

Pennsylvania Perinatal Quality Collaborative

PA PQC Virtual Session

March 21, 2024

Continuing Education Information

In support of improving patient care, this activity has been planned and implemented by the University of Pittsburgh and The Jewish Healthcare Foundation. The University of Pittsburgh is jointly accredited by the **Accreditation Council for Continuing Medical Education (ACCME)** and the **American Nurses Credentialing Center (ANCC)**, to provide continuing education for the healthcare team. **1.0 hours are approved for this course.**

As a Jointly Accredited Organization, University of Pittsburgh is approved to offer social work continuing education by the **Association of Social Work Boards' (ASWB)** Approved Continuing Education (ACE) program. Organizations, not individual courses, are approved under this program. State and provincial regulatory boards have the final authority to determine whether an individual course may be accepted for continuing education credit. University of Pittsburgh maintains responsibility for this course. Social workers completing this course receive **1.0 continuing education credits.**

Disclosures

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Agenda

1. **Welcome** – Sara Nelis, RN, PA PQC Project Manager, Jewish Healthcare Foundation
2. **Guthrie Robert Packer Hospital: Implementing Equity Pauses** – Jessica Miller, CNM
3. **UPMC Northwest: Nurse Navigator for Patients with SUD** – Cheri Siverling, MSN, RNC-OB, Unit Director, UPMC Northwest, & Kaleigh Gustafson, BSN, RNC-OB, Clinician, UPMC Northwest
4. **Evangelical Community Hospital: Monthly SUD Committee & Prenatal Consults for ESC** – Jennifer Sullivan, BSN, RN, Maternal/Child Nurse Manager, Evangelical Community Hospital
5. **Tower Health Phoenixville: Implementing IPLARC** – Tammy Renninger, BSN, RNC-OB, Clinical Coordinator, Women's Health Pavilion, Phoenixville Hospital
6. **Einstein Montgomery: SEN Education to Methadone Clinics and Family Health Centers** – Celina Migone, MD, neonatologist, and Amy Lembeck, DO, neonatologist, Einstein Montgomery Hospital
7. **Wrap-up and Next Steps** – Sara Nelis, RN, PA PQC Project Manager, Jewish Healthcare Foundation

Learning Objective

- Discuss team successes, challenges, and lessons learned during the 2023-24 Implementation Period in the Substance Use Disorder, Substance-Exposed Newborn, and IPLARC initiatives.

GUTHRIE ROBERT PACKER HOSPITAL
SAYRE, PA

SUD- EQUITY PAUSE

HEALTH EQUITY

- CDC defines health equity as the state in which everyone has a fair and just opportunity to attain their highest level of health. Achieving this requires focused and ongoing societal efforts to address historical and contemporary injustices; overcome economic, social, and other obstacles to health and healthcare; and eliminate preventable health disparities.

EDUCATION

- Staff was educated on health equity, health disparities, and social determinants of health

SAFETY HUDDLE

- Daily at 8am 8pm
- Situational awareness
- Patient safety
- Patient centeredness
- Attended by nursing, family medicine residents, OB, midwife, anesthesia, peds providers, etc

EQUITY PAUSE

- A discussion during our safety huddle
- Allowing for discussion of issues or concerns and escalating
- Giving direction for patient care
- Ensuring our patients have resources needed prior to discharge

