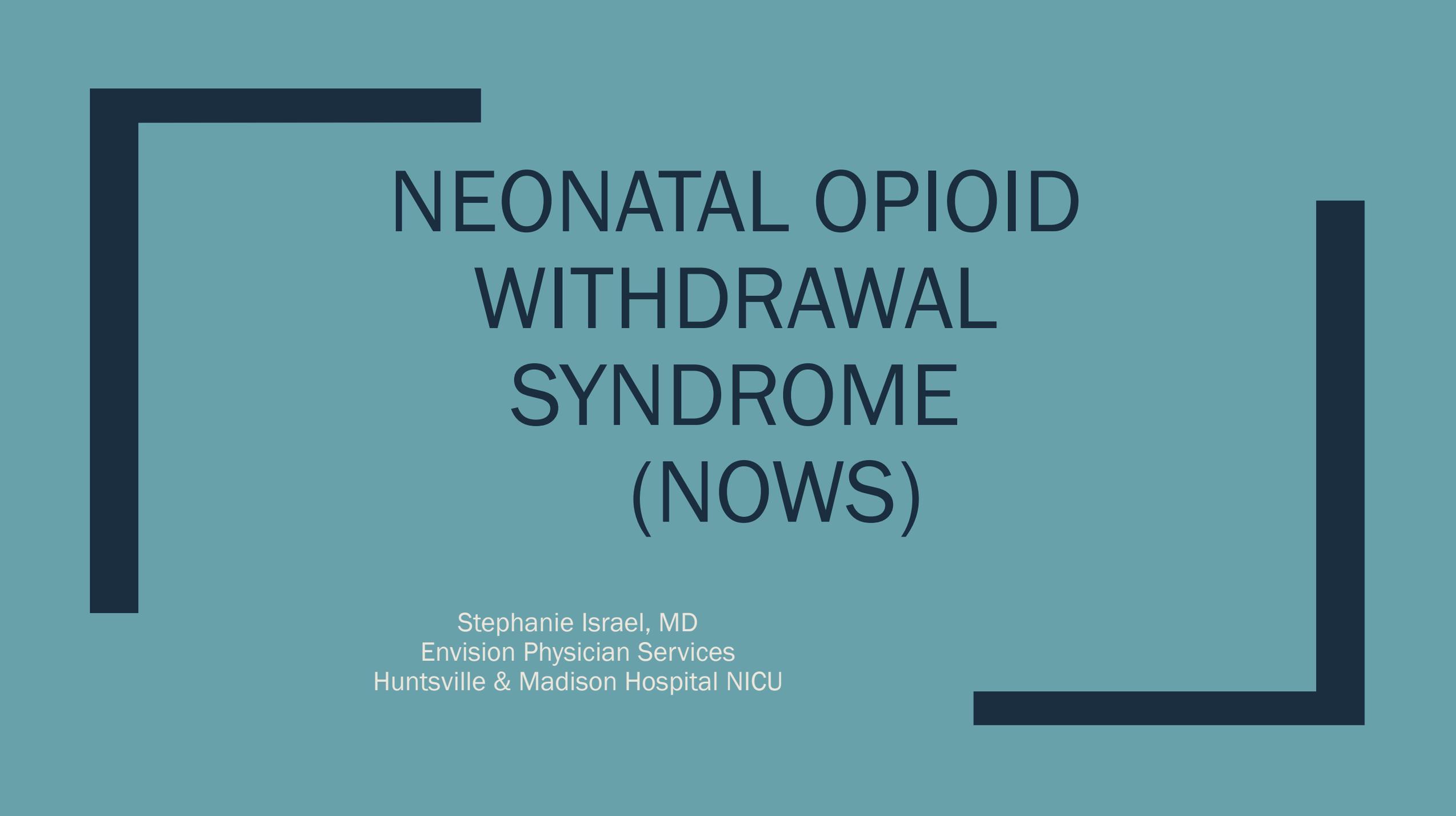
Population

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



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

Non-Pharmacologic Management of Opioid- Exposed Newborns



NEONATAL OPIOID WITHDRAWAL SYNDROME (NOWS)

