



# Illinois Perinatal Quality Collaborative: Mothers and Newborns affected by Opioids

Presented by:

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# MNO-OB Initiative Aims:

## What Must We Achieve to Save Lives

**≥70%**

**Medication  
Assisted  
Treatment**

**≥70%**

**OUD Clinical Care  
Checklist**

Narcan provided  
Hepatitis C screen

**≥70%**

**Recovery  
Treatment**



**≥80%**

**Universal Validated  
OUD Screening**

Prenatal &  
Labor & Delivery

**≥80%**

**Patient Education  
OUD/NAS**

Counseling/Materials  
Neo/Peds Consult

# What do we need every OB Provider to know about OUD?



Opioid Use Disorder is an urgent obstetric issue



Opioid Use Disorder is a life-threatening chronic disease with lifesaving treatment available, reducing stigma improves outcomes



There are key steps OB providers need to take prenatally and on L&D to care for women with Opioid Use Disorder

Linking moms to MAT / Recovery Services

- Reduces overdose deaths for moms
- Improves pregnancy outcomes
- Increases # women who can parent their baby



# Key steps for OB Providers in the MNO OUD Protocol



Screen and document positive result



Provide SBIRT risk assessment and brief counseling re: benefits of treatment, next steps for linking patient to care



Activate care coordination and navigation to link woman to MAT, and behavioral health counseling/recovery programs



Insert and complete OUD clinical care checklist in electronic medical record (or paper chart) (prenatal / L&D)



Provide patient education re: OUD and NAS, and engaging in newborn care via neonatology consult, counseling, hand-outs.

Activating the OUD protocol for every screen positive woman, every time!

# Universal Screening for OUD with a validated screening tool

- **Universal Screening with a validated screening tool, for all pregnant women, is recommended by ACOG, SMFM, ASAM**
- Screen all pregnant women on entry to prenatal care and admission to L&D at time of delivery and **document result**
- Universal screening helps eliminate selected screening/ “educated guessing” which is heavily dependent on biases and attitudes.
- Allows for the earliest possible intervention or referral to treatment
- The goal of screening is to identify pregnant/postpartum women with life threatening illness to start treatment
- Urine toxicology testing is not screening, test used to confirm or follow women with OUD or suspected OUD with consent

**EVERY PATIENT PERIOD**

# Example Screening Tools

1. NIDA Quick Screen

2. 5 P's Screening Tool

& Follow-Up

Questions\*

3. Institute for Health

and Recovery

Integrated

Screening Tool\*

The NIDA Quick Screen (National Institute on Drug Abuse (NIDA)) <https://www.drugabuse.gov/publications/resource-guide-screening-drug>



Home » Publications » Resource Guide: Screening for Drug Use in General Medical Settings » The NIDA Quick Screen

### Resource Guide: Screening for Drug Use in General Medical Settings

#### The NIDA Quick Screen

Step 1: ASK about *past year* drug use

The NIDA Quick Screen and NIDA-modified ASSIST are appropriate for patients age 18 or older. You may deliver it as an interview and record patient responses, or read the questions aloud and have the patient fill out responses on a written questionnaire. It is recommended that the person administering the screening review the sample script to introduce the screening process. The script offers helpful language for introducing what can be a sensitive topic for patients.

**Introduce yourself and establish rapport.**

Before you begin the interview, please read the following to the patient:

Hi, I'm \_\_\_\_\_, nice to meet you. If it's okay with you, I'd like to ask you a few questions that will help me understand if you have any problems with alcohol and other drugs. These questions are confidential and your answers will help me understand if you need any help with alcohol and other drug use.

**Screening Your Patients:**

1. Ask about past year drug use
2. Begin the full NIDA-Modified ASSIST



- High Risk**  
Score ≥ 27
  - ✓ Provide feedback on the screening results
  - ✓ Advise, Assess, and Assist
  - ✓ Arrange referral
  - ✓ Offer continuing support
- Moderate Risk**  
Score 4-26
  - ✓ Provide feedback
  - ✓ Advise, Assess, and Assist
  - ✓ Consider referral based on clinical judgment
  - ✓ Offer continuing support
- Lower Risk**  
Score 0-3
  - ✓ Provide feedback
  - ✓ Reinforce abstinence
  - ✓ Offer continuing support

### The 5P's Prenatal Substance Abuse Screen For Alcohol and Drugs

The 5P's is an effective tool of engagement for use with pregnant women who may have a problem with alcohol and other drugs. This screening tool poses questions related to substance use by women's parents, partners, and friends in her past. These are non-confrontational questions that elicit information which can be useful in evaluating the need for a more complete assessment and possible substance abuse.

- Advise the client responses are *confidential*.
- A single "YES" to any of these questions indicates further assessment is needed.

1. Did any of your *Parents* have problems with alcohol or drug use?  
\_\_\_ No \_\_\_ Yes
2. Do any of your friends (*Peers*) have problems with alcohol or drug use?  
\_\_\_ No \_\_\_ Yes
3. Does your *Partner* have a problem with alcohol or drug use?  
\_\_\_ No \_\_\_ Yes
4. Before you were pregnant did you have problems with alcohol or drug use?  
\_\_\_ No \_\_\_ Yes
5. In the past month, did you drink beer, wine or liquor, or use other drugs? (If so, how often and how much?)  
\_\_\_ No \_\_\_ Yes

Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Interpreter Used:  No  Yes Interpreter Name: \_\_\_\_\_

Women's health can be affected when those close problems are present in people close to her. By deciding "yes" about her, you, her parents, or liquor.

<b>Parents</b> Did any of your parents have a problem with alcohol or other drugs?	YES	NO
<b>Peers</b> Do any of your friends have a problem with alcohol or other drugs?	YES	NO
<b>Partner</b> Does your partner have a problem with alcohol or other drugs?	YES	NO
<b>Violence</b> Are you feeling at all unsafe in any way in your relationship with your current partner?	YES	NO
<b>Emotional Health</b> Over the last few weeks, has worry, anxiety, depression, or sadness made it difficult for you to do your work, get along with people, or take care of things at home?	YES	NO
<b>Past</b> In the past, have you had difficulties in your life due to alcohol or other drugs, including prescription medications?	YES	NO
<b>Present</b> In the past month, have you drunk any alcohol or used other drugs? 1. How many days per month do you drink? 2. How many drinks in any given day? 3. How often did you have 4 or more drinks per day in the last month?	YES	NO
<b>Smoking</b> Have you smoked any cigarettes in the past three months?	YES	NO

Review Risk    Review Domestic Violence Resources    Review Substance Use, Set Healthy Goals    Consider Mental Health Evaluation

**Advise for Brief Intervention**

Did you State your medical concern?	Y	N	NA
Did you Advise to abstain or reduce use?			
Did you Check patient's reaction?			
Did you Refer for further assessment?			

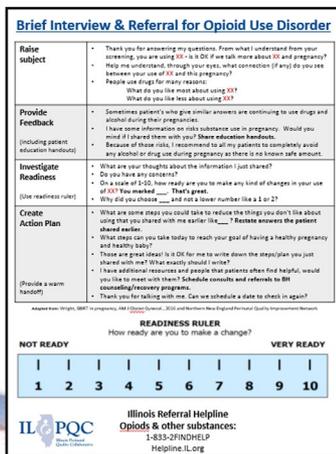
At Risk Drinking	
Non-Pregnant	Pregnant/Planning Pregnancy
>7 drinks/week	Any Use in Risky Drinking
>3 drinks/day	

# What is SBIRT?

<b>S</b>	<b>Screening</b>
<b>B</b>	<b>Brief</b>
<b>I</b>	<b>Intervention</b>
<b>R</b>	<b>Referral</b>
<b>T</b>	<b>Treatment</b>

- Key steps for health care providers to respond to screen positive patients
- Brief (even <5 min) opportunistic interventions providing feedback and advice can be very powerful in helping people change risky behavior
- Assess OUD diagnosis, counsel on risks, assess readiness to start treatment
- Refer to start treatment/recovery services
- Utilize the SBIRT pocket cards