UPMC Northwest: Nurse Navigator for Patients with SUD

CHERI SIVERLING, MSN, RNC-OB

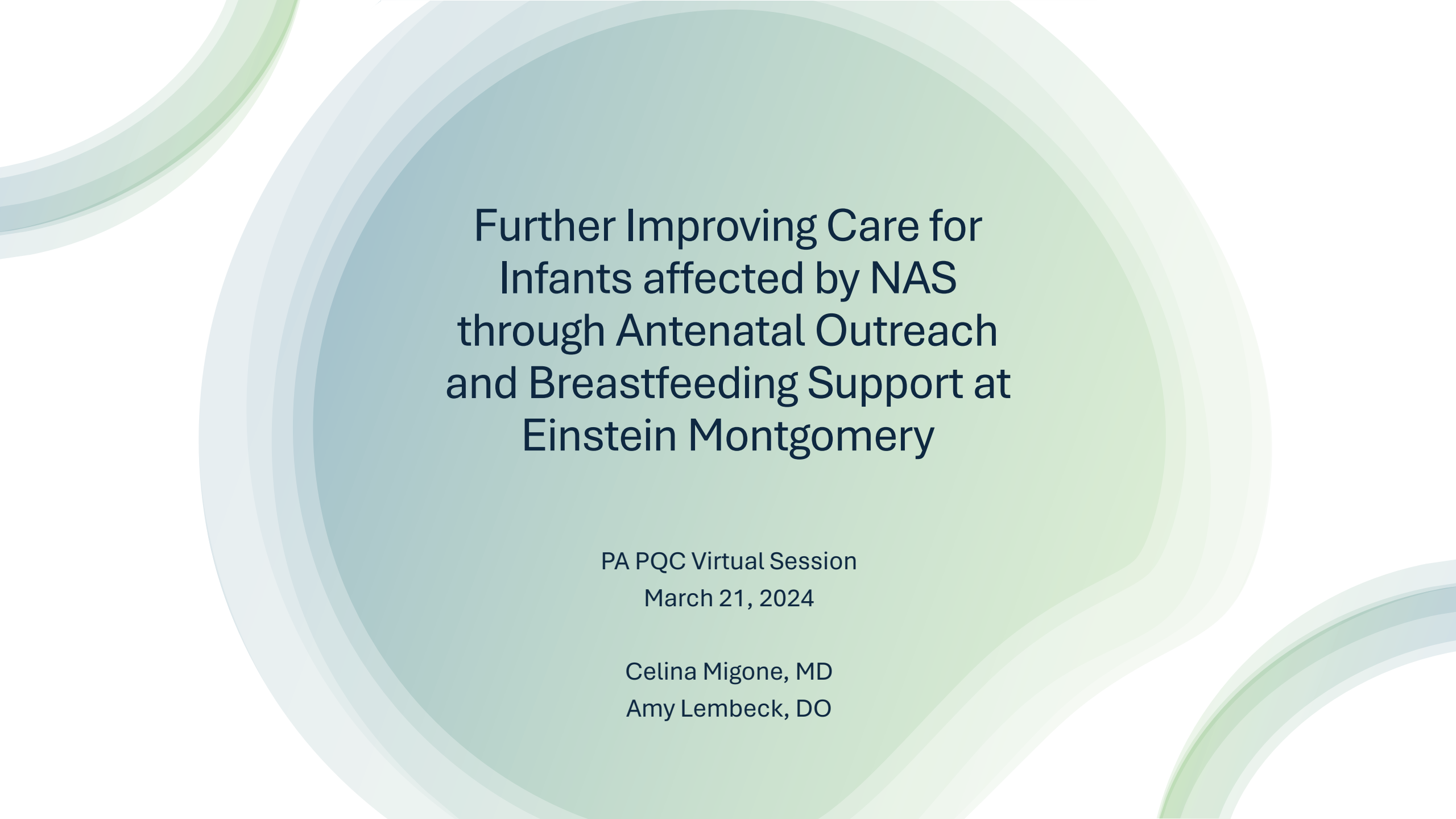
KALEIGH GUSTAFSON, BSN, RNC-OB

Evangelical Community Hospital: Monthly SUD Committee & Prenatal Consults for ESC