Stephanie Israel, MD
Envision Physician Services
Huntsville & Madison Hospital NICU



OUR STORY

The Old

- Admit baby to the NICU
- Give meds to suppress withdrawal signs
- Finnegan scoring: Treat the number
- Minimal non-pharmacological treatment
- Scheduled feeds
- Lots of morphine
- Surprise admission
- Staff cares for baby

Let's Pretend It's a Baby



The New

- Make sure baby can function “like a baby”
- Keep mom and baby together
- ESC: Treat the infant for what he/she needs
- Maximize non-pharmacological treatment
- No feeding schedule
- Minimal meds, only PRN
- Prenatal preparations
- Staff teaches parents

Starting Change

- Is Hard!
- 5 months to start rooming in
- 3 months later for NICU and well baby wide teaching
- Rewriting protocols

In the meantime...

- Remind everyone that less is ok, even though in a NICU we often want to do more
- Write for less morphine
- Wean more aggressively
- Teach pearls at bedside



CHANGES

Where should the baby be?



Rooming-in with mom



Non-Pharmacological Management

- Feed baby on demand



Feedings

- On Demand!
- Use an NGT (instead of morphine) as needed
- Breastmilk when meeting criteria
- Gentlease
 - *Less lactose*
- Often Higher Calorie Feeds needed
- Watch for overfeeding
- Watch for tolerance



Non-Pharmacological Management

- Feed baby on demand
- Tend to baby right away – avoid snowballing of crying -> symptoms
- Decrease lights/noise
- Swaddling/rocking/holding
- Requires someone to be at the bedside at all times



Non-Pharmacological Management

- Feed baby on demand
- Tend to baby right away – avoid snowballing of crying -> symptoms
- Decrease lights/noise
- Swaddling/rocking/holding
- Requires someone to be at the bedside at all times
- Empowering mothers
- Less emphasis on Finnegan scores



- Moms feel _____
 - *guilty*
 - *judged*
 - *misunderstood*
 - *stressed*
 - *unsupported by staff*



- Ask mom for her story
- It is so important to support parents, teach them, and to empower them!

Pearls

- Importance of Empowering
- Time that the moms get to spend with their babies is priceless
- Moms are able to learn what their baby needs and how their baby is communicating
- Build confidence as a mom
- "Heal" and forgive oneself

What about morphine?

