Improving Neonatal Abstinence Syndrome By Creating A Culture Of Recovery

Sigma Theta Tau International 45th Biennial Convention 2019

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Conflict of Interest

We have no conflict of interest to disclose

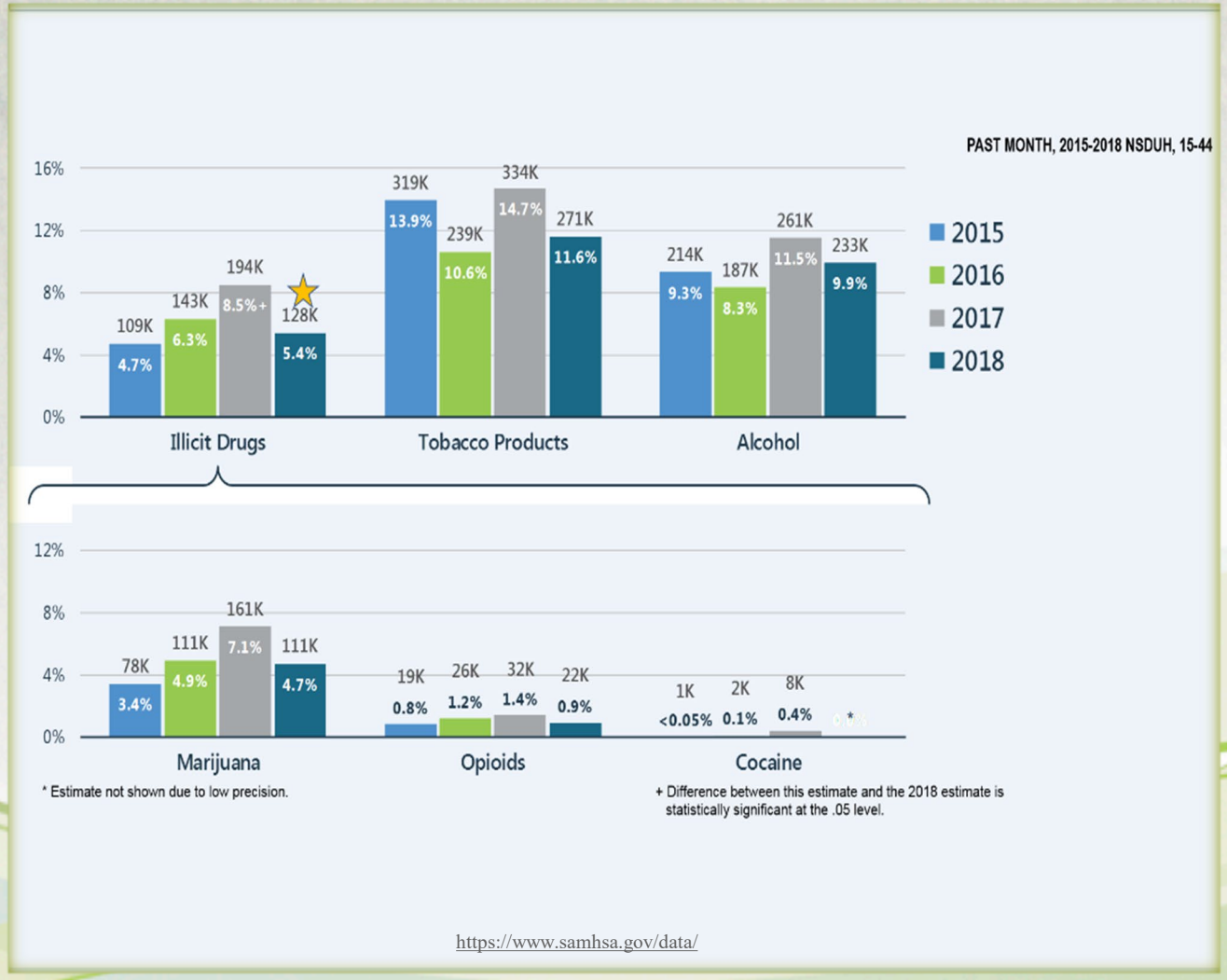
People Support What They Help to Create:Improving Clinical Outcomes With Neonatal Abstinence Syndrome

Amy Chastain, BSN, RNC-NIC, MATS, NTMC

Objectives

- Recognize Substance Use Disorder(SUD) in pregnancy and Neonatal Abstinence Syndrome(NAS) as a growing problem in the U.S.
- Discuss current Evidence Based Practices for NAS
- Describe non-pharmacologic treatments for NAS

Substance Abuse and Mental Health Data



https://www.samhsa.gov/data/

- 2016 - the rate of NAS in the United States increased from 7 per 1000 to 27 per 1000 over 10 years
- An infant is born every 25 minutes with symptoms of NAS.

Multidisciplinary Team

- Registered Nurses
- Pastoral Care
- Nurse Educator
- Neonatal Nurse Practitioner
- Physical Therapy
- Chief Neonatologist

Data Collection

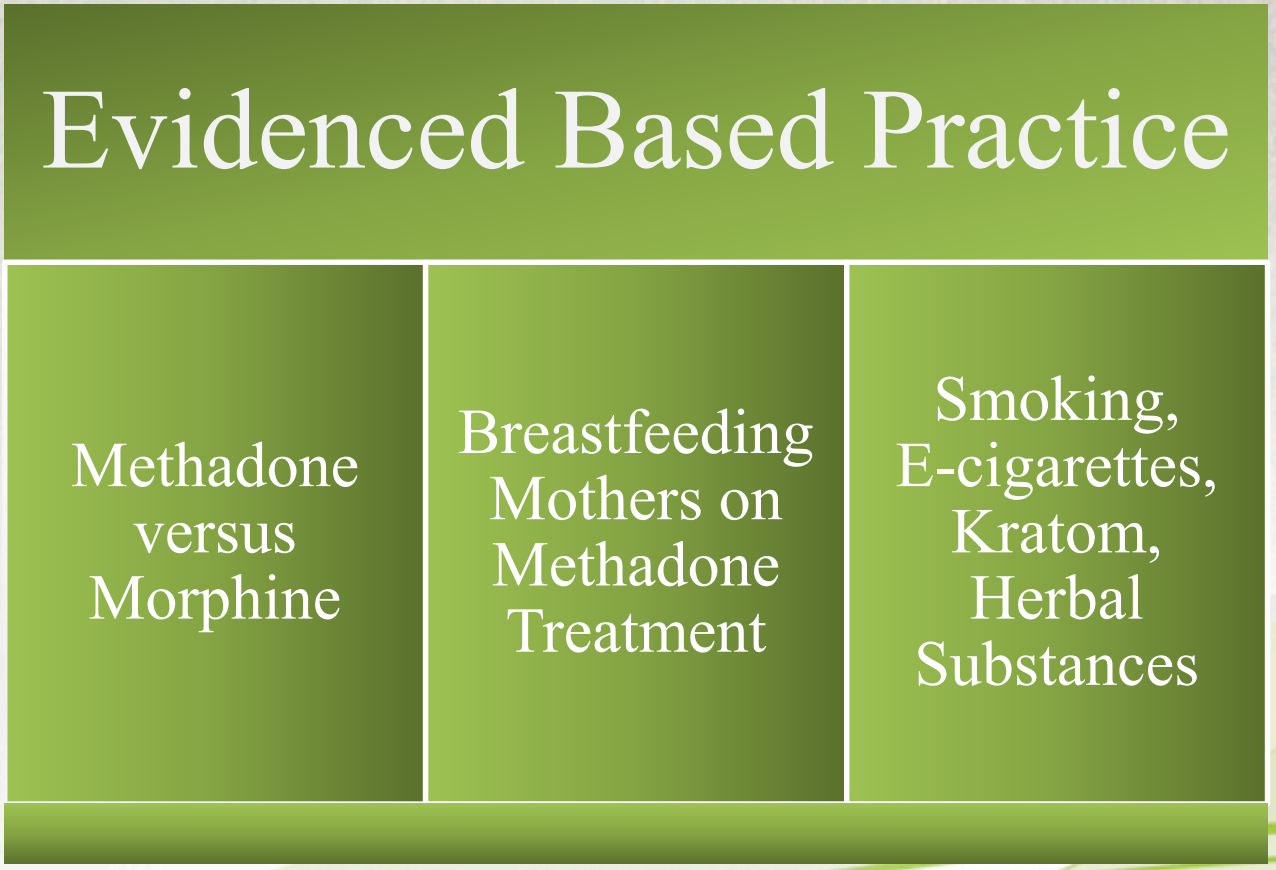
State Electronic Notifiable Disease Surveillance System (SendSS)