JENNIFER SULLIVAN, BSN, RN

Tower Health Phoenixville: Implementing IPLARC

TAMMY RENNINGER, BSN, RNC-OB



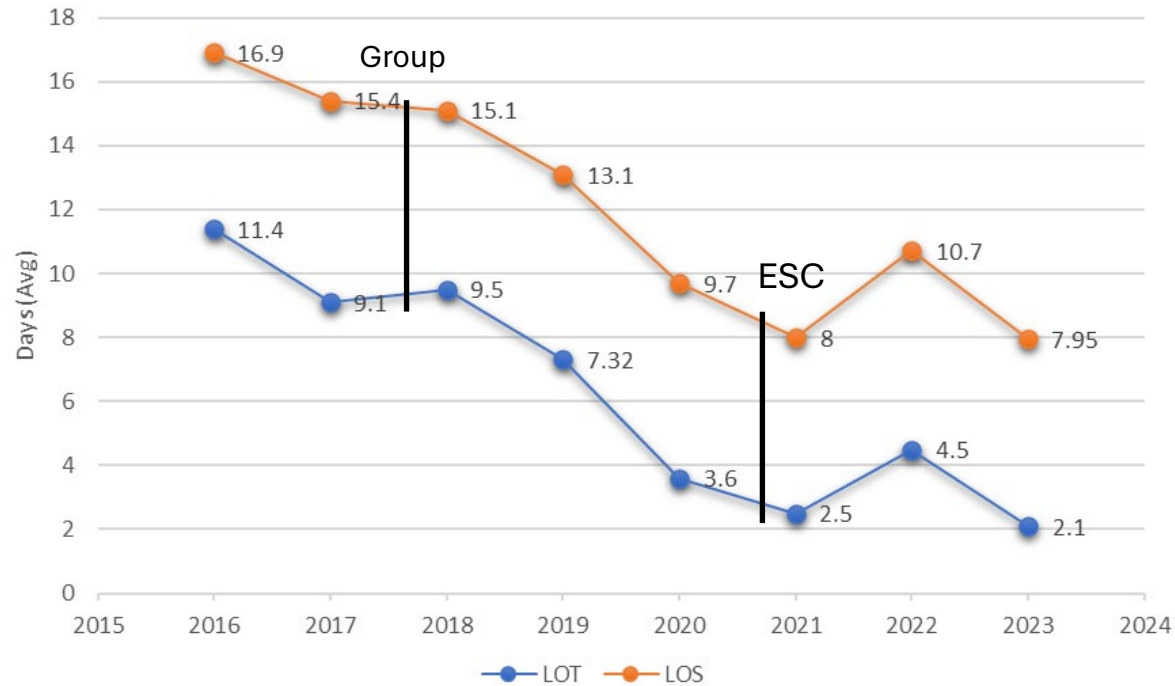
Further Improving Care for Infants affected by NAS through Antenatal Outreach and Breastfeeding Support at Einstein Montgomery

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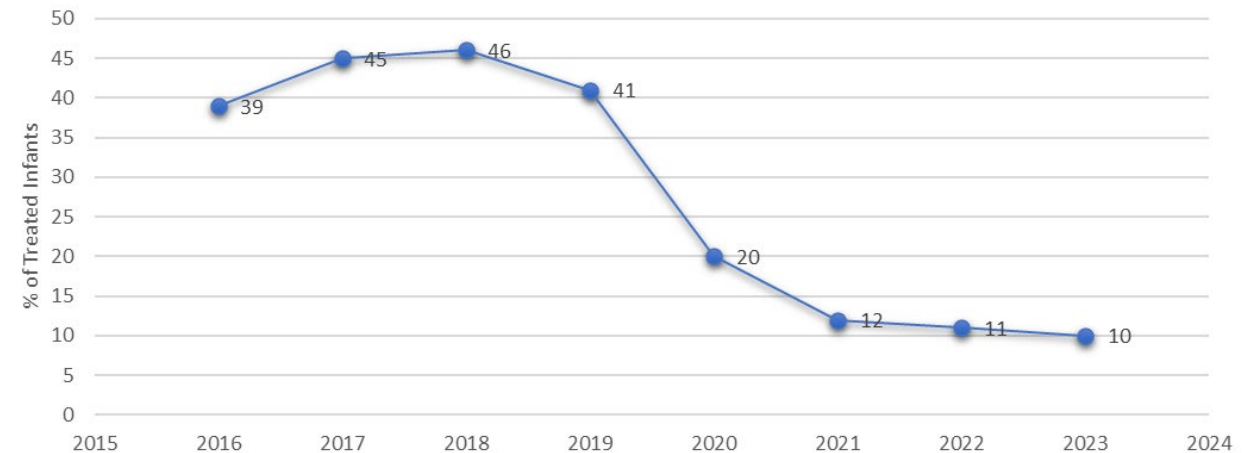
Celina Migone, MD
Amy Lembeck, DO

“Just the Numbers”