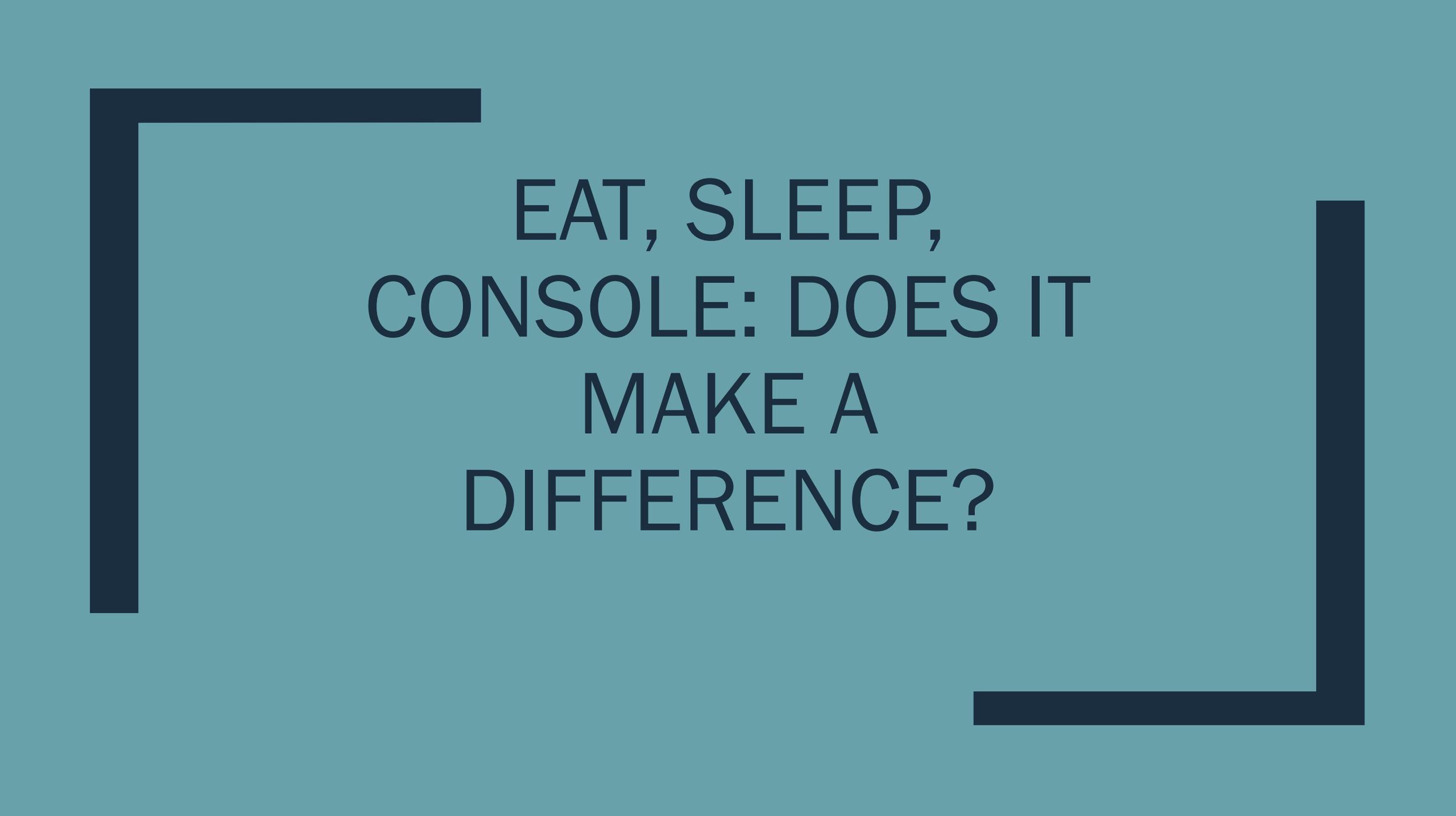


The Old

- Give meds to suppress withdrawal signs
- Admit baby to the NICU
- Finnegan scoring: Treat the number
- Minimal non-pharmacological treatment
- Scheduled feeds
- Lots of morphine
- Surprise admission
- Staff cares for baby

The New

- Make sure baby can function “like a baby”
- Keep mom and baby together
- ESC: Treat the infant for what he/she needs
- Maximize non-pharmacological treatment
- No feeding schedule
- Minimal meds, only PRN
- Prenatal preparations
- Staff teaches parents



EAT, SLEEP,
CONSOLE: DOES IT
MAKE A
DIFFERENCE?