Wright et. al. *Obstetrics and Gynecology* 2016



**Brief Interview & Referral for Opioid Use Disorder**

<b>Raise subject</b>	<ul style="list-style-type: none"> <li>Thank you for answering my questions. From what I understand from your screening, you are using Opioids (or talk more about Opioids and pregnancy).</li> <li>Help me understand, through your eyes, what connection (if any) do you see between your use of Opioids and this pregnancy?</li> <li>People use drugs for many reasons: <ul style="list-style-type: none"> <li>What do you like most about using Opioids?</li> <li>What do you like less about using Opioids?</li> </ul> </li> </ul>
<b>Provide Feedback</b> <small>(Including patient education handouts)</small>	<ul style="list-style-type: none"> <li>Sometimes patients who give similar answers are continuing to use drugs and alcohol during their pregnancies.</li> <li>I have some information on risks substance use in pregnancy. Would you mind if I shared them with you? (Share education handouts).</li> <li>Because of these risks, I recommend to all my patients to completely avoid any alcohol or drug use during pregnancy as there is no known safe amount.</li> </ul>
<b>Investigate Readiness</b> <small>(Use readiness ruler)</small>	<ul style="list-style-type: none"> <li>What are your thoughts about the information I just shared?</li> <li>Do you have any concerns?</li> <li>On a scale of 1-10, how ready are you to make any kind of changes in your use of Opioids? You marked _____. That's great.</li> <li>Why did you choose _____ and not a lower number like a 1 or 2?</li> </ul>
<b>Create Action Plan</b> <small>(Provide a warm handoff)</small>	<ul style="list-style-type: none"> <li>What are some steps you could take to reduce the things you don't like about using that you shared with me earlier like _____? (Reassess the patient ahead earlier).</li> <li>What steps can you take today to reach your goal of having a healthy pregnancy and healthy baby?</li> <li>There are great ideas! Is it OK for me to write down the step plan you just shared with me? (What resources should I refer?)</li> <li>I have additional resources and people that patients often find helpful, would you like to meet with them? (Schedule consults and referrals to the counseling/recovery programs).</li> <li>Thank you for talking with me. Can we schedule a date to check in again?</li> </ul>

Adapted from Wright, SBIRT in pregnancy, AHRQ (2009) National, 2010 and National Health England (2014) Drug Misuse Research.

**READINESS RULER**  
How ready are you to make a change?

NOT READY VERY READY

1	2	3	4	5	6	7	8	9	10

Illinois Referral Helpline  
Opioids & other substances:  
1-833-2FINDHELP  
Helpline\_IL.org

Thank you for answering these questions. I noted that you are occasionally smoking marijuana. Is it OK if we talk about MJ use and pregnancy?

People use drugs for many reasons. Can you tell me what you like most about using MJ and what you like less?

That is a very common perception. I have information on MJ use in pregnancy I'd like to share with you.  
**Provide counseling and share educational handouts.**

What are your thoughts on the information I just shared?

Sure.

I do like the way it makes me feel and its helped a lot with my nausea. I've heard its safe and doesn't hurt the baby, but I guess I'm not sure.

On a scale of 1-10, how ready are you to make any changes in your use of marijuana?



OK. A 6 – **that's great!** Why did you choose 6 and not a lower number like a 1 or 2?

We have other things that can help you with your nausea that are not harmful to your baby.

Thanks for talking with me. Can we schedule a date to check in again?

Well, like you said, if a joint might hurt my baby's development, I don't want to keep using it. But what about my nausea?

Sure.

# What is a “warm handoff”?



## It is NOT:

- Providing a phone number to the patient and having the patient call
- Giving a list with resources to the patient
- A phone call to a social worker with no additional follow up



## Warm-hand off includes:

- Helping in the process
- Making sure the patient has an appointment and follow-up set up
- If patient declines MAT or BH/Recovery service, schedule a short-interval follow-up with the OB provider

# ODU SBIRT/Clinical Algorithm



Provide Universal SUD/ODU screening with validated tool

Screen positive SUD/ODU

+ Risk factors: provide brief intervention discuss risk reduction

OB provider to see patient, provide brief intervention to assess diagnosis, counsel risks, assess readiness for treatment (SBIRT Counseling)

Start OUD Clinical Care Checklist

Withdrawal symptoms &/or ready to start MAT

Unclear if MAT indicated, Not ready to start MAT or Outpatient MAT available

Document OUD in problem list : **099.320**

Hep C screen  
Narcan Counseling  
Serial Tox screen w/ consent  
Neo/Peds consult  
Social Work Consult  
Anesthesia consult  
MFM consult  
Contraception counseling

Admit to hospital for Fast-Track MAT start

Initiate outpatient stabilization with Social Work support

Bill for SBIRT:  
< 30 min G0396  
≥ 30 min G0397

Close OB follow up every 1-2 weeks (pregnancy and postpartum)

Provide standardized patient education: OUD/NAS, mom's important role in care of opioid exposed newborn (breastfeeding, rooming in, eat-sleep-console)

Stabilize MAT and discharge to Recovery Treatment Program

Warm Handoff to Behavioral Health/ Recovery Treatment Program

IL OUD Hotline  
MAT/Recovery Treatment locations: 1-833-2-FINDHELP  
IL Doc Assist for free Perinatal OUD Addiction Med Consult: 1-866-986-ASST (2778)

Inpatient Treatment Program  
Intensive Outpatient Treatment  
Behavioral Health Treatment Support  
Peer Support Program

# ILPQC OUD Clinical Care Checklist



Your hospital is using this exact checklist.

Examples of checklist items:

1. Assessed for readiness for MAT
2. Link to Recovery Treatment Program
3. Narcan counseling and prescription
4. Contraception counseling and plan
5. Hep C screening
6. Pediatric/neo consult completed
7. Social work consult completed
8. Standardized education provided on NAS and role in newborn non-pharmacologic care

<small>Illinois Referral Helpline Opioids &amp; other substances: 1-833-2FINDHELP Helpline.IL.ORG</small>		<b>ILPQC OUD Clinical Care Checklist</b>		
Checklist Element	Date	Comments		
<b>Antepartum Care</b>				
Counsel on MAT for OUD and arrange appropriate referrals				
Counsel and link to behavioral health counseling /recovery support services				
Social work consult or navigator who will link patient to care and follow up				
Obtain recommended lab testing: <ul style="list-style-type: none"> <li>• HIV/ HepB/ Hep C (if positive viral load &amp; genotype)</li> <li>• Serum Creatinine/ Hepatic Function Panel</li> </ul>				
Institutional drug testing policies and plan for testing reviewed				
Urine toxicology testing for confirmation and follow up (consent required)				
Discuss Narcan as a lifesaving strategy and prescribe for patient / family				
Neonatology/Pediatric consult provided, discuss NAS, engaging mom in non-pharmacologic care of opioid exposed newborn, and plan of safe care.				
DCFS Reporting system reviewed, discuss safe discharge plan for mom/baby				
Consider anesthesia consult to discuss pain control, L&D and postpartum				
Screen for additional substance abuse (alcohol/tobacco/non-prescribed drugs)				
Screen for co-morbidities (ie: behavioral health & domestic violence)				
Consent for obstetric team to communicate with MAT treatment providers				
<b>Third Trimester</b>				
Repeat recommended labs (HIV/HbsAg/Gc/CT/RPR)				
Ultrasound (Fluid/Growth)				
Urine toxicology with confirmation (consent required), and review policy				
Review safe discharge care plan and DCFS process				
Patient Education: OUD/NAS, participating in non-pharmacologic care of the opioid exposed newborn, including breastfeeding, and rooming in.				
Comprehensive contraceptive counseling provided and documented				
<b>During Delivery Admission</b>				
Social work consult, peds/neonatology consult, (consider) anesthesia consult				
Verify appointments for support services (MAT/BH / Recovery Services)				
Confirm Hep C, HIV, Hep B screening completed				
Discuss Narcan as a lifesaving strategy and prescribe for patient / family				
Provide patient education & support for non-pharmacologic care of newborn				
Review plan of safe care including discharge plans for mom/infant				
Schedule early postpartum follow-up visit (within 2 weeks pp)				
Provide contraception or confirm contraception plan				

SBIHT Billing Codes:  
 G0396: Alcohol and/or substance abuse structured screening and brief intervention services; 15 to 30min  
 G0397: Alcohol and/or substance abuse structured screening and brief intervention services; greater than 30min

# MNO-OB Folder

- ✓ Make folders & store on L&D
- ✓ Train charge nurses to get folder when OUD screen + identified, engage OB providers, review material with patient
- ✓ Share folders with outpatient sites

## Patient Education Materials

- [Prescription Pain Medicines and Pregnant Women](#)
- [NAS- You are the Treatment](#)
- [NAS: What you Need to Know](#)
- [Contraception Counseling for Women with OUD](#)

Give to  
and  
review  
with  
Moms

## Clinical Team Resources

- OUD/SBIRT Clinical Algorithm
- OUD Clinical Care Checklist
- [Narcan- Quick start guide](#) for OB to review and prescribe to patient
- OUD Protocol
- Nurse Workflow **\*NEW**

Give to  
OB to  
complete

For  
nurse





# MNO Folder: MNO Nursing Workflow

## New Nursing Resource



patient sticker

### MNO Nursing Workflow

When an obstetric patient screens positive for Opioid Use Disorder (OUD) during an L&D admission, an MNO Folder (stored on L&D/triage) should be obtained by the patient's nurse. The folder should have (1) OUD/SBIRT Clinical Algorithm and the OUD Clinical Care Checklist to give to the OB provider to complete, (2) Naloxone (Narcan ®) quick start guide to help providers complete Naloxone counseling / prescription and (3) has MNO patient education material to give to the patient to provide information on OUD / Neonatal Abstinence Syndrome (NAS) and the importance of moms engaging in the care of the opioid exposed newborn with breastfeeding, skin to skin, and rooming in. The L&D nurse should hand off and review this form with the pp nurse.