Length of Treatment and Stay



Percent of Infants Affected by NAS Receiving Scheduled Morphine



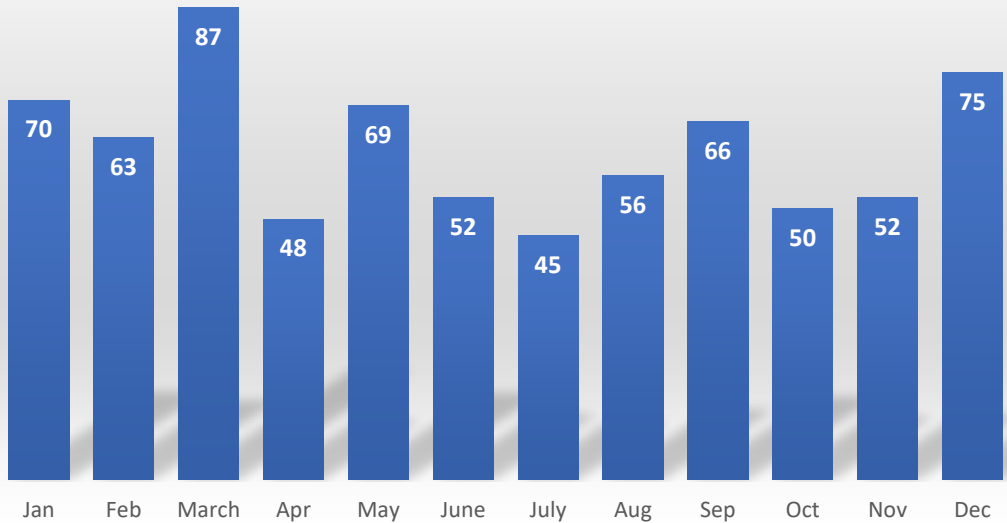
Wrap-Around Care Model

- Multidisciplinary Team
- Antenatal Outreach
 - MAT clinics
- Inpatient Management
- Discharge Support
- Early Intervention Referrals

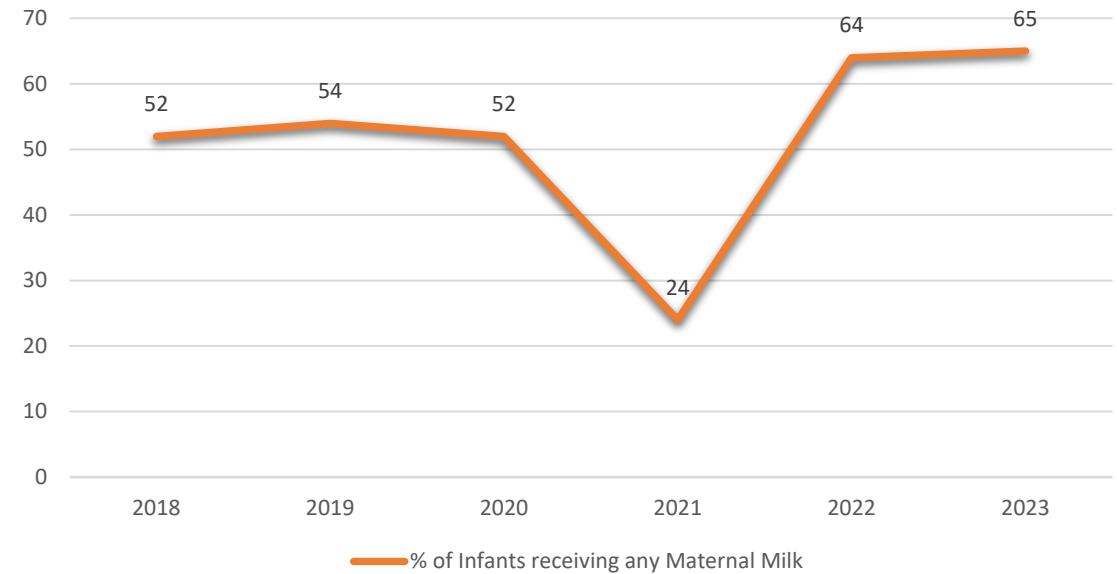


Breastfeeding at EMCM

Rates of Exclusive Breastmilk Feeding-ALL Infants



% of Infants receiving any Maternal Milk-Infants affected by NAS



Breastfeeding Traffic Light

Green Light

This substance may continue to be used by the breastfeeding mother.
This mother may continue to breastfeed with her current diagnosis or condition.

