

OHSU

Project Nurture

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CENTRAL CITY
CONCERN

HOMES HEALTH JOBS



PROJECT NURTURE

Collaborative care between perinatal services and substance use disorder services
Supported by Affordable Care Act Transformation Funds

Model Components:

- Pregnancy care, care for mother and infant after birth
- Receipt of MSR (buprenorphine or methadone)
- RN case management
- Professional doula support (Peer Recovery Mentor)
- Teaching and mentorship.

Important features

- Care for woman and child to one year after the birth
- Group care model
- Integration and innovation in systems (physical health, mental health, substance use treatment, hospitals)
- Collaboration with Social Services

Some OHSU/CODA data

- > 53 women and their babies.
- > 50% of the patients required residential treatment.
- More than half of the patients were concurrently using methamphetamines.
- 25% were using marijuana.
- 88% were using tobacco.
- 50% of their babies required treatment for neonatal opioid withdrawal syndrome.

More OHSU/CODA data

- Postpartum Contraception:
 - 6% tubal ligation
 - 15% injection
 - **17% implant (in hospital!)**
 - **26% IUD!**
- Parenting!
 - 76% of our patients go home with their babies.
 - 70% are short and long term caregivers.
 - 18% experience temporary relinquishment of their babies.
 - These benefits were seen county-wide.
 - This is the main source of system cost savings for this model.



Breastfeeding?

- 70% breastfed within 24 hours
- 44% breastfeeding 3 months postpartum
- LOTS of trouble with infant weight gain and breastfeeding.
- Patients need a great deal of support through this time.
- Breastfeeding has been something we've been especially challenged by.

Other Outcomes: System Innovation

- Most project nurture collaboratives changed their systems of care:
 - OHSU- re wrote the neonatal opioid withdrawal protocols
 - Providence- introduced buprenorphine prescribing into a resistant system
 - Legacy- developed a protocol for universal substance use disorder screening
- These activities changed the region of care: evidence that county-wide, project nurture activities changed the way that care was delivered and changed outcomes of care.

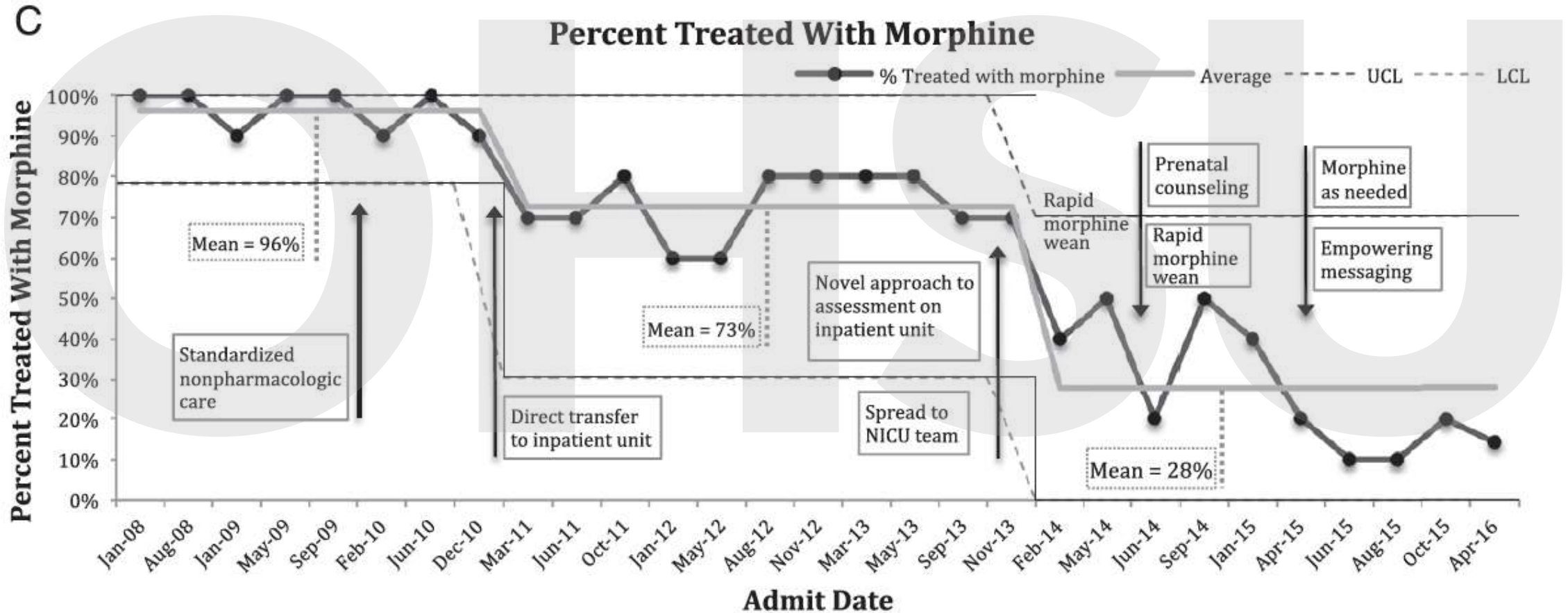
System Innovation: changing approach to Neonatal Opioid Withdrawal (NOW)