The patient's nurse should work with the rest of the obstetric clinical team to make sure the OUD Clinical Algorithm and OUD Checklists are completed prior to discharge. Reminding the clinical team that OUD is the leading cause of maternal death in Illinois may help the team understand why these clinical steps matter.

#### Labor and Delivery/Admission Nurse:

✓	Nursing task	Comments/Notes
	Report positive OUD screen to OB provider and give the OB provider the OUD/SBIRT Clinical Care Algorithm and OUD Clinical Care Checklist to complete, remind them these items need to be completed for every patient with OUD during the hospital admission.	
	Request a neonatology consult for positive OUD screen to counsel on NAS, and how moms engage in opioid exposed newborn care.	
	Confirm Hep C, HIV, Hep B screening completed or draw appropriate lab orders as indicated.	
	Ensure patient has received the OUD/NAS education materials in the MNO folder, review materials with the patient and document.	
	Confirm OB Provider assessed patient's readiness for Medicated Assisted Treatment (MAT) and plan for treatment is documented before hospital discharge. Remind providers that help with clinical management of OUD / MAT is available through the IL Doc Assist Hotline 1-866-986-2778 with a free addiction med phone consult.	
	Confirm the patient is linked to behavioral health services / recovery treatment program and has follow up or work with a social work consult to confirm a warm hand off and close follow up to establish linkage to services before discharge. Local OUD treatment program options are available through the IL OUD Hotline 1-833-2-FINDHELP.	
	Confirm the provider has the Naloxone quick start guide from the MNO folder (to assist with Naloxone counseling/prescription as a risk reduction strategy for all patients who use opioids regularly).	
	Remind all members of the care team that reducing stigma and treating patients with empathy and compassion improves outcomes for moms with OUD.	
	Handoff MNO folder and MNO nursing workflow to postpartum nurse and review completed tasks.	

patient sticker

#### Postpartum / Delivery Discharge Nurse:

✓	Nursing task	Comments/Notes
	Review MNO patient education material (found in the MNO folder or <a href="http://www.ilpqc.org">www.ilpqc.org</a> website) with the patient / family and confirm understanding of important role of mom/family in the care of opioid exposed newborns including breastfeeding, skin to skin, and rooming in. Provide education on safe sleep. Document education provided.	
	Work with neonatology / pediatric team to support mom / family providing non-pharmacologic care as appropriate: breastfeeding, skin to skin, rooming in, eat-sleep-console.	
	Review OUD Clinical Care Checklist with OB Provider to determine next steps for incomplete checklist elements before discharge.	
	Confirm patient's MAT plan with the clinical team and patient's understanding of next steps for MAT follow-up as indicated. Document appropriately.	
	Confirm Behavioral Health/Recovery Treatment Program appointment made before discharge for close postpartum follow-up.	
	Confirm Naloxone (Narcan ®) counseling has been provided by the clinical team and a prescription has been provided before discharge. If possible, encourage having the prescription filled prior to discharge. Document counseling / prescription received.	
	Confirm Hepatitis C screening completed and results provided to the patient, follow up plan established by OB for all positive screens.	
	Ensure all appropriate elements in the OUD Clinical Care Checklist are complete before discharge.	
	Confirm patient has an early postpartum follow up visit with OB for 1-2 weeks postpartum scheduled before hospital discharge.	
	Ensure the OB clinical team is in communication with neonatology / pediatrics to confirm a coordinated discharge plan checklist has been or will be completed for the newborn and make sure the patient / family is engaged in and understands the discharge plan process.	
	Remind all members of the care team that reducing stigma and treating patients with empathy and compassion improves outcomes for moms with OUD.	

Include the Nursing Workflow in the MNO Folder to engage L&D and Postpartum Nurses in key clinical steps needed to reduce risk of maternal death from OUD

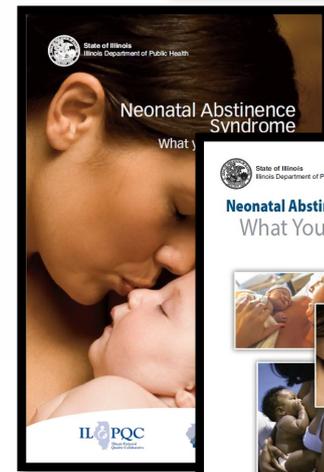
# ILPQC Patient Education Resources for OUD

## General Information for Women with OUD

- [General patient education: Pain medications, opioids and pregnancy](#)
- [Pregnancy and MAT one-pager](#)
- [Are you in Treatment or Recovery?](#)
- [Contraception Counseling for Women with OUD, from OPQC](#)

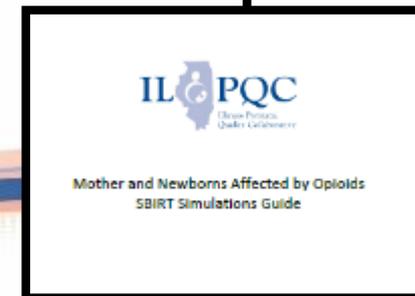
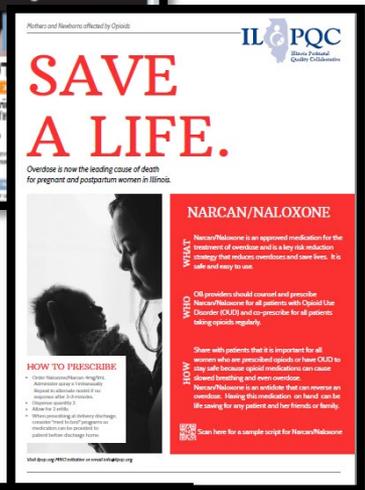
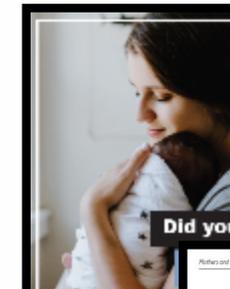
## Increase maternal participation in the care of opioid exposed newborns

- [NAS booklet \(you are the treatment for your baby\)](#)
- [NAS what you need to know one-pager](#)



# OB Provider & Nursing Education Campaign

1. Provider Education Posters / Flyers and OUD/SBIRT Clinical Algorithm on Units
2. eModules for Providers, Nurses, and Staff.  
[Words Matter: How Language Choice Can Reduce Stigma](#) (30 Min)
  - Upcoming 30 min ILPQC comprehensive eModule with key strategies and finishing strong for sustainability
3. ILPQC MNO-OB Simulation Guide
4. Request a Grand Rounds or OB Provider Meeting





## What every OB Provider needs to know to save a mother's life

### Overdose is now the leading cause of maternal death in Illinois

Opioid Use Disorder (OUD) is a life-threatening chronic medical condition with lifesaving treatment available. Every OB Provider needs to know how to screen for OUD, assess readiness for treatment and complete an OUD Clinical Care Checklist to reduce risk and improve outcomes for every pregnant/postpartum woman with OUD.