Substance or Condition	Special Considerations
Acetaminophen + oxycodone (Percocet)	When the substance is prescribed. If NAS is observed in the infant, continue to encourage breastfeeding.
Buprenorphine (Subutex)	When the substance is prescribed as part of a treatment program. If NAS is observed in the infant, continue to encourage breastfeeding.
Buprenorphine + Naloxone (Suboxone)	When the substance is prescribed as part of a treatment program. If NAS is observed in the infant, continue to encourage breastfeeding.
Caffeine	Moderate intake. If the infant appears jittery or irritable, reducing caffeine consumption may be advised.
Lorazepam	When the substance is prescribed. If NAS is observed in the infant, continue to encourage breastfeeding.
Methadone	When the substance is prescribed as part of a treatment program. If NAS is observed in the infant, continue to encourage breastfeeding.
Selective Serotonin Reuptake Inhibitors (SSRIs)	Some SSRIs are preferred over others; however, all SSRIs are considered compatible with breastfeeding . Discussion regarding specific SSRIs can occur between the mother and her prescriber.
<ul style="list-style-type: none"> citalopram (Celexa) escitalopram (Lexapro), fluoxetine (Prozac) fluvoxamine (Luvox) paroxetine (Paxil) sertraline (Zoloft) 	If NAS/toxicity is observed in the infant, continue to encourage breastfeeding.

Yellow Light

This substance may continue to be used by the breastfeeding mother **with caution, but it is recommended to reduce or eliminate use**. This mother may continue to breastfeed with the listed diagnosis or condition **under the specified conditions**.

Substance or Condition	Special Considerations
Cannabis	Data is insufficient to determine if maternal cannabis use is safe for the breastfeeding infant. At this time while the mother may continue to breastfeed, it is strongly encouraged that she stops cannabis use.
Hepatitis B	Breastfeeding should not be delayed for the infant to receive the Hep B immunization. In the case of an open wound on the nipple, the mother should temporarily suspend breastfeeding until the wound has healed while pumping to support her milk supply. Contact lactation services for a consultation.
Hepatitis C	In the case of an open wound on the nipple, the mother should temporarily suspend breastfeeding until the wound has healed while pumping to support her milk supply. Contact lactation services for a consultation.
Herpes, inactive or active with no lesions on the breast	When herpes is active with lesions present on the breast, breastfeeding should be suspended until the lesions have resolved. The mother should pump to support her milk supply. Contact lactation services for a consultation.
Nicotine	All mothers should be encouraged to reduce or eliminate nicotine use. Breastfeeding may continue while reducing or eliminating use of nicotine. Recommendations include smoking after, not before, feeding and smoking outside the infant's home.

Red Light

This substance is **contraindicated** during breastfeeding.
This mother **may not** continue to breastfeed with the listed diagnosis or condition.

Substance or Condition	Special Considerations
Cocaine	Street drugs are contraindicated during breastfeeding. See lactation services for the Academy of Breastfeeding Medicine's recommendations for mothers with cocaine substance use disorder.
Heroin	Street drugs are contraindicated during breastfeeding. Mothers who admit to heroin use during pregnancy should be encouraged to breastfeed during their hospital stay and enter a drug treatment program, but discontinue breastfeeding if they plan to continue heroin use.
HIV	At this time the CDC advises against breastfeeding for HIV+ mothers, even when being treated with anti-retroviral therapy.

This list is not meant to imply absolute safety of any medication while pregnant or breastfeeding