Absolutely

- Length of Stay at Huntsville Hospital for NOWS

2015: 21.7

2016: 20.5

2017: 21.2

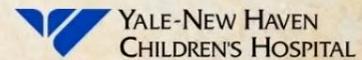
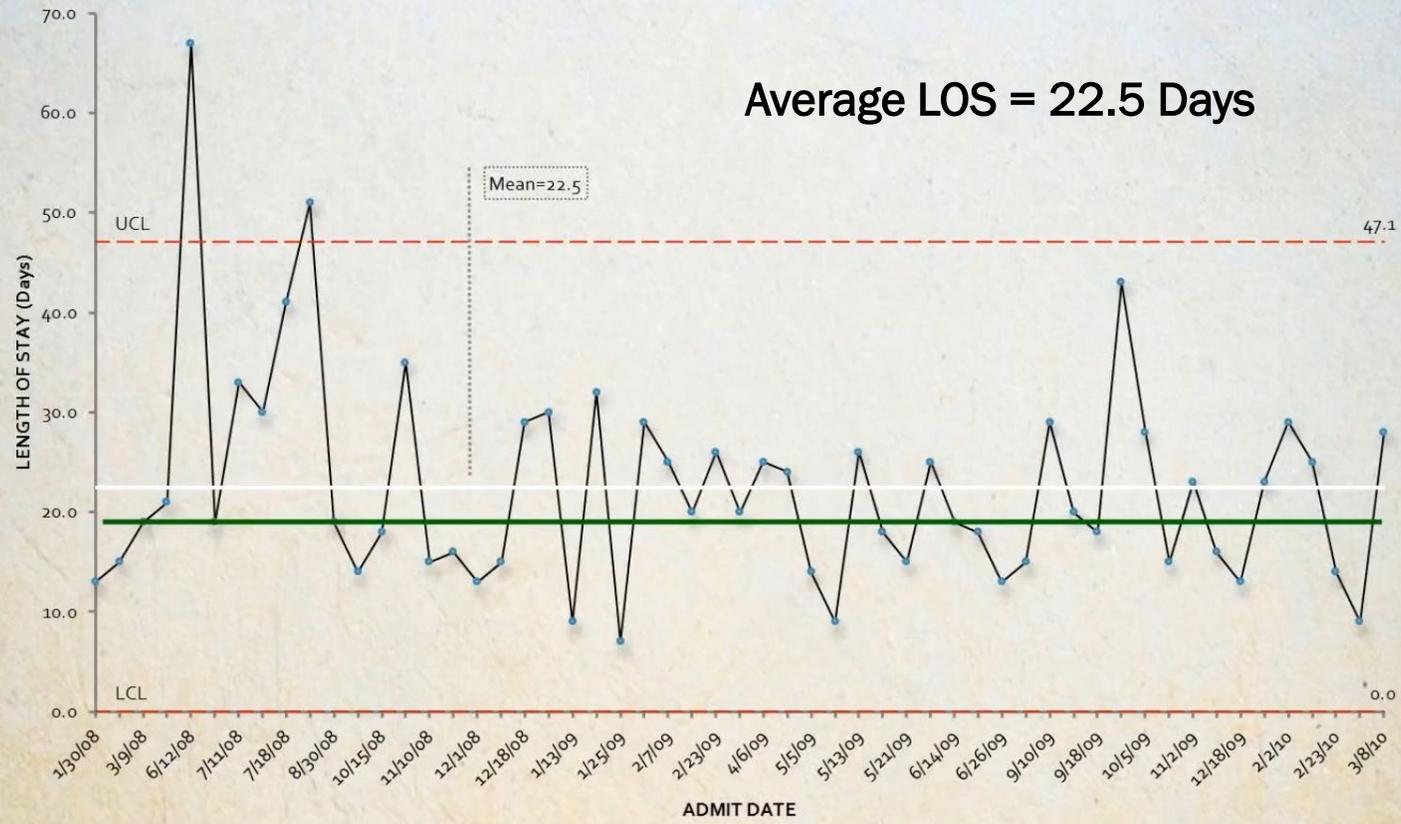
2018: 18.5. ←-- ESC started this year