#### Key steps to improve maternal outcomes



Screen every pregnant patient for OUD with a validated screening tool



Assess readiness for Medicated Assisted Treatment (MAT)



Start MAT and link to Recovery Treatment Programs



Provide Naloxone (Narcan) counseling and prescription



Reduce stigma across clinical team

#### Important Resources for OB Providers

**Illinois OUD Hotline  
MAT/Recovery Treatment Locations:**

1-833-2-FINDHELP

**IL DocAssist  
Free perinatal OUD  
Addition Med Consult for  
provider OUD/MAT  
questions**

1-866-986-ASST

**ILPQC Toolkit & Resources  
Mothers and Newborns  
Affected by Opioids  
(MNO) Initiative**  
www.ilpqc.org  
Email: info@ilpqc.org



## Did you know?

Overdose is now the leading cause of maternal death in Illinois

# SAVE A MOTHER'S LIFE

Opioid Use Disorder and Medicated Assisted Treatment (MAT)

## Start MAT, provide Naloxone and link to Recovery Treatment Programs



Reduces risk of maternal death



Improves pregnancy outcomes



Increases the number of women who can parent their newborn

For resources visit ILPQC Mother and Newborns Affected by Opioids (MNO) Toolkit

www.ilpqc.org or email info@ilpqc.org

OB Providers

Are you screening  
all pregnant patients  
for SUD/OD with a  
validated screening  
tool?

For validated screening  
tools see ILPQC Mothers  
and Newborns Affected by  
Opioids Initiative Toolkit

Substance Use Disorder (SUD)  
Opioid Use Disorder (OUD)

“

Overdose is now  
the leading cause  
of maternal  
death in Illinois

# SAVE A LIFE.

Overdose is now the leading cause of death  
for pregnant and postpartum women in Illinois.



## HOW TO PRESCRIBE

- Order Naloxone/Narcan 4mg/mL. Administer spray x 1 intranasally. Repeat in alternate nostril if no response after 3-5 minutes.
- Dispense quantity 2.
- Allow for 2 refills.
- When prescribing at delivery discharge, consider "med to bed" programs so medication can be provided to patient before discharge home.

## NARCAN/NALOXONE

WHAT

Narcan/Naloxone is an approved medication for the treatment of overdose and is a key risk reduction strategy that reduces overdoses and save lives. It is safe and easy to use.

WHO

OB providers should counsel and prescribe Narcan/Naloxone for all patients with Opioid Use Disorder (OUD) and co-prescribe for all patients taking opioids regularly.

HOW

Share with patients that it is important for all women who are prescribed opioids or have OUD to stay safe because opioid medications can cause slowed breathing and even overdose.

Narcan/Naloxone is an antidote that can reverse an overdose. Having this medication on hand can be life saving for any patient and her friends or family.



Scan here for a sample script for Narcan/Naloxone

Visit [ilpqc.org/MNOInitiative](http://ilpqc.org/MNOInitiative) or email [info@ilpqc.org](mailto:info@ilpqc.org)

# Key steps to reduce risk of maternal death

## Counseling & Prescribing

### Naloxone/Narcan

- Counsel ALL patients with OUD or use opioids regularly that having NARCAN in their purse / home can be a life saving medicine
- Prescribing NARCAN does not mean we think patient will relapse/ overdose *(have for safety just like having a smoke alarm does not mean you believe likely will have a fire, but can be life saving)*
- Narcan Kits for patients and families comes in 2 pack (give one to family)

**NARCAN<sup>®</sup> (naloxone HCl)**  
**NASAL SPRAY**

**QUICK START GUIDE**  
**Opioid Overdose Response Instructions**

Use NARCAN<sup>®</sup> (naloxone hydrochloride) Nasal Spray for known or suspected opioid overdose in adults and children.  
Important: For use in the nose only.  
Do not remove or taste the NARCAN Nasal Spray until ready to use.

**1 Identify Opioid Overdose and Check for Response**

**Ask** person if he or she is okay and shout name.  
**Shake** shoulders and firmly rub the middle of their chest.  
**Check for signs of an opioid overdose:**

- Will not wake up or respond to your voice or touch
- Breathing is very slow, irregular, or has stopped
- Center part of their eye is very small, sometimes called "pinpoint pupils"

Lay the person on their back to receive a dose of NARCAN Nasal Spray.



**2 Give NARCAN Nasal Spray**

**REMOVE** NARCAN Nasal Spray from the box.  
Peel back the tab with the circle to open the NARCAN Nasal Spray.

**Hold** the NARCAN Nasal Spray with your thumb on the bottom of the plunger and your first and middle fingers on either side of the nozzle.

**Gently insert the tip of the nozzle into either nostril.**

- Tilt the person's head back and provide support under the neck with your hand. Gently insert the tip of the nozzle into one nostril, until your fingers on either side of the nozzle are against the bottom of the person's nose.

**Press the plunger firmly** to give the dose of NARCAN Nasal Spray.

- Remove the NARCAN Nasal Spray from the nostril after giving the dose.



**3 Call for emergency medical help, Evaluate, and Support**

**Get emergency medical help right away.**

**Move the person on their side (recovery position)** after giving NARCAN Nasal Spray.

**Watch the person closely.**

**If the person does not respond** by waking up, to voice or touch, or breathing normally another dose may be given. NARCAN Nasal Spray may be dosed every 2 to 3 minutes, if available.

**Repeat Step 2 using a new NARCAN Nasal Spray to give another dose in the other nostril.** If additional NARCAN Nasal Sprays are available, repeat step 2 every 2 to 3 minutes until the person responds or emergency medical help is received.



ADAPT PHARMA

For more information about NARCAN Nasal Spray go to [www.narcannasalspray.com](http://www.narcannasalspray.com), or call 1-844-4-NARCAN (1-844-423-7226). You are encouraged to report negative side effects of prescription drugs to the FDA. Visit [www.fda.gov/medwatch](http://www.fda.gov/medwatch), or call 1-888-FDA-1088.

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# Monthly Case Review of All OUD Cases in 4 Easy Steps

1. **Identify** all OUD cases at least monthly
2. QI Team **reviews medical record** to identify missed opportunities for optimal care using the form
3. Nurse champion **provides feedback** to patient's L&D and postpartum nursing team as indicated
4. Provider champion **provides feedback** to prenatal and L&D admission provider as indicated

IL PQC MNO-OB Mothers with OUD  
Missed Opportunities Review / Debrief Form

Missed Opportunity Review/Debrief key steps:

1. Identify all OUD cases at least monthly
2. Review medical record to identify missed opportunities for optimal care using this form
3. Nurse champion provide feedback to patient's LD and postpartum nursing team as indicated
4. Provider champion give feedback to prenatal and LD admission provider as indicated

1a. Was patient receiving Medication Assisted Treatment (MAT) prenatally or by delivery discharge?

- Yes
- No (if unknown assume no and continue to 1b)

1b. If no, why? Select all that apply (BHC/RTS = Behavioral Health Counseling/Recovery Treatment Services)

- OUD not identified prior to delivery AND  prenatal care received OR  limited to no prenatal care received
- OUD identified, but patient was not counseled/assessed for readiness to start MAT and referral to treatment (SBIRT)
- OUD identified, patient received counseling (SBIRT), but declined BHC/RTS and MAT
- OUD identified, patient received counseling (SBIRT) and was linked to BHC/RTS but declined MAT
- Providers/staff didn't document
- OUD identified, patient received counseling (SBIRT) and ready for MAT, but MAT treatment providers not available
- MAT not indicated. Describe why not: \_\_\_\_\_

2. Select all the steps in the OUD protocol that were completed prenatally OR during delivery admission unless otherwise noted.

- Patient was screened for OUD using a validated screening tool  prenatally AND  on L&D
- Ob provider was notified of positive screen and documented provider assessment of OUD diagnosis
- Patient was counseled (SBIRT) on OUD risks, benefits of treatment, assessed for readiness for treatment (MAT)
- Patient was navigated to MAT
- Patient was navigated to Behavioral Health Counseling/Recovery Treatment Services
- Patient received Behavioral Health Counseling/Recovery Treatment Services
- OUD clinical care checklist in chart
- Prenatal pediatric consult (or during delivery admission) to discuss NAS and non-pharmacologic care of newborn
- Patient received education materials / counseling on OUD / NAS and engaging in opioid exposed newborns care

3a. Does patient have a completed OUD Clinical Care Checklist (completed prenatally or during delivery admission)?