- Drug screen results
- Clinical symptoms
- Referrals to State Programs

NGMC Specific

- Length of Stay
- Length of Treatment
- Infant disposition

Literature Review



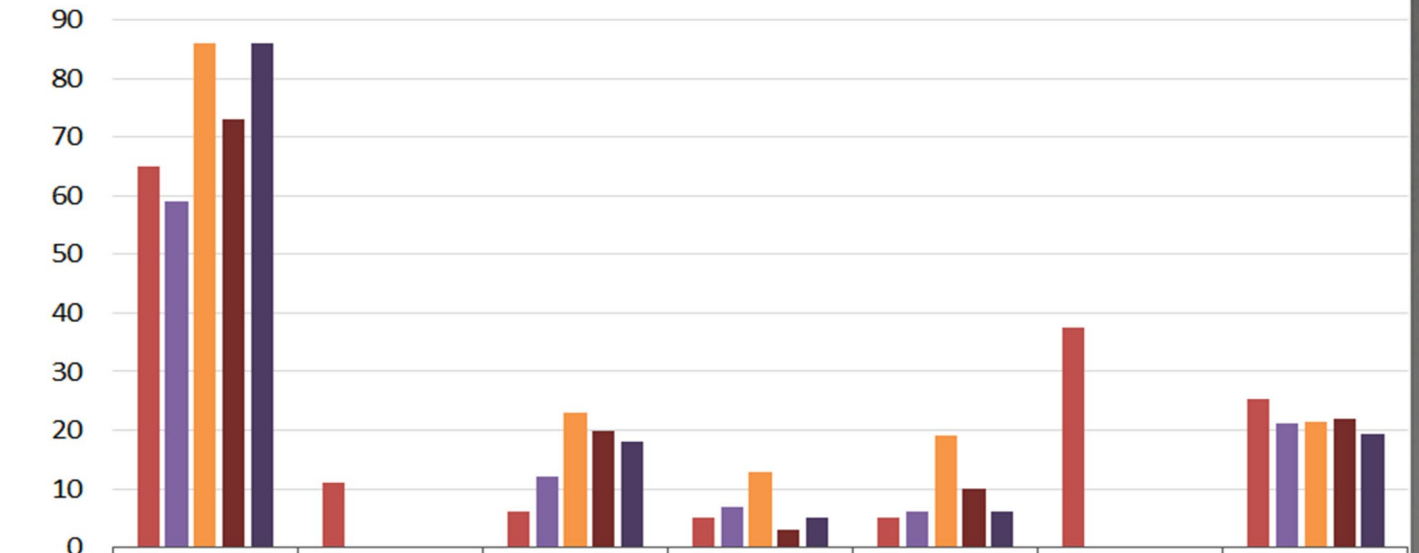
Education

- Vermont Oxford Network: Universal NAS Training
- Finnegan Scoring Tool
- Non-pharmacologic treatment techniques
- Guest Speakers/Lunch and Learns
- Ethics Councils

Standardization

- NAS Policy created for initiation of medication and treatment
- NAS Order set
- Medication weaning guidelines among all providers

Average Length of Stay



	Total NAS Scored	Tx with Methadone	Tx with Morphine	Rebounded	Transfer In	Avg LOS Methadone	Avg LOS Morphine
2014	65	11	6	5	5	37.6	25.4
2015	59	0	12	7	6	0	21.3
2016	86	0	23	13	19	0	21.5
2017	73	0	20	3	10	0	22
2018	86	0	18	5	6	0	19.3

Literature Review

Supportive Care

- Communication
- Comfort Measures
- Parental Presence

Implementing Supportive Care

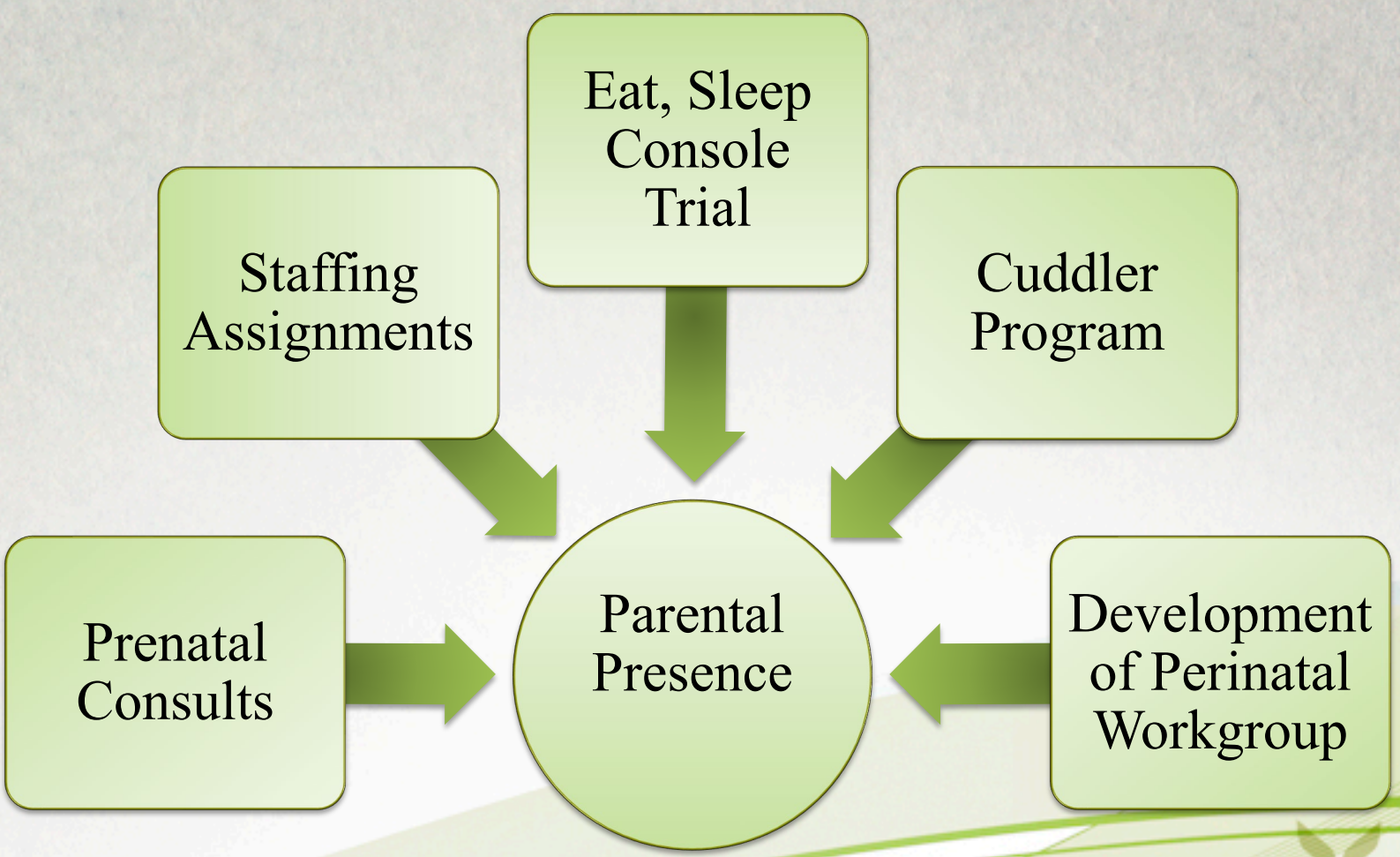
- Provide Calming Environment
- Swaddle Bathing
- Therapeutic techniques
  - C-position
  - Vertical Rocking
  - Clapping
- Neonatal Touch and Massage
- Primary Care Nursing- NAS Core Team
- Parental Presence-Rooming In

