

**POPINVITED: ID# 101231**

**Title:**

Standardized Care for Substance Addicted Pregnant Women Increases Nurse Comfort Level

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**ACCEPTED**

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**Session Title:**

Maternal-Child Health Nurse Leadership Academy (MCHNLA)

**Slot:**

MCH: Sunday, 17 November 2019: 11:45 AM-12:15 PM

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**Applicable Category:**

Clinical, Academic, Students, Leaders, Researchers

**Keywords:**

Maternal Child Health, Standardized Nursing Assessment and Substance Abuse

**References:**

ANA Center for Ethics and Human Rights. (2017, March). Non-punitive Treatment for Pregnant and Breast-feeding Women with Substance Use Disorders. Retrieved from <https://www.nursingworld.org/~4af078/globalassets/docs/ana/ethics/nonpunitivetreatment-pregnantbreastfeedingwomen-sud.pdf>

Committee Opinion No. 711. (2017). *Obstetrics & Gynecology*, 130(2). doi:10.1097/aog.0000000000002235

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Criminalization of Pregnant Women with Substance Use Disorders. (2015). *Journal of Obstetric, Gynecologic & Neonatal Nursing*,44(1), 155-157. doi:10.1111/1552-6909.12531

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NIDA. (2018, July 12). Substance Use in Women. Retrieved from <https://www.drugabuse.gov/publications/research-reports/substance-use-in-women> on 2019, April 30

### **Abstract Summary:**

Pregnancy provides the necessity for substance addicted women to seek healthcare, allowing a unique opportunity for healthcare providers to have open communication and offer resources for recovery. Increase nurse comfort in communicating with inpatient pregnant women by implementing standardized substance abuse screening, initiating a care bundle, and educating nurses.

### **Content Outline:**

- I. Pregnancy provides the necessity for substance addicted women to seek healthcare
  - A. Unique opportunity for healthcare providers to have communication give resources for recovery
  - B. Missed opportunities could lead to devastating consequences for both mother and baby.
- II. Worldwide substance abuse epidemic caused healthcare workers to look inward
  - A. Inconsistencies in screening discovered
    1. Survey taken by 64% of inpatient bedside nurses
      - a. Showed inconsistencies in treatment modalities
      - b. Uneasy, afraid of showing bias
    2. 50% agree they would benefit from education
  - B. Care was reactive instead of proactive
    1. Standardized screening process
    2. Implemented UDS bundle
    3. Educated nurses and providers
- II. Pending formal post survey
  - A. Anecdotally nurses feel an increased comfort level

**Topic Selection:**

Maternal-Child Health Nurse Leadership Academy (MCHNLA) (25199)

**Abstract Text:**

Pregnancy provides the necessity for substance addicted women to seek healthcare they may have otherwise wanted to avoid. This is a unique opportunity for healthcare providers to have honest communication with this patient population and give them resources to aid in their recovery. If this opportunity is missed it could lead to devastating consequences for both mother and baby. The attention to the worldwide substance abuse epidemic caused healthcare workers at a suburban community level II obstetrical inpatient unit to look inward at the screening process and ensure screening was done on every patient free from nurse bias. Nurses from this obstetrical unit attended a week long leadership training presented by Sigma Theta Tau at the Maternal Child Health Nursing Leadership Academy (MCHNLA) sponsored by Johnson & Johnson and returned with a plan to survey the nurses to assess their comfort level with this population. Inconsistencies were discovered in the screening and the care plan that followed. 70 out of 110 nurses replied to a pre-survey that showed only 32% had a clear understanding of the current substance abuse policy and only 23% were comfortable telling their patients they collected a urine drug screen (UDS). While 24% always shared the results of the test with their patients, 21% said it was not their job to inform the patients of the results. Finally, 50% of nurses said they were uncomfortable talking to their patients about substance abuse and would benefit from education. It was discovered the care on the unit was reactive and the unit wanted to take a more proactive approach to giving patients and their babies the best possible care. Education was provided for the nurses on substance abuse in pregnancy, a scripted screening to use on admission to eliminate social bias, a reminder of when to test based on the current policy, and educational materials to distribute to patients. A "UDS bundle" was implemented which included a UDS, Social Work consult, and a nurse communication order to include the reason for testing to improve communication between team members. While a post-survey is still pending to allow an adequate amount of time for staff education and implementation, anecdotally the results show an increase in comfort level when nurses talk with their patients about substance abuse. Better compliance of the policy, consistency with the bundle, and an increase of open dialogue between nurses and patients on substance abuse have been noted.