Improving Neonatal Abstinence Syndrome
By Creating A Culture Of Recovery

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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

- 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.

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

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

## Evidenced Based Practice

<table>
<thead>
<tr>
<th>Methadone versus Morphine</th>
<th>Breastfeeding Mothers on Methadone Treatment</th>
<th>Smoking, E-cigarettes, Kratom, Herbal Substances</th>
</tr>
</thead>
</table>
**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

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

- Staffing Assignments
- Prenatal Consults
- Eat, Sleep Console Trial
- Cuddler Program
- Development of Perinatal Workgroup
Expanding the Task Force

Avita Community Partners

Georgia Council on Substance Abuse

Partner for a Drug Free Hall

Department of Family & Children's Services

Family Treatment Court
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

This is your brain.

this is drugs.

this is your brain on drugs.

Partnership For A Drug-Free America
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

1. Agonists: Methadone that fully binds to the opioid receptors

2. Partial Agonist: Suboxone (buprenorphine) that partially binds to the opioid receptors

3. Antagonist: Vivitrol (naltrexone) that blocks the opioid receptors

There are three types of medication that are used for the treatment of addiction.
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
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
In your opinion, which of the statements below would you most agree with: "SUD 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.”
<table>
<thead>
<tr>
<th>Current Terminology</th>
<th>Recovery Language</th>
<th>Why it Matters</th>
</tr>
</thead>
<tbody>
<tr>
<td>Addict, Junkie, Druggie</td>
<td>Person with Substance Use Disorder, Person who hasn’t found recovery</td>
<td>Put the person first, avoid defining person by their disease</td>
</tr>
<tr>
<td>Treatment is the goal; or treatment is the only way to Recovery</td>
<td>There are multiple pathways to Recovery</td>
<td>Recovery is self determined and is not one size fits all</td>
</tr>
<tr>
<td>Substance Abuse</td>
<td>Substance Use Disorder or Misuse</td>
<td>Abuse blames the medical condition on the person; encourages stigma</td>
</tr>
<tr>
<td>Stayed clean</td>
<td>Maintains Recovery</td>
<td>Takes away the implication that people with SUD are “dirty”</td>
</tr>
<tr>
<td>Relapsed</td>
<td>Had a setback; returned to use</td>
<td>Recovery is expected not relapse</td>
</tr>
<tr>
<td>Relapse is part of recovery</td>
<td>Can occur as part of the disease—but not always</td>
<td>Sets expectation of relapse</td>
</tr>
<tr>
<td>In Denial</td>
<td>Ambivalent</td>
<td>Knows there is a problem just afraid to change and to get help</td>
</tr>
<tr>
<td>A Drug is a Drug; Just replacing one drug for another</td>
<td>Medication Assisted Treatment</td>
<td>MAT can be part of recovery</td>
</tr>
<tr>
<td>Have to hit “rock bottom”</td>
<td>Recovery is a self-directed path and it is not a fact that you have to reach rock bottom</td>
<td>Rock bottom is death for some-the elevator gets off at every floor</td>
</tr>
<tr>
<td>Addicts are manipulative</td>
<td>Trying hard to get their needs met</td>
<td>Removes blame and recognizing actions don’t define you</td>
</tr>
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</table>
The Opposite of Addiction is Connection: Improving Clinical 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)

https://www.gasubstanceabuse.org/cares-program
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 untapped resource to fight addiction

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!
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


References


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