Significance of Prenatal Education

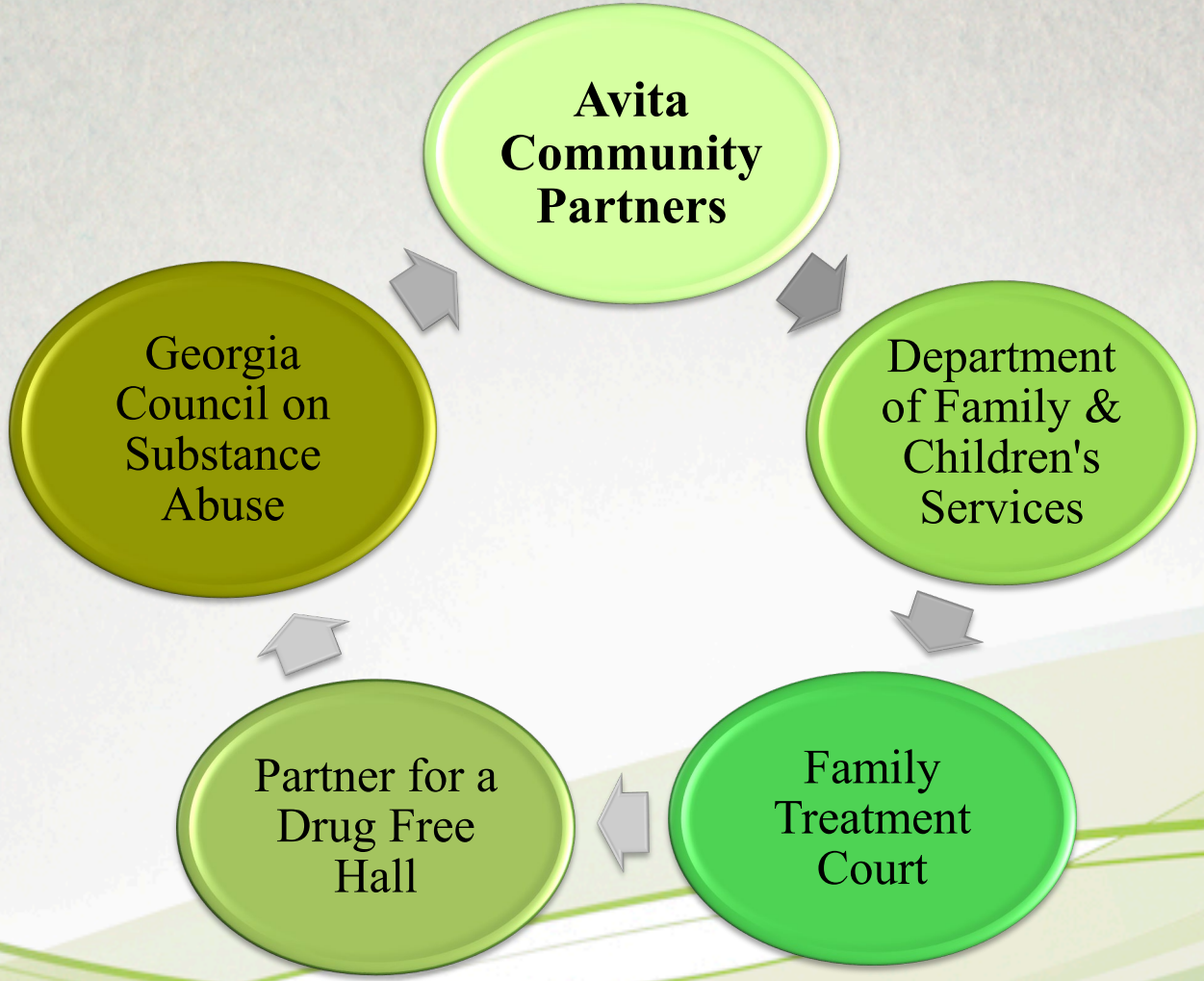
Mothers on MAT treatment

- Neonatologist consults
- Guide for NAS Families Ohio Collaborative
- Family Partnership Agreement
- Certified Addiction Recovery Empowerment Specialist (CARES) peer recovery coaches

Lessons Learned



Expanding the Task Force



Improving Clinical Outcomes by Evolving Mindset and Creating a Culture of Hope and Recovery

Aubrey Williams, BSN, RN-BC, C-NIC, MATS

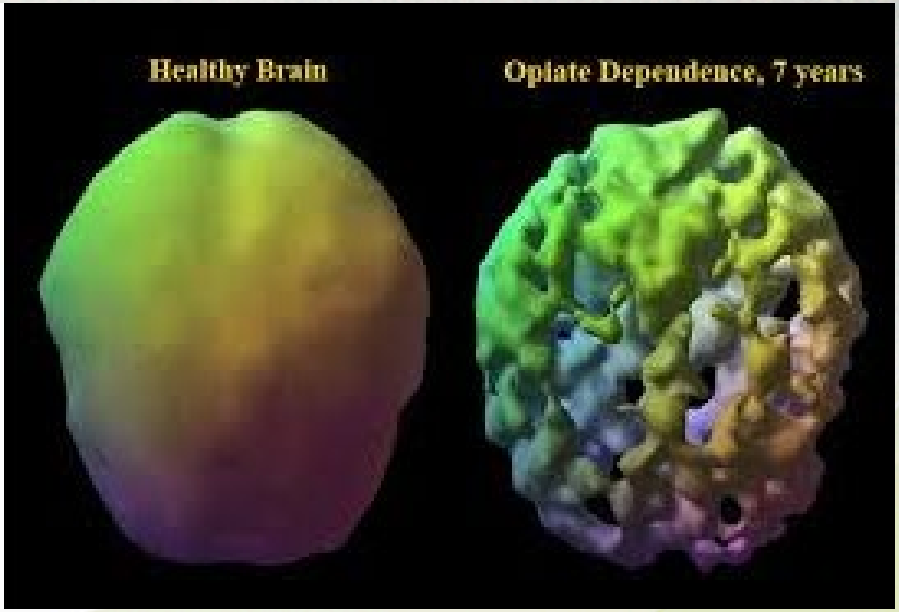
Objectives

- Discuss the Science of Addiction
- Understand Medication Assisted Treatment
- Assess personal perceptions regarding Substance Use Disorder in pregnancy
- Discuss the impact of recovery language and culture

Substance Use Disorder

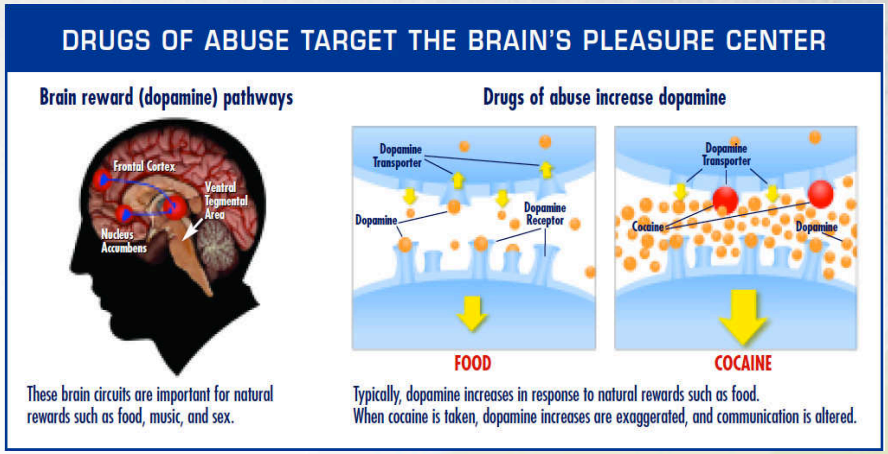
Today's Drugs

- Amphetamines
- Ecstasy (MDMA)
- Heroin
- LSD
- Opioids
- Cocaine
- Inhalants
- Marijuana