- Yes
- No

3b. If no, why? Please select all that apply

- OUD not identified by clinical care team
- Providers/staff didn't have access to checklist
- Provider/staff didn't know they needed to complete checklist for patients with OUD
- Providers/staff didn't document care received
- Checklist was in chart but not completed

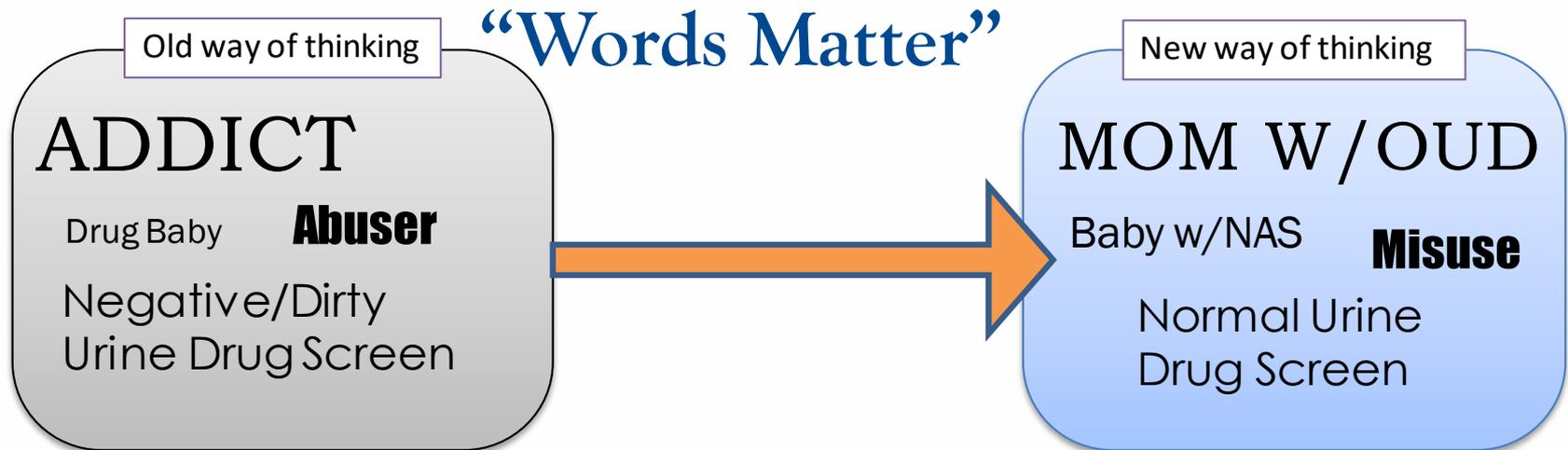
4. Select all items in the OUD Clinical Care Checklist that were completed prenatally or during delivery admission.

- Referral to BH Services/Recovery Treatment Services
- MAT provided and documented
- Narcan counseling and prescription offered and documented
- Hepatitis C screening and provided and documented
- Contraception Counseling provided and documented
- Behavioral Health/Social Work Consult provided and documented
- OUD/NAS Neonatal/Pediatric consult provided and documented
- Education on OUD and Engaging in Opioid Exposed Newborn Care provided and documented
- Close OB follow up visit scheduled (if postpartum an early OB postpartum visit scheduled within 2 weeks)
- Warm handoffs / close follow up used to link to services and treatment

Version 2, date 10/31/2019

# Implicit and Explicit Attitudes

## Reducing Stigma Improves Care



Perform a **language audit** of existing material for language that may be stigmatizing, then replace with more inclusive language.

# How IL is Making it Easier for OB Providers to Care for Pregnant Women with OUD



## Illinois Helpline for Opioids

- Statewide, public resource for finding substance use treatment and recovery services in Illinois
- Open 24 hours a day, 365 days a year
- Refers to hundreds of treatment and recovery

833-2FINDHELP · HelplineIL.org



**ILLINOIS HELPLINE**  
for Opioids & Other Substances

## Illinois DocAssist Warmline

- **Free addiction medicine phone consult service for OB providers** caring for pregnant/ postpartum women with OUD regarding medication-assisted treatment (MAT) during the perinatal period.
- Available Mon – Fri, 9AM to 5PM **1-866-986-ASST (2778)**

**IllinoisDocAssist**

Answering primary care behavioral health questions about children, adolescents, and perinatal patients



THANKS TO OUR

FUNDERS



**JB & MK PRITZKER**  

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**Family Foundation**

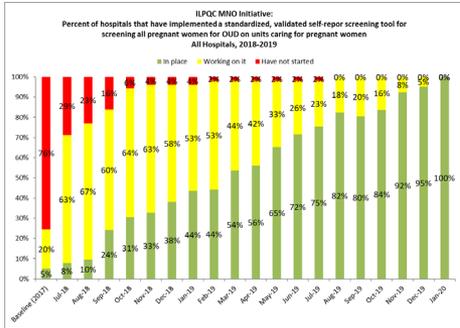
# Contact

- Email [info@ilpqc.org](mailto:info@ilpqc.org)
- Visit us at [www.ilpqc.org](http://www.ilpqc.org)

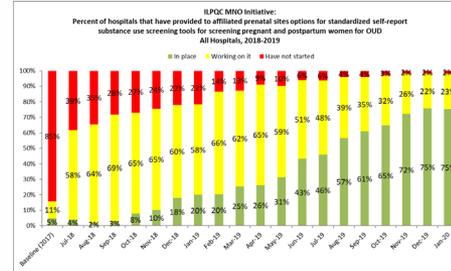


# APPENDIX

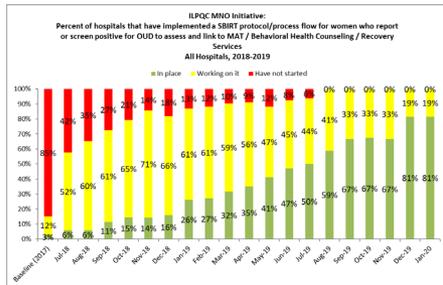
# Making Systems Change Happen



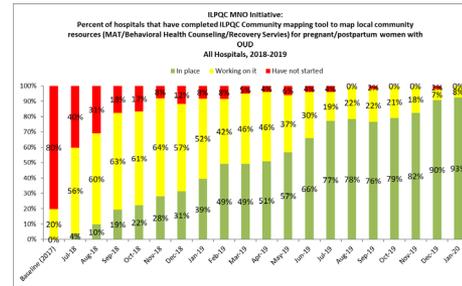
100% of teams have a validated screening tool in place on L&D



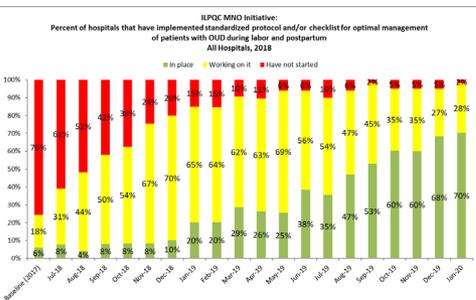
75% of teams have a validated screening tool in place prenatally



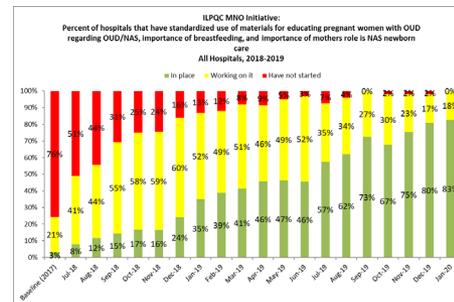
81% of teams have a SBIRT protocol/algorithm in place on L&D