2019: 10

2020: 10.5

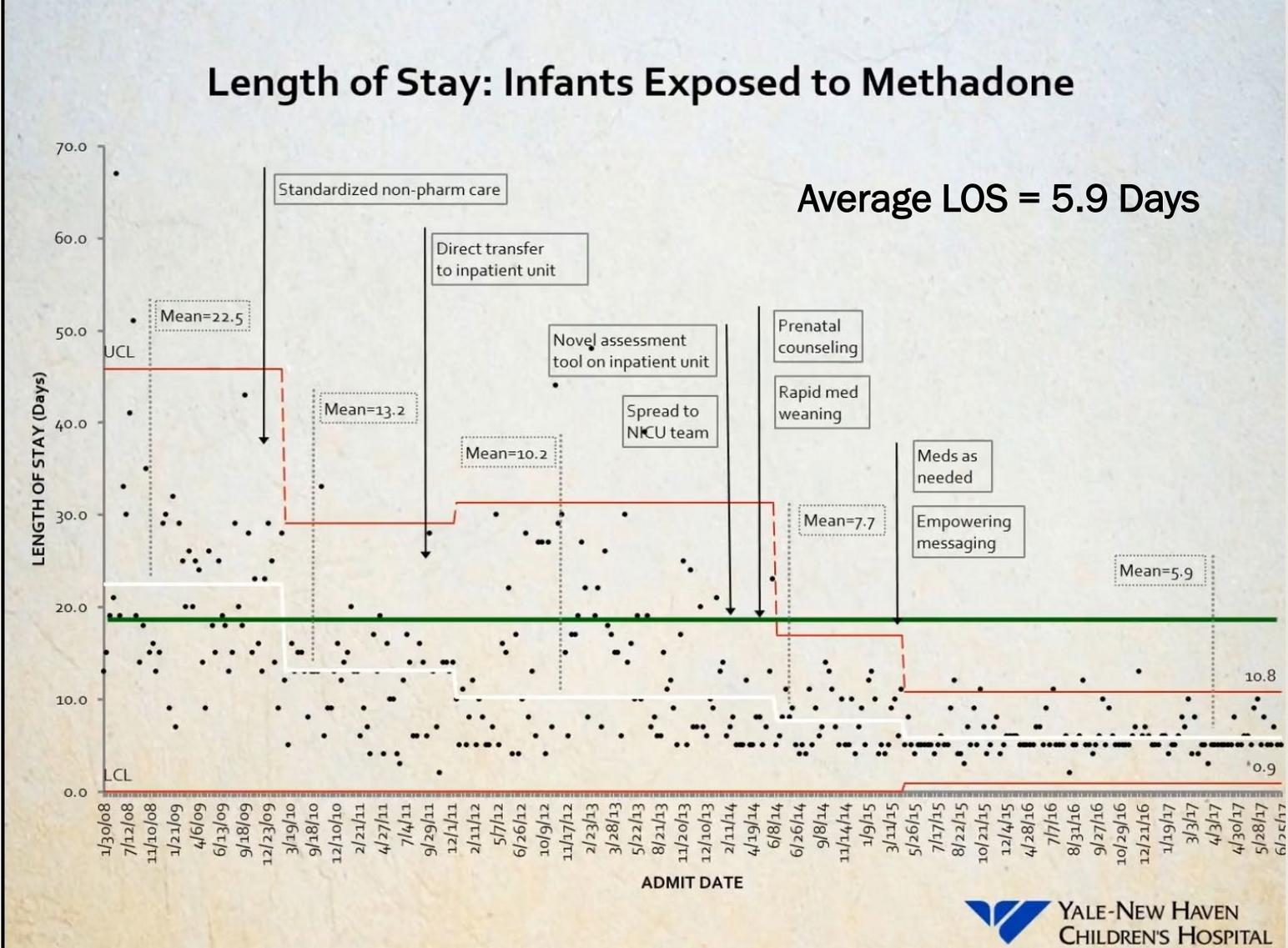
2021: 10

Length of Stay: Infants Exposed to Morphine



Slide from Dr. Matthew Grossman's presentation "Infants with Prenatal Substance Exposure: Yale New Haven Children's Hospital's Approach" 2018

After Eat Sleep Console Measures



Outcomes

- No seizures
- No readmissions
- Happier parents, babies, nurses, and discharge providers



In Review



- 1st Line Therapy is Non-pharmacological Therapy: Parents, parents, parents!!
- 2nd Line Therapy: Medications (this should be rare now)
- Don't just treat a number. Treat the baby.
- Giving 150 doses of morphine for just a few high scores is extreme

References

- Grossman MR, Berkwitt AK, Osborn RR, et al. An Initiative to Improve the Quality of Care of Infants With Neonatal Abstinence Syndrome. *Pediatrics*. 2017;139(6):e20163360
- Slides from Dr. Matthew Grossman’s presentation “Infants with Prenatal Substance Exposure: Yale New Haven Children’s Hospital’s Approach” 2018
- Haight SC, Ko JY, Tong VT, Bohm MK, Callaghan WM. Opioid Use Disorder Documented at Delivery Hospitalization – United States, 1999–2014. *MMWR Morb Mortal Wkly Rep* 2018;67:845–849. DOI: <http://dx.doi.org/10.15585/mmwr.mm6731a1>.
- Identifying Neonatal Abstinence Syndrome (NAS) and Treatment Guidelines. *University of Iowa Children’s Hospital*. 2013.
- Kocherlakota et.al. Neonatal Abstinence Syndrome. *Pediatrics*. 2014. 134;e547.