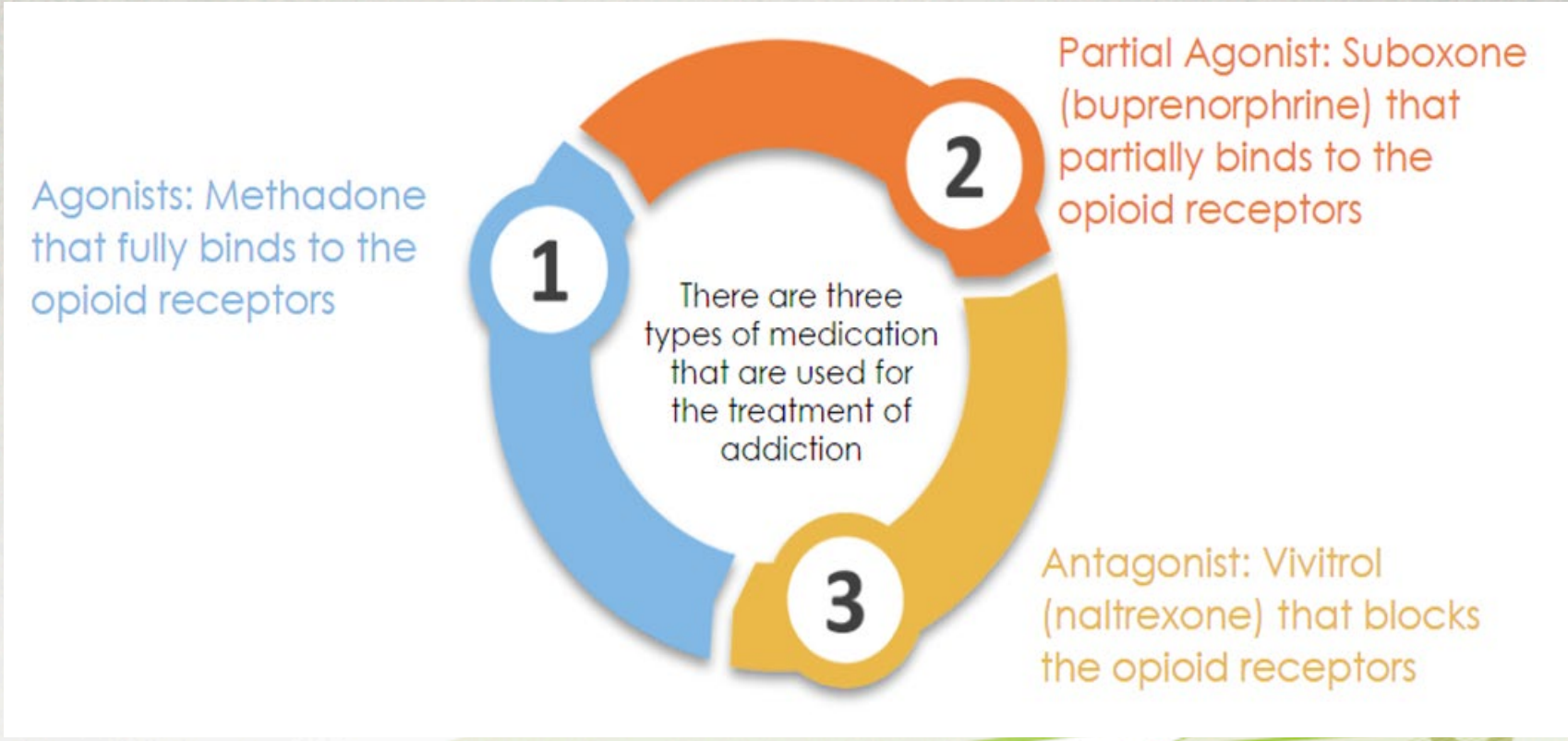


Chemicals in the Brain

- Dopamine
  - Feelings of joy and happiness
- Endorphins
  - Released when dopamine is depleted
- Dynorphins
  - Memory association

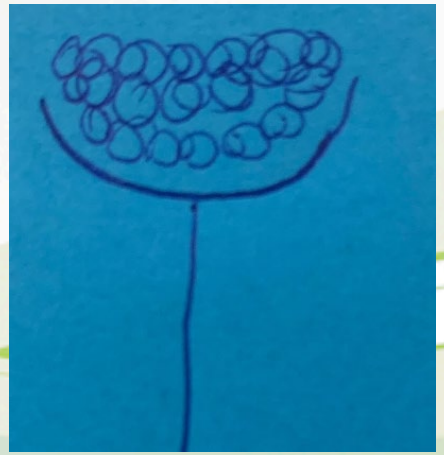


Medication Assisted Treatment



Medication Assisted Treatment: Methadone

- Occupies the opiate receptors
- Satisfies cravings
- Only prescribed as MAT by approved clinics



- Sleep disturbances
- Nausea/Vomiting
- Constipation
- Increased sweating
- Fluid retention and weight gain
- Sexual dysfunction
- Menstrual irregularities and increased fertility

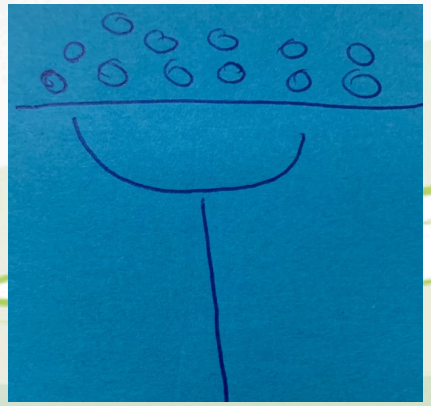
Medication Assisted Treatment: Buprenorphine

- Partially binds to opiate receptors and has blocking action
- Partially satisfies cravings
- Utilized when weaning is desired

- Body aches/flu-like symptoms
- Nausea/Vomiting
- Dizziness
- Constipation
- Itching
- Increased sweating irregularities and increased fertility

Medication Assisted Treatment: Naltrexone

- Completely blocks opiate receptors
- Not able to get the ‘high’ feeling
- Overdose likely
- Can be a monthly injection



- Body aches/flu-like symptoms
- Sleep disturbances
- Diarrhea
- Nausea/Vomiting
- Increased sweating
- Itching
- Nervousness

Barriers to MAT

- When people are trying to “get off” one substance the message is sent that it is “bad” to be on any medication
- Inaccurate judgement that MAT is another “drug” when it is actually a medication for the treatment of a disease
- Stigma, shame, and judgement of those using MAT for recovery
  - NA/AA meetings don’t always allow participation/leadership to those using MAT because it does not meet the requirement for “being free from all mind altering substances”

MAT Success Stories

From a Peer Coach encounter: *I met a peer who was a mother of 3 and struggled with Heroin. She was now using Methadone to support her recovery. Her baby did have NAS as a result of the Methadone but her living situation was stable and she had a full time job. She had made great strides to get and stay in recovery already. I was able to provide some resources and support for her and her family. She lost her job because she was staying in the hospital with her newborn and was unable to pay her bills and I was able to help her with some community resources to make sure the lights stayed on and that her kids had food.*

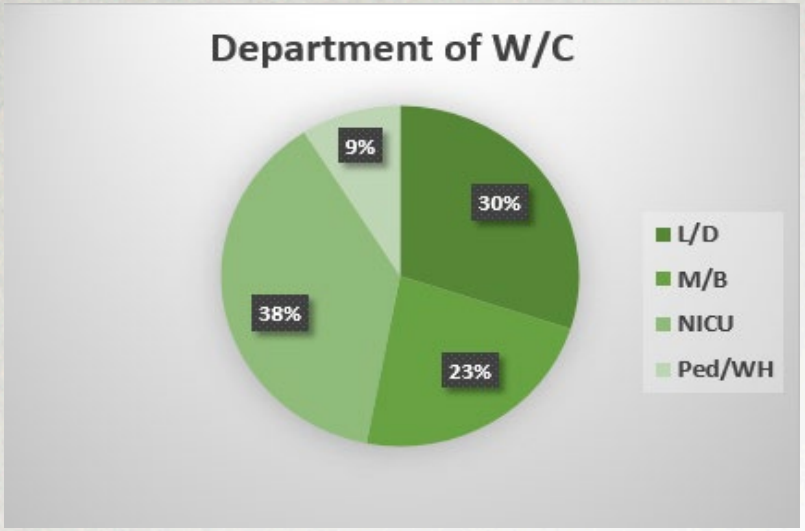
She shared with me that her DFCS caseworker told her that she had to stop taking her Methadone and start going to a different treatment provider. She was scared because prior to being on Methadone she used heroin and struggled for years. Using Methadone to support her recovery was what she felt helped her to stay well and be a productive member of society as well be a mom to her children. I shared with her about the Disability Act in Georgia. I told her that as long as she is under a doctor's care that she cannot be required to stop taking her Methadone by her DFCS case worker. This information helped her to speak up for herself, speak up to keep her children and also comply with DFCS.