93% of teams have mapped community resources for women with OUD

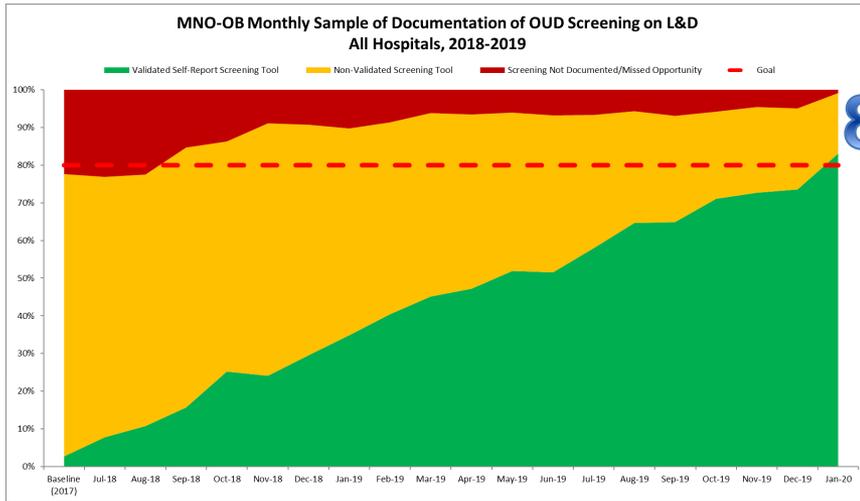


70% of teams have implemented an OUD Clinical Care Checklist on L&D



83% of teams have implemented standardized patient education on L&D

# Documentation of Screening for SUD/ OUD with Validated Tool



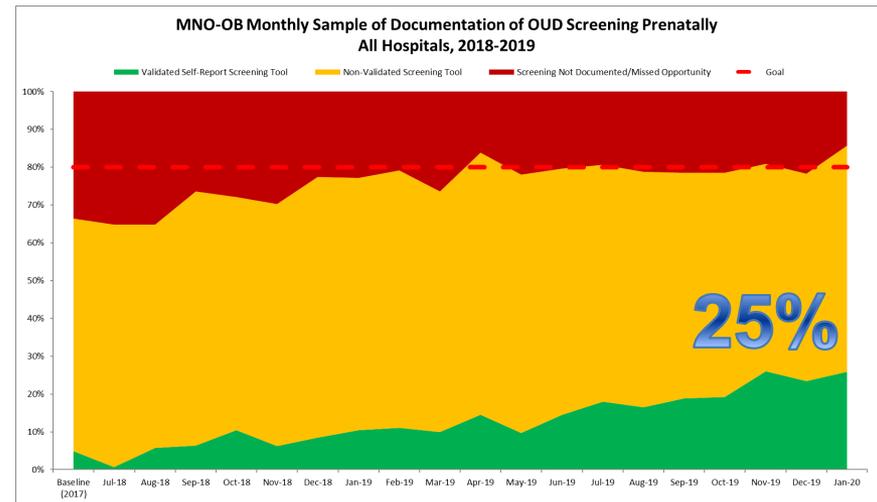
83%

Random sample of 10 deliveries per month reviewed for documentation of SUD/OUD screening  
N = 12,400 to date

## Prenatal

### L&D

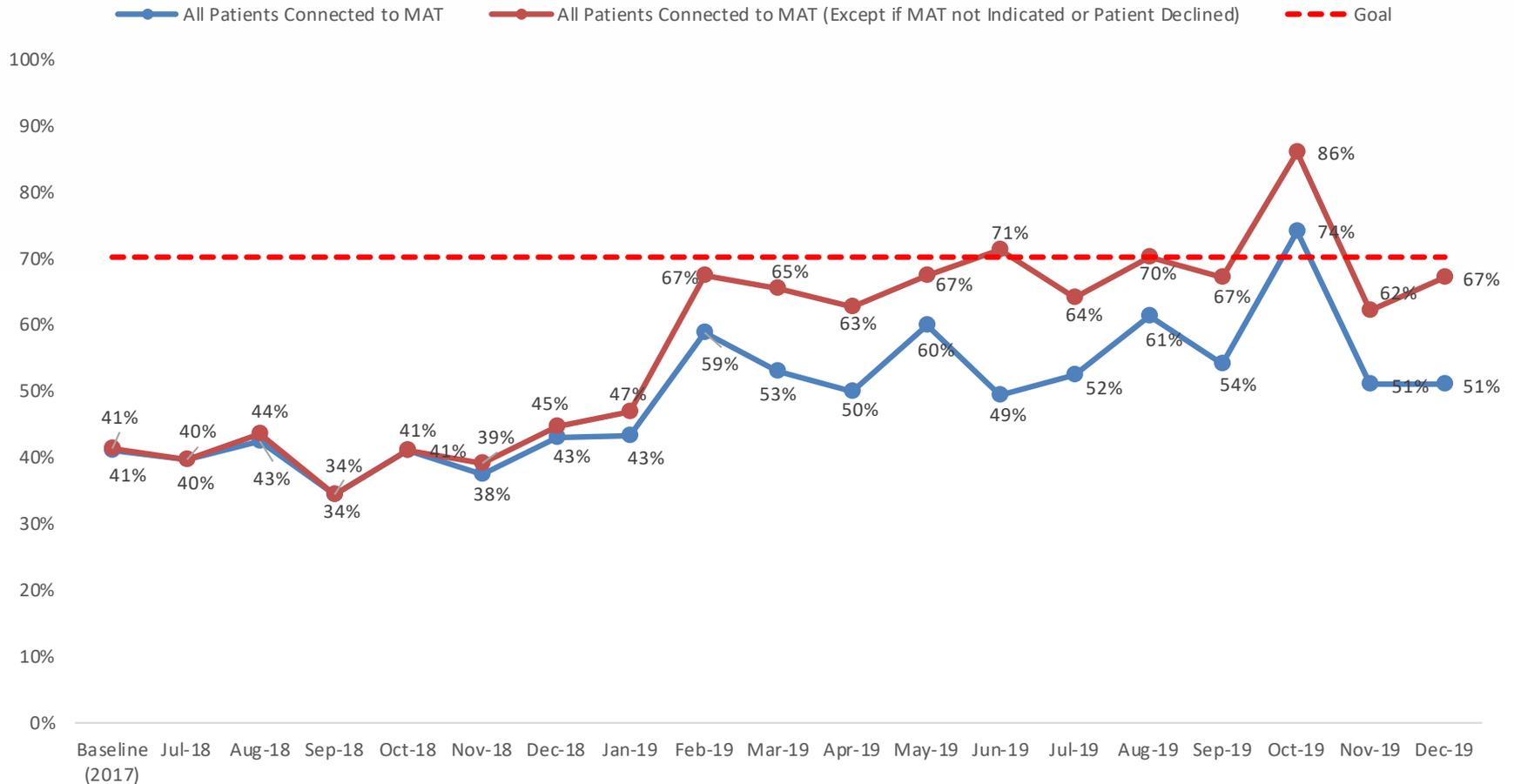
Red = No screening  
Yellow = Screened single question  
Green = Screened with validated SUD/OUD screening tool