- NICU admission
 - Separating mom and baby
- High levels of exposure to pharmacologic treatment
- Finnegan “NAS Scores”
 - Poor inter-observer reliability
 - Just One Sneeze
 - Disruptive neurologic stress test
- Long taper up & down
 - 17 days LOS overall
 - 23 days LOS for those treated

Grossman Yale Study 2017: Eat Sleep Console

- PDSA Cycles:



Goals of Policy Change

1. **Focus on comfort**
= Less Pharmacologic Management
2. **Prioritize Rooming In**
= No more NICU
3. **Focus on Infant Function AKA Eat-Sleep-Console**
= No More Finnegan Scoring
4. **Less Pharmacologic Management**
= Morphine starts as PRN (as needed)

NICU = Neonatal Intensive Care Unit

Comfort is first line treatment for NOW

- Tend to all crying with consoling (swaddle, non-nutritive sucking, rocking, holding)
- Frequent skin to skin or cuddling by birth mother, family or volunteers
- Minimize interruptions, avoid waking for cares, bundle care
- Quiet any noises, dim bright lights
- Ensure optimal feeding
- Skin care with all diaper changes

Rooming in is prioritized:

- Rooming-in on MBU → Doernbecher Inpatient Pediatrics once mom discharged
- No more NICU admissions for NOW
- Participation of parents, family or caregivers
- Provide education and support to parents
- Volunteers

Infants on morphine do not require post-dose monitoring at low doses ($<0.12\text{mg/kg/dose}$)



No more Finnegan: Eat-Sleep-Console (ESC)

EAT - SLEEP - CONSOLE		
EAT	Poor eating due to NOW?	
	NO Eating well or feeding problems not due to NOW	8 - 12 feeds per day with effective latch and milk transfer by breast or at expected volume for age by bottle when showing feeding cues
	YES Poor eating due to NOW	Unable to coordinate feed within 10 mins of showing hunger cues due to NOW symptoms such as fussiness, tremor, or excessive suck
SLEEP	Sleeping less than 1 hour (after a feeding) due to NOW?	
	NO Sleeping well or sleep problems not due to NOW	Able to sleep for more than 1 hour at a time
	YES Poor sleeping due to NOW	Unable to sleep for more than 1 hour due to NOW symptoms such as fussiness, restlessness, increased startle, or tremors
CONSOLE	Unable to console within 10 minutes due to NOW?	
	NO Consolable or difficulty consoling not due to NOW	Able to be consoled within 10 mins with self-soothing, rocking, skin to skin, swaddle, non-nutritive sucking, feeding, or other consoling
	YES Difficulty consoling due to NOW	Unable to be consoled within 10 mins with caregivers effectively providing non-pharmacologic management for NOW



Our results: Pre and Post intervention

- No significant change in LOS: our LOS already relatively short
- Decrease in infants given morphine: 40% to 20%
- VERY SIGNIFICANT decrease in amount of morphine given to infants:
 - 20.08 to 0.87 mg/kg/infant (95.6% reduction)

Other developments:

- Project Nurture specifically called out in the governor's budget.
- Other programs emerging: Kaiser, Women's Healthcare Associates.
- Expanded access to withdrawal management services (Hooper).
- With Oregon statute revision around access to treatment services that provide medically supported recovery: some increased access to best practices for women (but still far far from meeting the need especially for women taking methadone).