Criminalization

https://liftlouisiana.org/updates/shackling-pregnant-women-louisiana-prisons-part-1

MORAL FAILURE
OR
DISEASE

RN Perceptions of SUD in Pregnancy

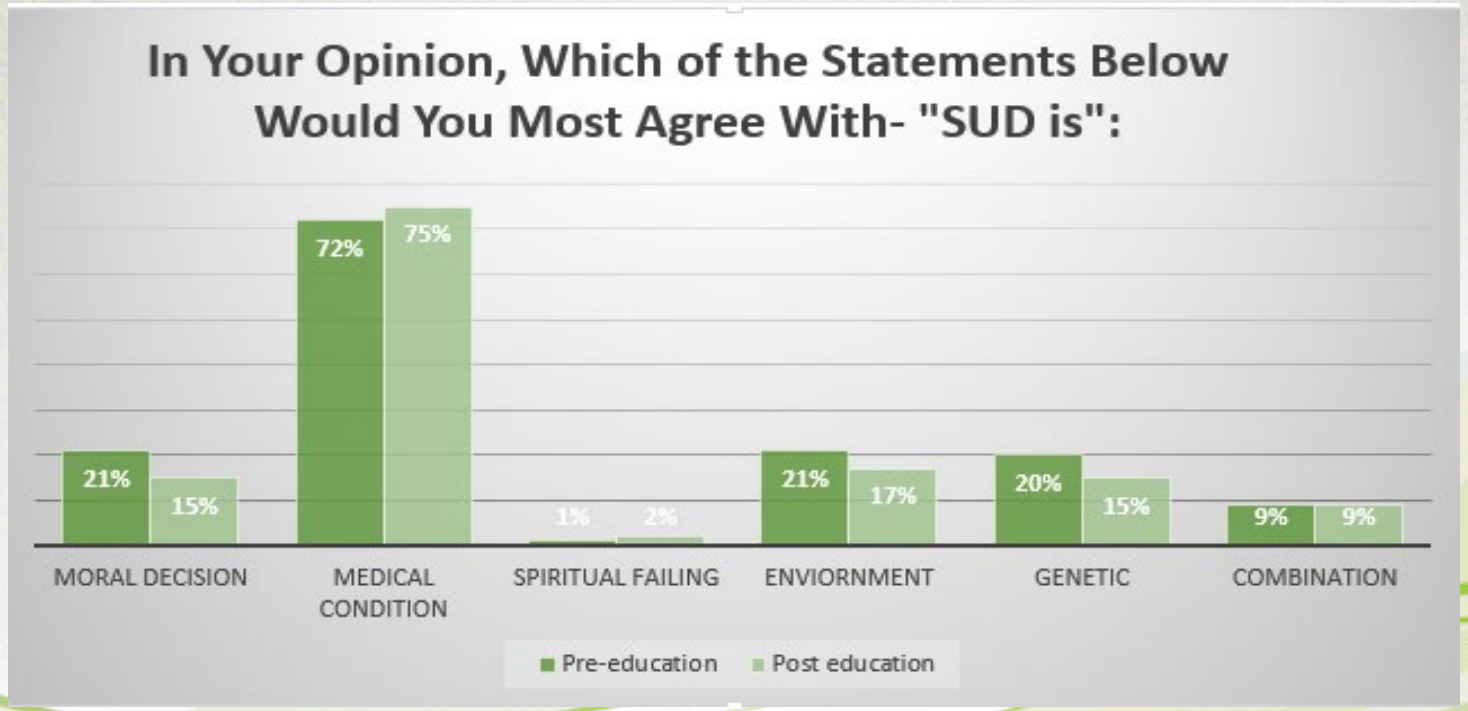


Purpose: To determine if standardized education on the physiology of SUD can impact the RN's attitudes and perceptions of SUD in pregnancy

Hypothesis: Standardized education on SUD in pregnancy will positively change the RN's attitudes and perceptions of SUD in pregnancy

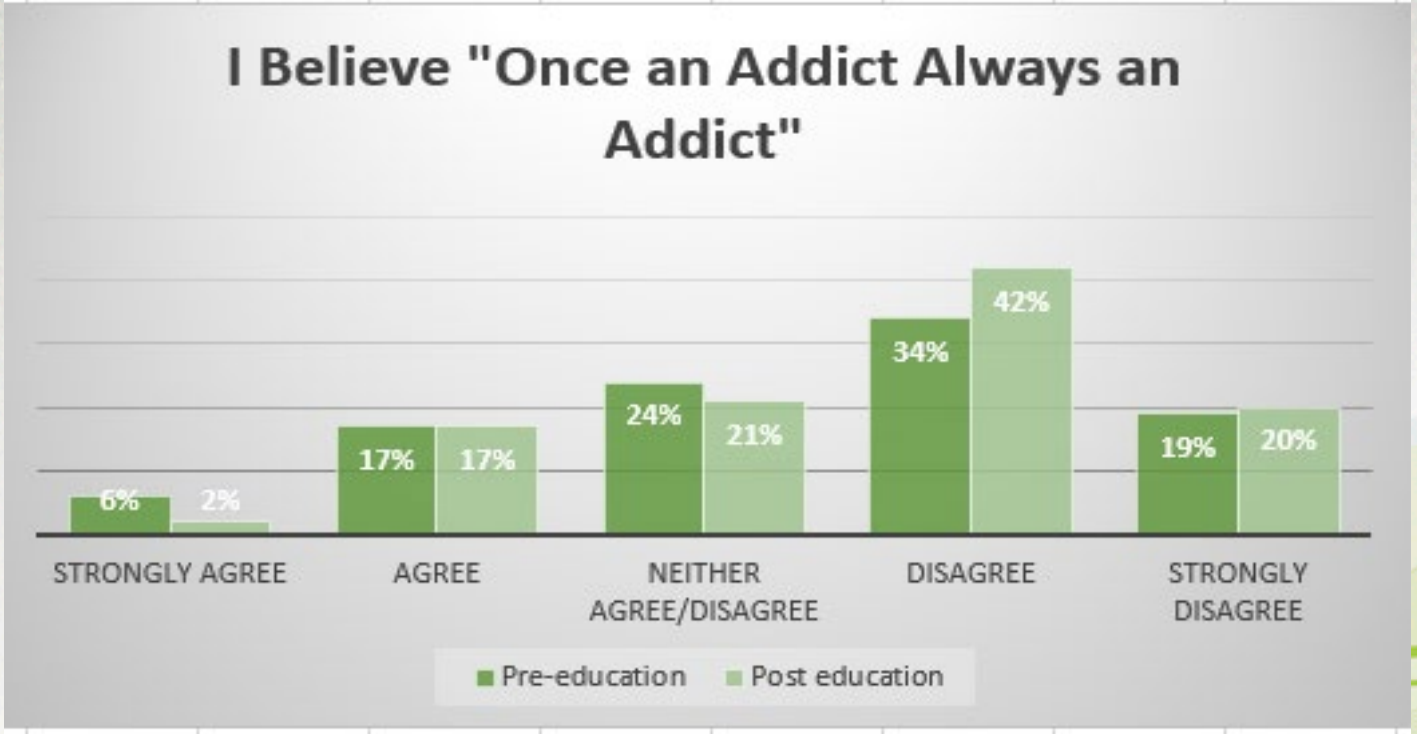
The response to the question: “In your opinion, which of the statements would you most agree with: Substance Use Disorder is:

- A result of a moral decision and people can stop if they really want to decreased from 21% (pre) to 15% (post)
- A result of a medical condition/disease that needs treatment that may include MAT- increased from 72% (pre) to 75% (post)
- A result of the environment you were raised in - decreased from 21% (pre) to 17% (post)
- A result genetic make-up decreased from 20% (pre) to 15% (post)”