25%

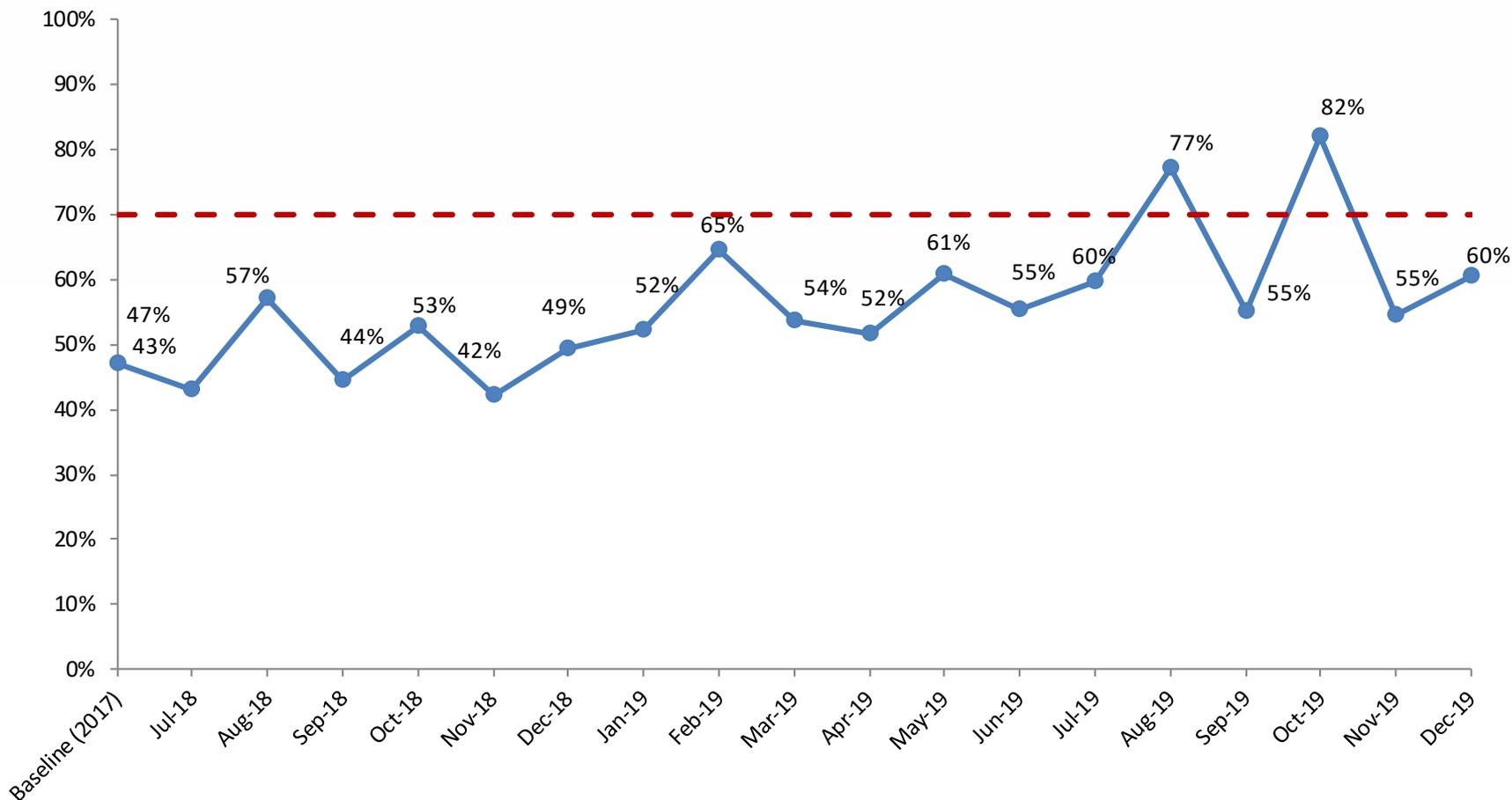
**BENCHMARK = ≥ 80%**

# Women with OUD on MAT by Delivery Discharge



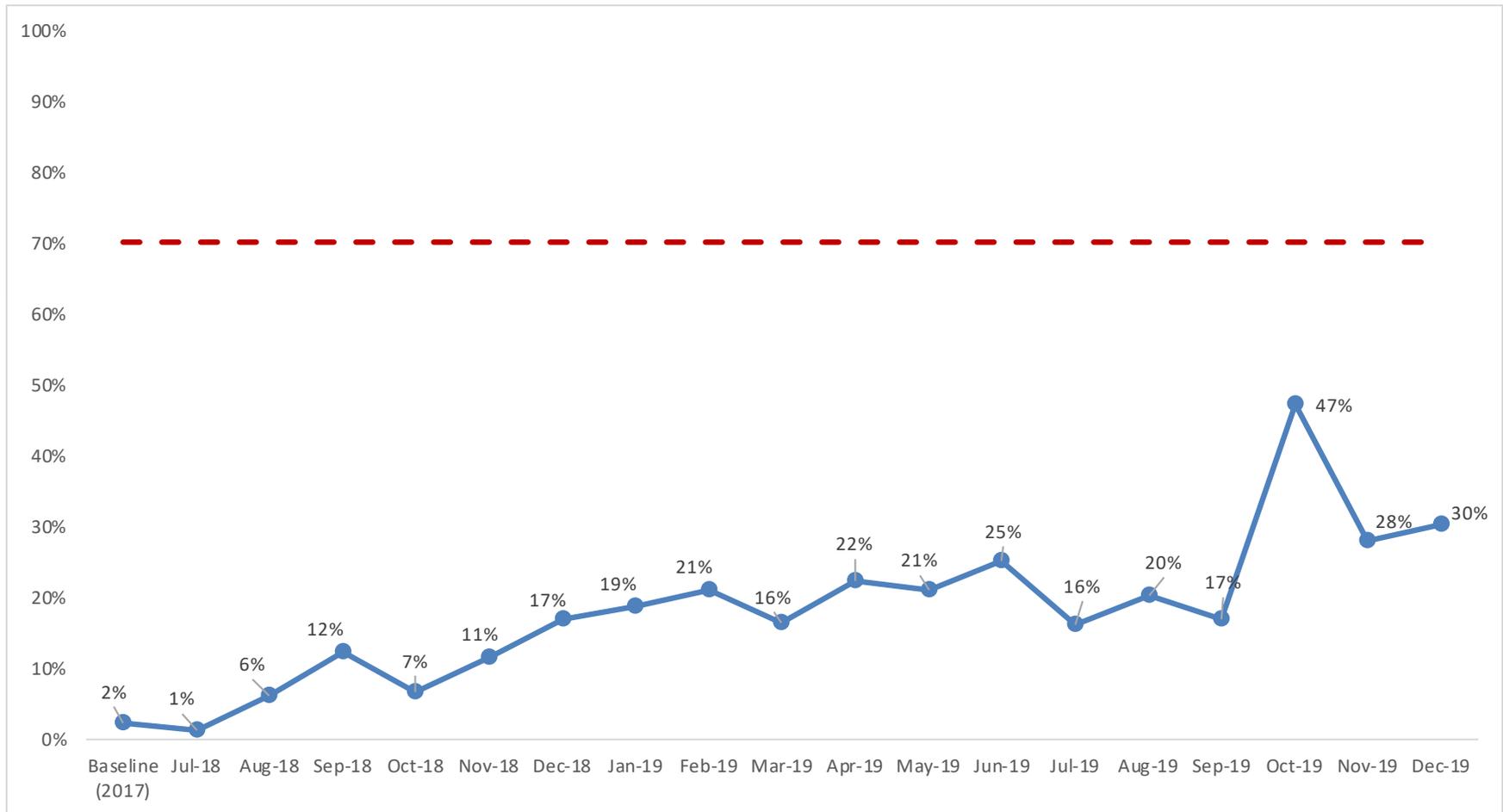
**BENCHMARK = ≥ 70%**

# Women with OUD at Delivery Connected to Recovery Treatment



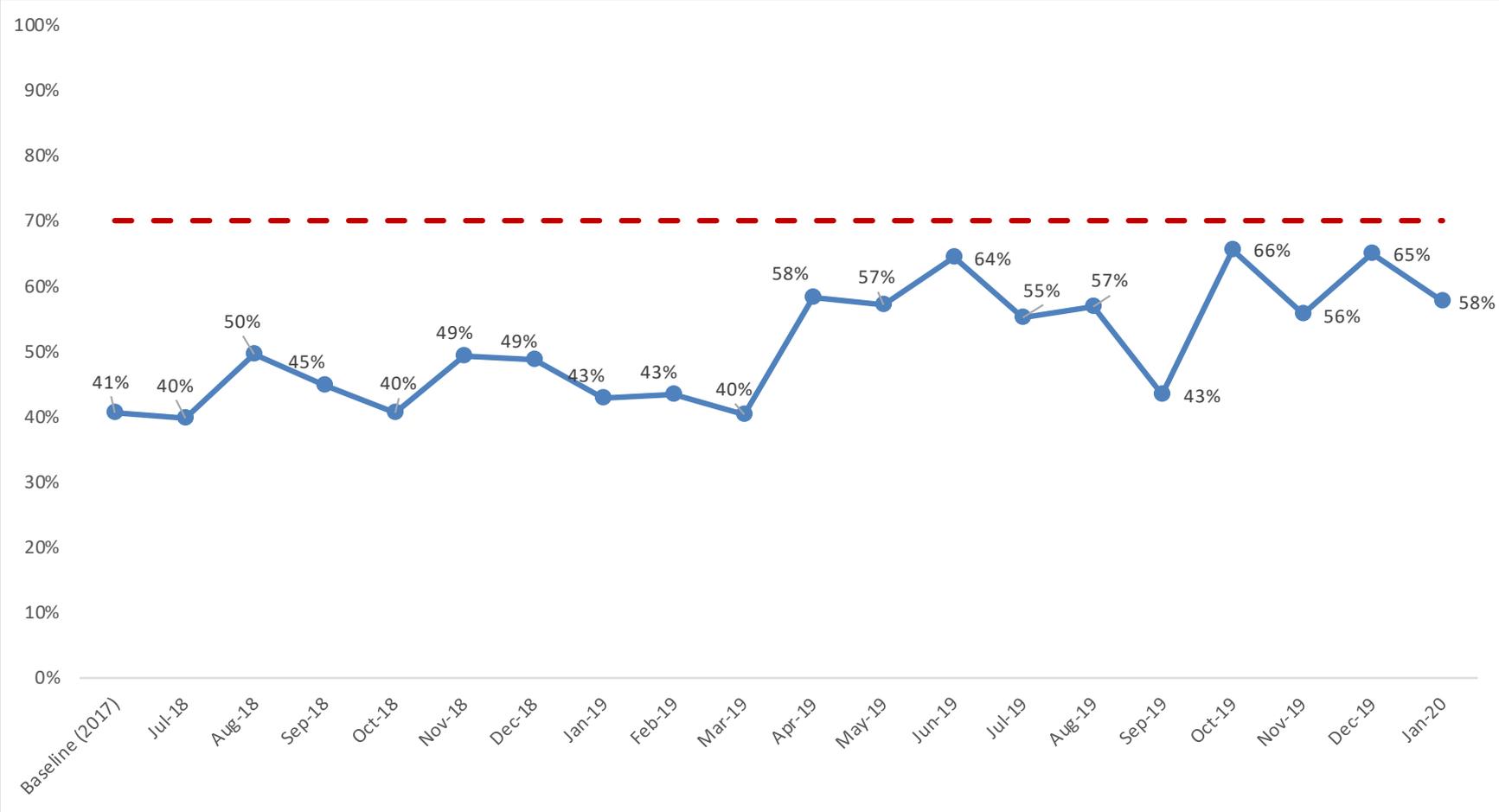
