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The Opposite of Addiction is Connection: Improving Clinical Outcomes by Implementing NICU Peer Recovery Coaches

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Today there is an epidemic of substance use and abuse in this country. The statistics on Opioid use/abuse are staggering. According to the American College of Obstetricians and Gynecologists (ACOG), over 259 million prescriptions were written by Healthcare providers in 2012, which is the double the amount written in 1998. It is estimated that in 2007 that 23% of women enrolled in Medicaid filled an opioid prescription, and treatment programs for misuse of prescription opioids has quadrupled in a ten year period (ACOG, 2017). Death from Opioid abuse has increased by over 400% from 2000-2014. Drug overdose is climbing to be the leading cause of death in Americans under the age of 50 (States News Services, 2017).

Substance Use Disorder (SUD) is characterized by tolerance, cravings, inability to control use of a substance, unsuccessful efforts to cut down on use, and the continued use of a substance despite consequences and loss of relationships (ACOG, 2017). Pregnant moms and their infants are a unique population that is hard hit by the current Opioid epidemic. This specialized population but in these case when a mom uses substances in pregnancy she is not only impacted her own health, but also the health of her unborn infant. Addiction is a complex, multifactorial disease that involves physical, emotional and mental health issues. More than 30% of pregnant women in SUD treatment program screened positive for moderate depression, in addition many have histories of abuse and trauma (ACOG, 2017). Pregnancy is a particularly difficult time to get treatment because Obstetricians (OB) are not trained to prescribe the Medication Assisted Treatment (MAT) regimen for SUD treatment that is done traditionally managed by Psychiatrists. However, while the Psychiatrists are trained to prescribe the MAT regimen, they rely on recommendations for the OB when prescribing medication to pregnant women. This leaves a gap in care and unfortunately many pregnant women cannot stop using in pregnancy which leads to the birth of infants that suffer from Neonatal Abstinence Syndrome (NAS)

The increase in SUD in pregnant mothers has led to a 5 -10 fold increase in the cases of NAS from 2000-2012 (variations dependent on reporting regions) (Kramlich et al, 2018). NAS has clinical symptoms that include hyper-irritability and irregularity of the nervous system, gastrointestinal system, and respiratory system with symptoms that include mild to moderate tremors, irritability, high pitched crying, difficulty being consoled, diarrhea, weight loss, seizures and can even lead to death. NAS infants may have to be started on pharmacologic treatment such as Morphine to manage the symptoms of NAS, and are traditionally monitored and cared for in the NICU. This care process interrupts maternal-infant bonding and in many of cases, breast feeding. NAS infants are difficult to console and a great deal of patients is required to get through the irritability and crying that is so common with this disorder. Then add a mom that has used substances in pregnancy that feels guilty, scared and judged, likely with poor coping mechanism (with drug use being a main source of coping). This scenario is too much for many moms, so some visit less and less frequently, and some don’t come back at all.

While acute treatment is important and recommended when SUD is identified, the relapse statistics highlights the need to shift from acute care treatment to focus on long-term recovery.

That is exactly what some organizations are doing. An organization in Texas found success in implementation of community based Peer Recovery Coaches. The results following a 12 months of relationship with Peer Recovery Coach was a decreased inpatient, outpatient and ED admissions. Other outcomes included 83% of patients reporting reduced use or total abstinence from drug use; 54% reported owning/renting their own home compared to 32% when they enrolled; and 57% reported being employed compared to 27% when they enrolled (States News Services, 2017). Other organizations have also found success in Addiction/Recovery focused peer support programs in the ED. Outcomes after a pilot program in one ED from 2014-2016 saw a reduction in readmission rate and decrease in number of patients that left AMA. Other exciting results of peer support programs implemented in the healthcare setting is the education provided to healthcare workers that have improved empathy by physicians, nurses and care coordinators when working with patients with SUD (News Report, 2018). With the implementation of peer recovery support programs being done in organization's Emergency Departments, and in the community's settings, an idea emerged from NICU staff to apply that concept to their vulnerable population.

The idea of a NICU Peer Recovery Coach was born. There are times in our lives that are turning points, times of true crisis when people make decisions to change their lives. The ED's have realized that following an overdose is one of those times and we believe that having a baby is another one of those times. It has been said that the opposite of addiction is not treatment and recovery, it is connections. The main goal of the NICU Peer Recovery Coaches (PRC) are to create connection through a shared lived experience of addiction. The PRC for the NICU go through specific training as a PRC but also education specific to NAS and the NICU environment. The PRC walk the path with a mom who has a baby in the NICU with NAS, and then maintains the relationship after discharge. This program has been successfully implemented with the on-boarding of 4 NICU specific Peer Recovery Coaches currently working with our patients with SUD that have infants with NAS.

Title:

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References:

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Abstract Summary:
Recovering from Substance Use Disorder (SUD) takes more than just treatment. Statistics show a large percentage of the people who are successful in treatment relapse. This highlights the need to focus on long term recovery. The development of the NICU Peer Recovery Coach program provides support to moms with SUD.

Content Outline:

- Summarize the current Opioid crisis in the US and a historical perspective on addiction and recovery
- Described the consequences of SUD specific the the pregnant population and their infants
- Review programs in the literature that have successfully implemented Peer Recovery support in the Emergency Department and Community
- Discuss the Journey of Implementing NICU Peer Recovery Coaches
  - Developing the goals of the NICU Peer Recovery Coaches:
    - Use their own experience with addition and long term recovery to walk with patients who have/are using substances in pregnancy/postpartum
    - Peer recovery coaches have common bond unlike counsels who have do not have shared experience
    - Provide a safe place to have open and honest conversations with less stigma and judgment
    - Provide resources on recovery support and treatment options available
    - Demonstrate what long term recovery looks like and encourage patients with SUD that it is possible
    - Provide informal education, foster an environment of recovery to providers, nurses, patients and family
    - Maintain contact after discharge from the hospital for additional recovery support
    - Talk about SUD as a disease and not a choice
    - Reduce the stigma of SUD and foster hope
    - Offer monthly group meetings for support and encouragement
- Share the education that were included for the NICU Peer Recovery Coaches
  - Certified Addiction Recovery Empowerment Specialist- CARES
  - NICU specific- such as Cuddle training, training on infant security, HIPPA and privacy training
  - Training on Neonatal Abstinence Syndrome- Vermont Oxford NAS training
  - Medication Assisted Treatment Specialist (MATS) training
    - 4 main domains covered in the training: Pharmacotherapy, Recovery Support, Education, Professional Responsibility

- Content on admission screening, assessment, crisis intervention, patient education, attitudes towards the MAT population, and historical perspective on alcohol/drug use, abuse, dependence and treatment
- Discuss the timeline from idea conception to implementation of the implementation of NICU Peer Recovery Coaches.
  - Putting together the Job Description and Interviews
  - What aspects do you want them to have?
  - What experiences would be helpful for them to walk with moms with SUD and having an infant in the NICU with NAS?
  - Who should be part of the interviews

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Author Summary: Bridgette Schulman's career in Labor and Delivery (L/D) started over 15 years ago, and she is current the Perinatal Clinical Practice Specialist. She is certification in Inpatient Obstetrics, Fetal Monitoring, and is Certified Professional in Patient Safety (CPPS). Bridgette has presented at local and state programs on Obstetric, OB trauma, and Patient Safety topics. Her passion of evidence based practice and leading change drives her every day to do what is best for our patients.