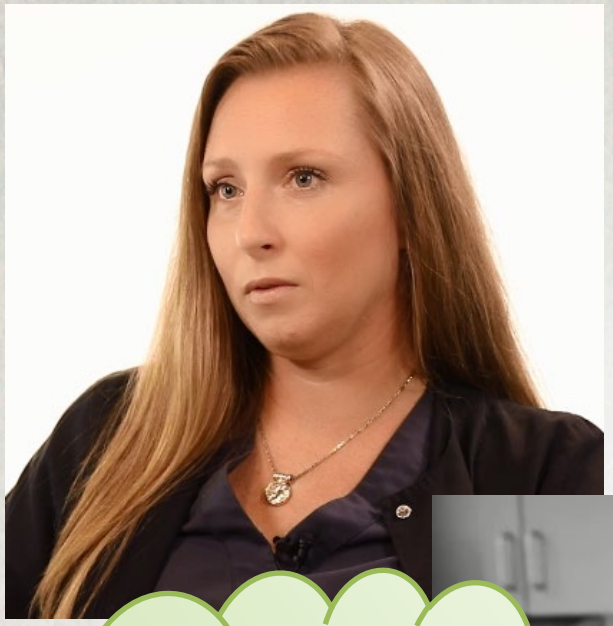


The response to the question: I believe ‘Once and Addict Always an Addict’:

- Strongly Agreed/Agreed = 23% (pre) and decreased to 19% (post)
- Disagreed/strongly disagreed - 53% (pre) increased to 62 % (post)



Nurse Perceptions



People in pain see nothing but their pain, being judgmental cuts off the line of communication

Everyone has been touched by addiction in one way or another. We have to set our perceptions aside.

Our goal is not to take over, it is to mentor and help the mother to get their baby home as fast and safe as possible

Brandywine

"People with addiction need affirmation. Tell me I'm doing a good job, ask me how my day is going."

"Talk to me like a person not like an addict. Those are the things I did, not who I am."

Current Terminology	Recovery Language	Why it Matters
Addict, Junkie, Druggie	Person with Substance Use Disorder, Person who hasn't found recovery	Put the person first, avoid defining person by their disease
Treatment is the goal; or treatment is the only way to Recovery	There are multiple pathways to Recovery	Recovery is self determined and is not one size fits all
Substance Abuse	Substance Use Disorder or Misuse	Abuse blames the medical condition on the person; encourages stigma
Stayed clean	Maintains Recovery	Takes away the implication that people with SUD are "dirty"
Relapsed	Had a setback; returned to use	Recovery is expected not relapse
Relapse is part of recovery	Can occur as part of the disease- but not always	Sets expectation of relapse
In Denial	Ambivalent	Knows there is a problem just afraid to change and to get help
A Drug is a Drug; Just replacing one drug for another	Medication Assisted Treatment	MAT can be part of recovery
Have to hit "rock bottom"	Recovery is a self-directed path and it is not a fact that you have to reach rock bottom	Rock bottom is death for some- the elevator gets off at every floor
Addicts are manipulative	Trying hard to get their needs met	Removes blame and recognizing actions don't define you

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

Bridgette Schulman, MSNEd, RNC-OB, C-EFM, CPPS, MATS

Objectives

- Describe goals and mission of PEER Recovery Coaches
- Summarize the role of a Peer Recovery Coach
- Discuss the journey of implementing Peer Recovery Coaches in the NICU

What Is a Peer Recovery Coach (PRC)

CARES
CERTIFIED ADDICTION RECOVERY EMPOWERMENT SPECIALIST

https://www.gasubstanceabuse.org/cares-program

Georgia Council on Substance Abuse

Hope Dealer

CARES Mission

- Certified Addiction Recovery Empowerment specialist (CARES) provide Peer Recovery Coaching for mothers with Substance Use Disorder in Pregnancy
- The road to recovery is more successful when there is someone walking it with you.

Role of the Peer Recovery Coach

- Engage with mothers with SUD in pregnancy
- Listen and be present to answer questions about recovery supports or treatment options
- Empower mothers to advocate for the support they need to maintain recovery
- Support mothers in navigating DFCS process and meet the requirements of her plan of safe care.
- Never give up on someone seeking recovery
  - As long as there is life there is HOPE

The Opposite of Addiction…

- Using connections to fight addiction
- Using lived experience of the CARES-NICU coach to walk the path of recovery
- The Recovery Community is the greatest an untapped resource to fight addiction

Hari, J. (2015). Everything you think you know about addiction is wrong. TEDGlobalLondon. https://www.ted.com/talks/johann_hari_everything_you_think_you_know_about_addiction_is_wrong?language=en

Journey to CARES

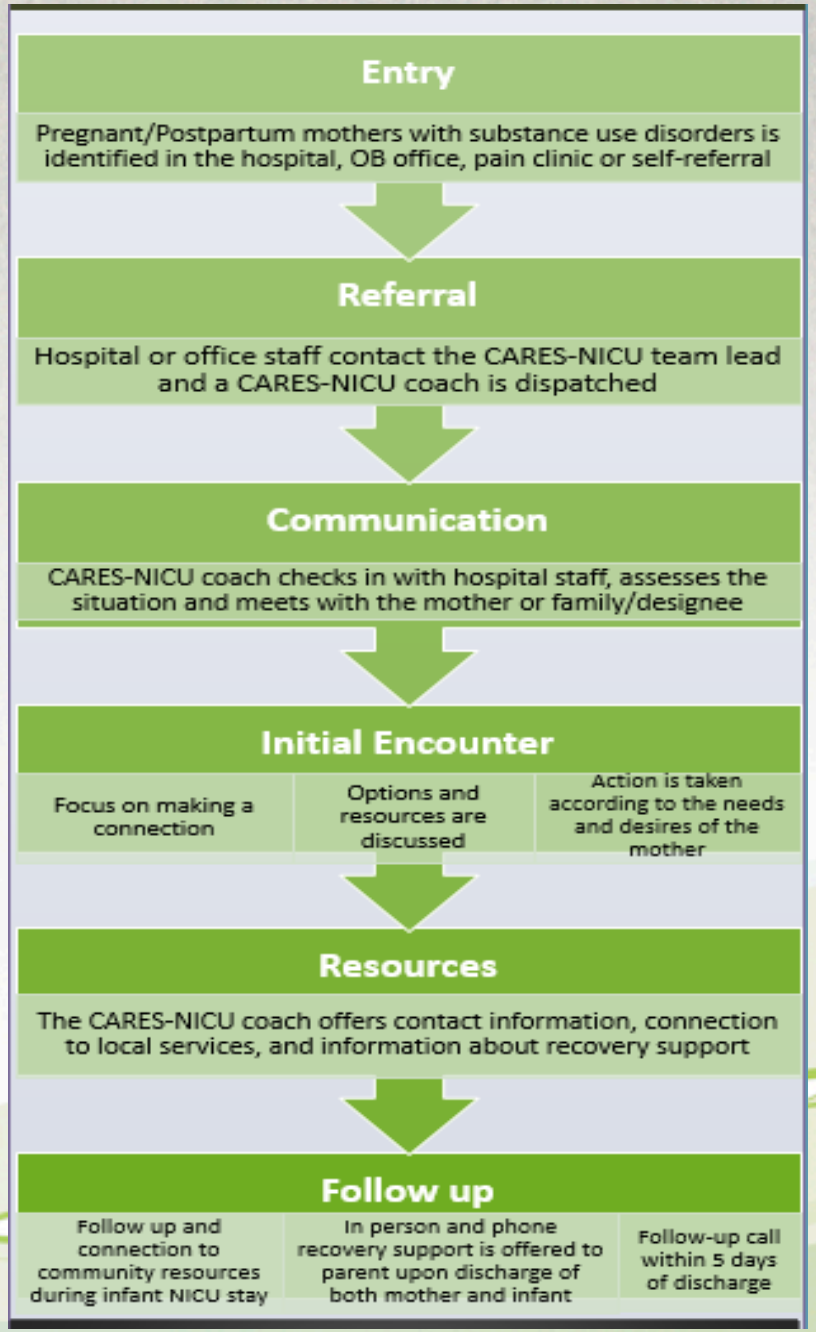
November 2017	CARES-ED went live in the NGMC Emergency Department
December 2017	GCSA attends the NAS Task Force at NGMC
February 2018	Deb Bailey, Senator Renee Unterman, and Georgia Legislators work to approve CARES– NICU support as a line item in the State Budget
March 2018	Georgia State Legislature approved budget including $250,000 for the development of the CARES– NICU
May 2018	Governor Nathan Deal signed the budget into law
October 2018	GCSA launches CARES-NICU to support mothers who have babies in the NICU born with Neonatal Abstinence Syndrome (NAS)
November 2018	CARES– NICU support program expands to include the support of pregnant women in the community