**BENCHMARK =  $\geq$  70%**

# Narcan Counseling & Documentation



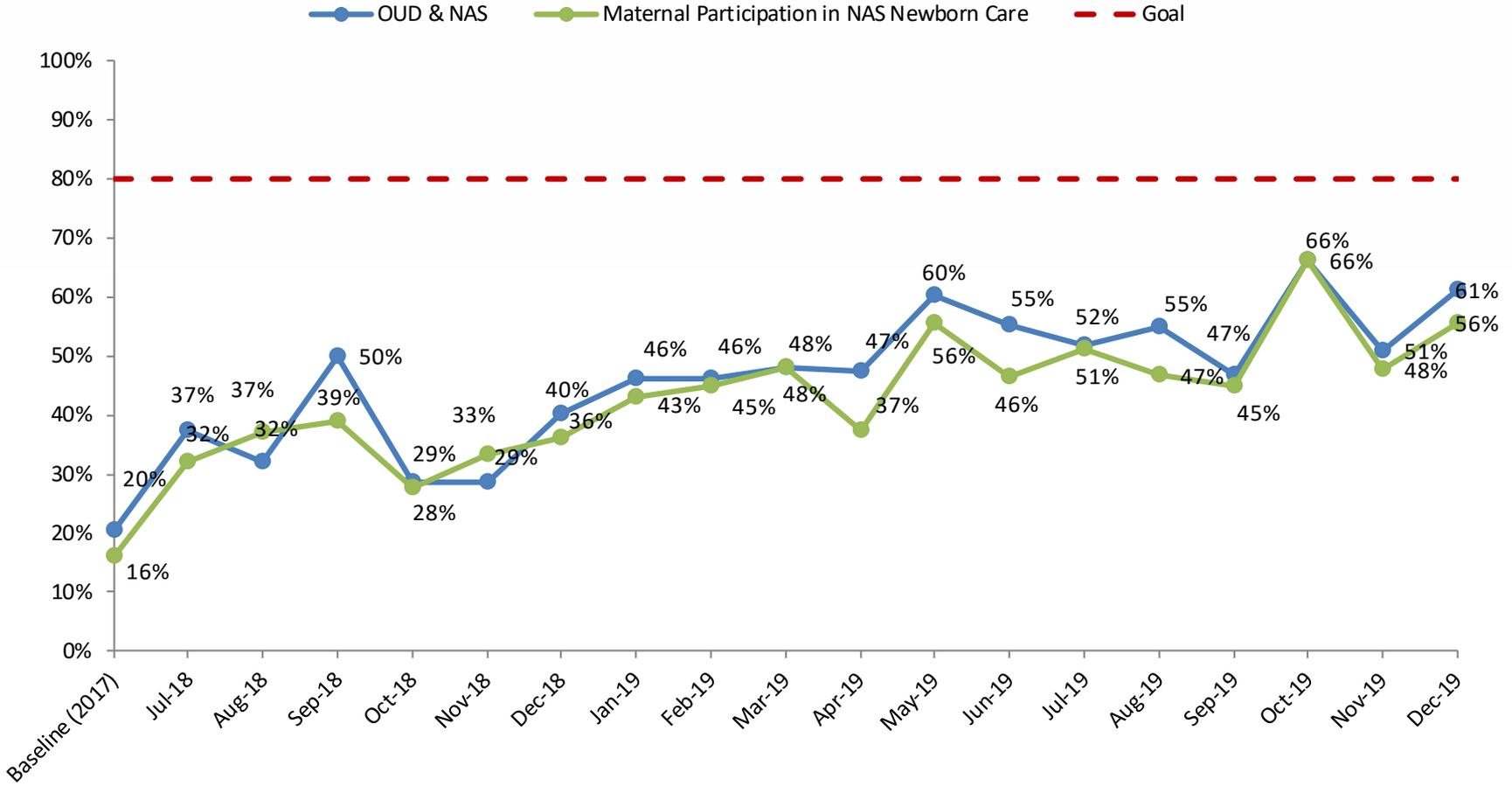
**BENCHMARK =  $\geq$  70%**

# Hepatitis C Screening & Documentation



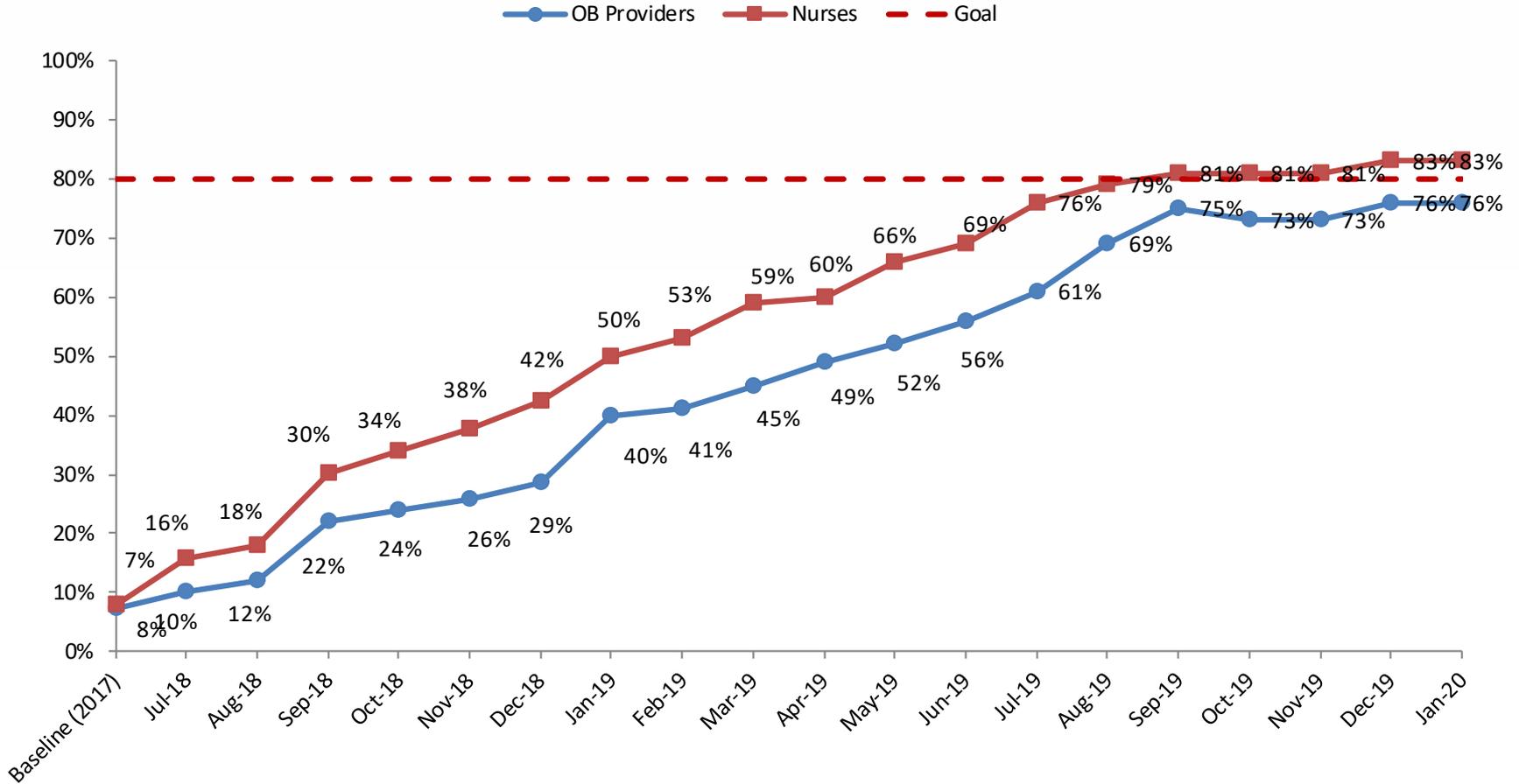
**BENCHMARK =  $\geq$  70%**

# Maternal OUD/NAS Education & Documentation



**BENCHMARK = ≥ 80%**

# OB Provider and Nursing Education



**BENCHMARK = ≥ 70%**