- [J Perinatol.](#) 2015 Aug;35(8):650-5. doi: 10.1038/jp.2015.36.
Epub 2015 Apr 30
- Neonatal Drug Withdrawal. *Pediatrics* 2012,129 e540-560.
- Neonatal Abstinence Syndrome: The Use of Clonidine as a Treatment Option. *Neo Reviews* 2011;12;e575.
- Patrick, et. al. Improving Care for Neonatal Abstinence Syndrome. *Pediatrics.* 2016,137.
- 2014 UAB Perinatal Conference Material

Non-Pharmacologic Management & Patient Education Resources

www.alpqc.org/initiatives/nows/

Nows Toolkit

Care Team Education

Withdrawal Scoring Consistency

Nonpharmacologic Care & Keeping Mother-Baby Dyad Together

- [ALPQC Nows Toolkit Nonpharmacologic Management](#)
- [Non-Pharmacologic Care Definition](#)
- [How to Care for a Baby with NAS Infographics](#)
- [Eat, Sleep, Console: a family-centered approach to manage NAS \(OPQIC\)](#)
- [Eat Sleep Console Simulation & Debrief Video \(ILPQC\)](#)
- [Engaging Mom in Nonpharmacologic Care Simulation & Debrief Video \(ILPQC\)](#)
- [Sample Rooming-In policy for mother-infant dyad impacted by in-utero opioid exposure \(Baystate Children's Hospital, IL\)](#)
- [Improve Infant Nutrition and Breastfeeding](#)
 - [Support Breastfeeding Flyer](#)
 - [ABM Clinical Protocol #21: Guidelines for Breastfeeding and Substance Use or Substance Use Disorder](#)
 - [Breastfeeding Myth vs Fact – NICHQ \(NEW\)](#)

Collaborative Discharge Plan & Patient Education

- [ALPQC Nows Toolkit: Creating a Collaborative Discharge Plan](#)
- [Nows: Planning the Mother-Infant Dyad Discharge \(AAP\)](#)
- [Collaborative Discharge Tools](#)
 - [ALPQC Nows Discharge Checklist](#)
 - [ALPQC Nows Resources in Our Service Area](#)
 - [ALPQC Nows Collaborative Discharge Plan \(Updated 4/29/2021\)](#)
 - [ALPQC Perinatal Resource Directory](#)
- [Peer Support](#)
 - [Peer Support Services for Pregnant and Postpartum Patients](#)
 - [Peer Support in the Neonatal OB Department](#)
 - [Alabama Warm Line for Mental Health](#)
 - [People Engaged in Recovery \(PEIR\)](#)
- [Naloxone education](#)
 - [Naloxone Patient Education Brochure](#)
 - [Opioid Safety and How to Use Naloxone](#)
 - [Naloxone Training and Kits](#)

Family Education

- [Nows: What You Need to Know – A Guide for Families](#)
- [Be with your baby: You are the treatment!](#)
- [ESC – Caring for Your Baby with Love](#)
- [MORE Hope: Helping our Parents Excel](#)
- [Pregnancy: Methadone and Buprenorphine](#)
- [Better Together to Prevent Neonatal Opioid Withdrawal Syndrome](#)
- [NAS Brochure](#)
- [Safe Sleep \(NEW\)](#)
 - [Safe Sleep for Infants – Myth vs Facts \(NICHQ\)](#)
 - [Safe Sleep for Your Baby – Materials for Caregivers and Families \(NICHD\)](#)
 - [Safe Infant Sleep and Breastfeeding Videos \(NICHD\)](#)

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

- Data due June 30, 2021
 - Monthly (May) data
 - Quarterly Data (April-June 2021)
 - Remember monthly self-assessment

- If have not done so already, please also submit:
 - Baseline data
 - Previous months' data
 - Quarterly data for January-March 2021

- Meet with your team to review data, PDSAs & plan next steps

- Continue running PDSA cycles!
 - Samples and template on our [website](#) under “Key Documents”



Quarterly Structural Measures

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

Quarterly Structural Measures

Measurement Period *

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

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 *

Save



Thank You

Next Call: Wednesday, July 28 at 12:00 PM