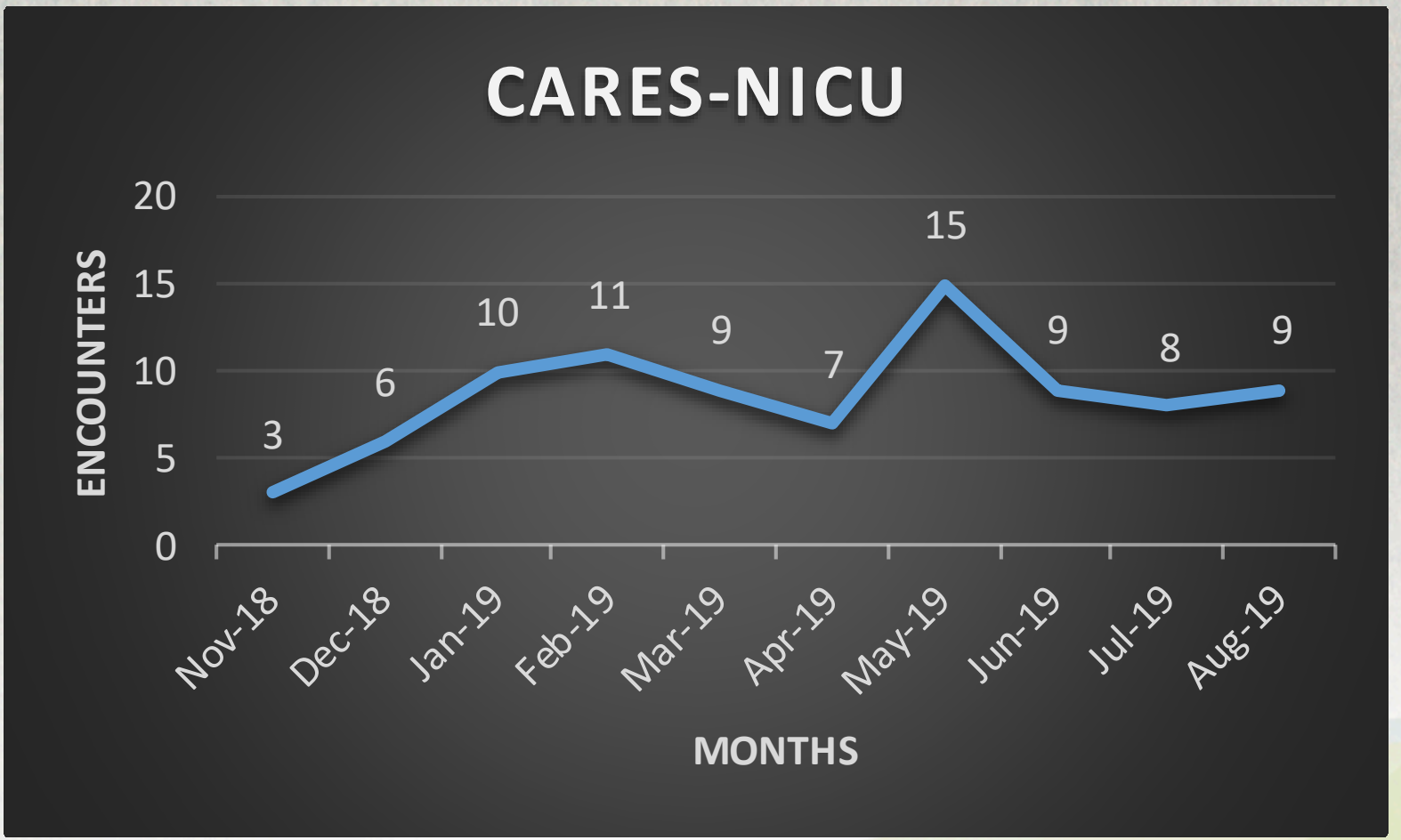
Training for NICU-CARES

There are now over 640 CARES certified Peer Recovery Coaches in Georgia serving NGMC and the surrounding community.

Training includes:

- 5 day CARES academy (40 hours)
- Ethical Considerations in the Hospital Setting (4 hours)
- Motivational Interviewing (6 hours)
- Intentional Peer Support (40 hours)
- Cultural Competency
- Creating a Recovery Culture in the Medical Setting
- Crisis Intervention
- Medical Assisted Treatment (MAT) certification
- Vermont Oxford Network (VON) Neonatal Abstinence Syndrome (NAS) training
- NGMC Cuddler training


Entry
Pregnant/Postpartum mothers with substance use disorders is identified in the hospital, OB office, pain clinic or self-referral
Referral
Hospital or office staff contact the CARES-NICU team lead and a CARES-NICU coach is dispatched
Communication
CARES-NICU coach checks in with hospital staff, assesses the situation and meets with the mother or family/designee
Initial Encounter
Focus on making a connection
Options and resources are discussed
Action is taken according to the needs and desires of the mother
Resources
The CARES-NICU coach offers contact information, connection to local services, and information about recovery support
Follow up
Follow up and connection to community resources during infant NICU stay
In person and phone recovery support is offered to parent upon discharge of both mother and infant
Follow-up call within 5 days of discharge



NICU Results

Total Encounters: **109**

Still Engaged: 46

# of NICU Babies:18

Prior to delivery: 9

Stories From the Coaches

I ran into a young woman that looked at me and said, "I know you, and I just realized from where." She shared with me that I had previously seen her in the Emergency Department and I quickly remembered. The day I saw her, this young woman had come into the Emergency Department six months pregnant and actively using heroin. That night at the meeting we met back up at- I witnessed her pick up her six-month chip for having worked hard and earned six months in recovery!

Stories From the Coaches

The peer says I "get her" and I never act judgmental. Today, she has completed her rehab program while having her baby live there with her. She holds a full time job and is about to move into her own house. She worries that her fiancé's recovery isn't as strong as hers. While other well-meaning people in her life tell her to move on without him, I understand how it feels when your family unit doesn't give up on you and how powerful it can be to a person's recovery. It never occurred to me to tell her to give up on him. I started helping her brainstorm how to offer him support and stay strong for herself too. Samantha gets a smile on her face and says that she loves that I'm helping her keep her family together

Northeast Georgia Medical Center

References

Acquaviat, S., Kauffman, S., Talks, A. (2016). Pregnant women with substance use disorder: The intersection of history, ethics, and advocacy. *Social Work in Health Care(55)*10:843-860

Cleveland, L. M. (2016). Breastfeeding recommendations for women who receive medication-assisted treatment for opioid use disorders: AWHONN practice brief number 4. *Nursing for Women's Health, 20*(4), 432-434. doi:10.1016/S1751-4851(16)30207-0

Edwards, L. & Brown, L. F. (2016). Nonpharmacologic managements of neonatal abstinence syndrome: An integrative review. *Neonatal Network: NN, 35*(5), 305-313. doi:10.1891/0730-0832.35.5.305

Galbis-Reig, D. (2016) A case report of Kratom addiction and withdrawal. *WMJ: Official Publication of the State Medical Society of Wisconsin,*

Grossman, M. R., Berkwitt, A. K., Osborn, R. R., Yaqing, X., Esserman, D. A., Shapiro, E. D., & Bizzarro, M. J. (2017). An initiative to improve the quality of care of infants with neonatal abstinence syndrome. *Pediatrics, 139*(6, 1-8. doi:10.1542/peds.2016-3360

Hall, E. S., Wexelblatt, S. L., Crowley, M., Grow, J.L., Jasin, L. R. Klebanoff, M. A. … Walsh, M. C. (2014). A Multicenter Cohort Study of Treatments and Hospital Outcomes in Neonatal Abstinence Syndrome. *Pediatrics,* 134(2), 527-534. doi:10.1542/peds.2013-4036