Upcoming Changes

Updated: January 31, 2023

Reviewed: January 31, 2023



Panel's Recommendations

- People with HIV should receive evidence-based, patient-centered counseling to support shared decision-making about infant feeding. Counseling about infant feeding should begin prior to conception or as early as possible in pregnancy; information about and plans for infant feeding should be reviewed throughout pregnancy and again after delivery **(AIII)**. During counseling, people should be informed that—
 - Replacement feeding with properly prepared formula or pasteurized donor human milk from a milk bank eliminates the risk of postnatal HIV transmission to the infant **(AI)**.
 - Achieving and maintaining viral suppression through antiretroviral therapy (ART) during pregnancy and postpartum decreases breastfeeding transmission risk to less than 1%, but not zero **(AI)**.
- Replacement feeding with formula or banked pasteurized donor human milk is recommended to eliminate the risk of HIV transmission through breastfeeding when people with HIV are not on ART and/or do not have a suppressed viral load during pregnancy (at a minimum throughout the third trimester), as well as at delivery **(AI)**.
- Individuals with HIV who are on ART with a sustained undetectable viral load and who choose to breastfeed should be supported in this decision **(AIII)**.
- Individuals with HIV who choose to formula feed should be supported in this decision. Providers should ask about potential barriers to formula feeding and explore ways to address them **(AIII)**.
- Engaging Child Protective Services or similar agencies is not an appropriate response to the infant feeding choices of an individual with HIV **(AIII)**.

Clinicians are encouraged to consult the national [Perinatal HIV/AIDS hotline](#) (1-888-448-8765) with questions about infant feeding by individuals with HIV **(AIII)**.

Rating of Recommendations: A = Strong; B = Moderate; C = Optional

Rating of Evidence: I = One or more randomized trials with clinical outcomes and/or validated laboratory endpoints; II = One or more well-designed, nonrandomized trials or observational cohort studies with long-term clinical outcomes; III = Expert opinion

Breastfeeding Traffic Light

Upcoming Changes

Green Light	
This substance may continue to be used by the breastfeeding mother. This mother may continue to breastfeed with her current diagnosis or condition.	
Substance or Condition	Special Considerations
Acetaminophen + oxycodone (Percocet)	When the substance is prescribed encourage breastfeeding.
Buprenorphine (Subutex)	When the substance is prescribed in the infant, continue to encourage breastfeeding.
Buprenorphine + Naloxone (Suboxone)	When the substance is prescribed in the infant, continue to encourage breastfeeding.
Caffeine	Moderate intake. If the infant appears jittery, consumption may be advised.
Lorazepam	When the substance is prescribed encourage breastfeeding.
Methadone	When the substance is prescribed in the infant, continue to encourage breastfeeding.
Selective Serotonin Reuptake Inhibitors (SSRIs)	Some SSRIs are preferred over others with breastfeeding. Discussion recommended with mother and her prescriber.
<ul style="list-style-type: none">citalopram (Celexa)escitalopram (Lexapro),fluoxetine (Prozac)fluvoxamine (Luvox)paroxetine (Paxil)sertraline (Zoloft)	If NAS/toxicity is observed in the infant, consult an expert in breastfeeding and HIV immediately and consider the options provided in the section Situations to Consider Stopping or Modifying Breastfeeding below.
Yellow Light	
This substance may continue to be used by the breastfeeding mother, but it is recommended to reduce or eliminate use . This mother should be counseled to discuss the listed diagnosis or condition under the supervision of a healthcare provider .	
Substance or Condition	Special Considerations
Cannabis	Data is insufficient to determine if breastfeeding infant. At this time, it is strongly encouraged that she stop breastfeeding.
Hepatitis B	Breastfeeding should not be delayed. In the case of an open wound, temporarily suspend breastfeeding until the wound has healed. Contact lactation support for her milk supply. Contact her healthcare provider for a complete blood count.
Hepatitis C	In the case of an open wound on the breast, temporarily suspend breastfeeding until the wound has healed. Contact lactation services for a complete blood count.
Herpes, inactive or active with no lesions on the breast	When herpes is active with lesions, temporarily suspend breastfeeding until the lesions have healed. Contact lactation services for a complete blood count.
Nicotine	All mothers should be encouraged to quit smoking. If she cannot quit, she may continue while reducing or eliminating smoking after, not before, breastfeeding.
Red Light	
This substance is contraindicated . This mother may not continue to breastfeed with this substance.	
Substance or Condition	Special Considerations
Cocaine	Street drugs are contraindicated. The Academy of Breastfeeding Medicine advises against substance use disorder.
Heroin	Street drugs are contraindicated. Mothers who admit to heroin use should not breastfeed during their hospital stay and should discontinue breastfeeding if they use again.
HIV	At this time the CDC advises against breastfeeding for HIV+ mothers, even when being treated with anti-retroviral therapy.