Harvard Health Publishing (2011) How addiction hijacks the brain. Retrieved from https://www.health.harvard.edu/newsletter_article/how-addiction-hijacks-the-brain

Holmes, A.V., Atwood, E.C., Whalen, B., Beliveau, J., Jarvis, J.D., Matulis, J.C., & Ralston, S.L.(2016). Rooming-in to treat neonatal abstinence syndrome: Improved family-centered care at lower cost. *Pediatrics, 137*(6). Doi: 10.1542/peds.2015-2929

Howard, M. B., Schiff, D. M., Penwill, N., Si, W., Rai, A., Wolfgang, T., & Wachman, E. M. (2017). Impact of parental presence at infants' bedside on neonatal abstinence syndrome. Hospital Pediatrics, 7(2), 63-69. doi:10.1542/hpeds.2016-0147

Hudak, M. L. & Tan, R. C. (2012). Neonatal drug withdrawal. *Pediatrics, 129*(2), 540-560. doi:10.1542.peds.2011.3212

Ingram D. D., Franco S.J. 2013 NCHS Urban–Rural Classification Scheme for Counties. National Center for Health Statistics. [Internet]. Vital Health Statistics 2(166). 2014. [Cited 2018 Nov 9]. Available from: https://www.cdc.gov/nchs/data/series/sr_02/sr02_166.pdf

Kang, G. (2017). *Neonatal abstinence syndrome: Annual surveillance report 201.* Georgia Department of Public Health: Division of Health Promotion. Retrieved 9 September 2019 from https://dph.georgia.gov/sites/dph.georgia.gov/files/MCH/NAS/NAS_2017_Report.pdf

Kapaya M, D'Angelo DV, Tong VT, et al. Use of Electronic Vapor Products Before, During, and After Pregnancy Among Women with a Recent Live Birth — Oklahoma and Texas, 2015. MMWR Morb Mortal Wkly Rep 2019;68:189–194. DOI: http://dx.doi.org/10.15585/mmwr.mm6808a1external icon.

Ko, J. Y., Patrick, S. W., Tong, V. T., Patel, R., Lind, J. N., Barfield, W. D. Incidence of Neonatal Abstinence Syndrome—28 States, 1999–2013. [Internet]. Morbidity and Mortality Weekly Report, 2016; 65(31), 799–802. [Cited 2018 Nov 9]. Available from: https://www.cdc.gov/mmwr/volumes/65/wr/mm6531a2.htm doi:10.15585/mmwr.mm6531a2

References

.

KoJY, Wolicki S, Barfield WD, et al. CDC Grand Rounds: Public Health Strategies to Prevent Neonatal Abstinence Syndrome. MMWR Morb Mortal wkly Rep 2017;66:242-245. DOI:http://dx.doi.org/10.15585/mmwr.mm6609a2

Kramlich, D., Kronk, R., Marcellus, L., Colbert, A. Jakub, K. (2018). Rural postpartum women with Substance use Disorder. Qualitative Health Research; 28(9). 1449-1467

MacMullen, N. J., Dulski, L. A., & Blobaum, P. (2014). Evidence-based interventions for neonatal abstinence syndrome. *Pediatric Nursing, 40*(4) 165.

Maguire, D. (2014). Drug addiction in pregnancy: Disease not moral failure. Neonatal Network: NN 33(1), 11-18. doi:10.1891/0730-0832.33.1.11

Maguire, D. J. (2013). Mothers on methadone: Care in the NICU. *Neonatal Network: NN, 32*(6) 409-415. doi:10.1891/0730-0832.32-6.409

Maguire, D., Webb, M., Passmore, D., & Cline, G. (2012). NICU nurses' lived experience: caring for infants with neonatal abstinence syndrome. Advances in Neonatal Care, 12(5), 281-285. doi:10.1097/ANC.0b013e3182677bc1

Marcenko, M., Brown, R., DeVoy, P. R., & Conway, D. (2010). Engaging parents: innovative approaches in child welfare. Protecting Children, 25(1), 23.

Mitra, E., Maryam, P., Sedigheh, M., Mostajab Razavi, N., & Zohre, M. (2014). Comparing the effects of swaddled and conventional bathing methods on body temperature and crying duration in premature infants: A randomized clinical trial. Journal of Caring Sciences, 3(2), 83-91. doi:10.5681/jcs.2014.009

Miller, A. M., McDonald M., Warren, M. D. Neonatal Abstinence Syndrome Surveillance Annual Report 2017. [Internet]. Tennessee Department of Health, 2018. [Cited 2018 Nov 9]. Available from: https://www.tn.gov/content/tn/health/nas/nas-update-archive.html

News Report (2018). Wake Forest Baptist Medical Center finds addiction-focused peer support program reduces readmissions.

Opioid use and opioid use disorder in pregnancy. Committee Opinion No 711. (2017). American College of Obstetricians and Gynecologists (ACOG) (130); e81-94.

Ohio Perinatal Quality Collaborative (2012). Neonatal abstinence syndrome: A guide for families. Ohio Department of Medicaid. Retrieved 18 May 2018 from https://opqc.net/sites/bmidrupalpopgc.chmcres.cchmc.org/files/resources/neonatal%20abstinence%20syndrome/opqc_nas_parent_guide_092914.pdf

Paterno, M., Fiddian-Green, A. Guvrium, A. (2018). Moms supporting moms: Digital storytelling with Peer Mentors in recovery from substance use. Health Promotion Practice 19(6); 823-832

References

Patrick, S. W., Schumacher, R. E., Benneyworth, B. D., Krans, E. E., McAllister, J. M., & Davis, M. M. Neonatal Abstinence Syndrome and Associated Health Care Expenditures United States, 2000–2009. [Internet]. Journal of the American Medical Association, 2012; 307(18), 1934–1940. [Cited 2018 Nov 9]. Available from: https://jamanetwork.com/journals/jama/fullarticle/1151530 doi:10.1001/jama.2012.3951

Piccotti,l.,Voigtman,B.,Vongsa,R.,Nellhaus,E.,Rodriguez,K.,Davies,T.&Quirk,S.(2019)Neonatal opioid withdrawal syndrome: a developmental care approach. *Neonatal Network: The Journal of Neonatal Nursing,*38(30,160-169

Romisher, R., Hill, D., & Cong, X. (2018). Neonatal Abstinence Syndrome: Exploring nurses' attitudes, knowledge, and practice. *Advances in Neonatal Care, 18*(2) E3-E11.

States News Services. (2017). Peer Recovery Coaches Help Battle Addiction in Texas. Expanded Academia ASAP

Stover, M., Bonugli, R. (2014). Experiences of mothers of infants with neonatal abstinence syndrome in the neonatal intensive care unit.

Substance Abuse and Mental Health Services Administration. (2018). Key substance use and mental health indicators in the United States: Results from the 2017 National Survey on Drug Use and Health (HHS Publication No. SMA 8-5068, NSDUH Series H-53). Rockville, MD: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration. [Cited 2018 Nov 9]. Available from: https://www.samhsa.gov/data/

Tobin, K. (2018). Changing neonatal nurses' perception of caring for infants experiencing Neonatal Abstinence Syndrome (NAS) and their mothers: An evidence based practice opportunity. *Advances in Neonatal Care (18)*2;128-135. doi:10.1097/ANC.0000000000000476

Warren, M. D., Miller, A. M., Traylor, J., Bauer, A., Patrick, S. W. Implementation of a Statewide Surveillance System for Neonatal Abstinence Syndrome—Tennessee, 2013. [Internet]. Morbidity and Mortality Weekly Report, 2015; 64(5), 125–128. [Cited 2018 Nov 9]. Available from: https://www.cdc.gov/mmwr/preview/mmwrhtml/mm6405a4.htm

Vermont Oxford Network. (2013). Nurture the Mother-Nurture the Child. *Vermont Oxford Network: A Virtual Video.*

Waitzman, Kara Ann (2017) Neonatal Touch & Massage Certification Training. Retrieved on 15 January 2017 from http://www.neonatalcertification.com