- Document sustained viral suppression before delivery and throughout breastfeeding.
- No data exist to inform the appropriate frequency of viral load testing for the breastfeeding parent. One approach is to monitor the plasma viral load of the parent every 1 to 2 months during breastfeeding.^{15,16}
- Decide which clinician (e.g., prenatal care provider or primary care HIV clinician) is responsible for following viral loads of the parent postpartum and continuing counseling/education around breastfeeding.
- If the parent's viral load becomes detectable, consult an expert in breastfeeding and HIV immediately and consider the options provided in the section Situations to Consider Stopping or Modifying Breastfeeding below.
- Recommend exclusive breastfeeding in the first 6 months of life, followed by the introduction of complementary foods with continued breastfeeding, if desired.²¹ Some people may choose to breastfeed for fewer than 6 months.
- In pre-ART studies, exclusive breastfeeding was associated with lower rates of HIV transmission compared to mixed feeding (a term used to describe infants fed breast milk plus other liquid or solid foods, including formula).^{28,29} The highest risk in these studies was from very early introduction of solids (before 2 months of age).^{30,31}
- In the context of parental ART and viral suppression, it is not known whether formula supplementation increases the risk of HIV acquisition in the breastfed infant.
- Administer appropriate ARV prophylaxis starting at birth as described in [Antiretroviral Management of Newborns With Perinatal HIV Exposure or HIV Infection](#).
- Provide guidance on good breast care, including strategies to avoid and promptly resolve over-production of breastmilk, milk stasis, and breast engorgement, which can lead to sore nipples, mastitis, or breast abscess. Promptly identify and treat mastitis, thrush, and cracked or bleeding nipples. These conditions may increase the risk of HIV transmission through breastfeeding, although the impact of these conditions in the context of ART and viral suppression is unknown.
- Develop a joint plan for weaning with family and providers. Since very rapid weaning was associated with increased risk of HIV shedding into breast milk and risk of transmission in the pre-ART era,³²⁻³⁴ weaning over a 2- to 4-week period might be safer, paying special attention to good breast care and avoidance of breast engorgement and milk stasis.

<https://clinicalinfo.hiv.gov/en/guidelines/perinatal/infant-feeding-individuals-hiv-united-states>

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[I Management of Newborns With](#)

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ren, see [Table 13. Recommended](#)
[Perinatal HIV Acquisition at and After](#)

[nt-illnesses/hiv.html](#)



Q&A

Facilitated by PA PQC Quality Improvement Coaches



Wrap-Up

SARA NELIS, RN

Upcoming Learning Sessions

APRIL 17

***Quality Improvement &
Change Management***

11:00 a.m. – 12:00 p.m.

Zoom



Focus Areas for April 2024-March 2025

Maternal Opioid Use Disorder, Neonatal Abstinence Syndrome, Maternal Sepsis, Safe Sleep. Each focus area includes strategies and goals to reduce racial/ethnic disparities.

Learn about the
Initiatives

Access Session
Materials

<https://www.papqc.org/>

05.22.24

SAVE THE DATE

Annual In-Person Meeting

Harrisburg, PA



Pennsylvania Perinatal Quality Collaborative



PA PQC QI Coaches



Kristen Brenneman,
MSN, RN
Quality Improvement
Facilitator, Jewish
Healthcare Foundation



Jennifer Condel,
SCT(ASCP)MT
Manager, Lean Healthcare
Strategy and
Implementation, Jewish
Healthcare Foundation



Karena Moran, PhD
Improvement
Optimization Advisor,
Geisinger Health &
NEPaPQC



Maureen Saxon-Gioia,
MSHSA, BSN, RN
Nurse Project Manager,
Jewish Healthcare
Foundation

Credentialing Guidelines:

PLEASE complete the electronic evaluations by Thursday, March 28th:
<https://www.surveymonkey.com/r/SQ928VF>

Please indicate on the evaluation which CEUs you are requesting:
CME, CNE or Social Worker credits.

The UPMC Center for Continuing Education will follow up with you, via email, after Thursday, March 28th to notify you about how you can claim your credits.

- ☐ To prepare, we recommend you create an account with UPMC CCE via this website <https://cce.upmc.com>.



Thank You!



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