### Background

- Marijuana exposed infants are at risk of adverse neurodevelopmental outcomes
- American Academy of Pediatrics recommends counseling against the use of marijuana while breastfeeding
- The Screening, Brief Intervention and Referral to Treatment (SBIRT) approach offers a feasible way for nurses to serve as an advocate for neonatal health

### Purpose

- Postpartum and Neonatal Intensive Care Unit (NICU) nurses at Baylor Scott and White All Saints (BSW-AS) in Fort Worth, St. David’s Medical Center (SDMC) in Austin, and University of Texas Medical Branch (UTMB) in Galveston do not have a systematic process for addressing maternal marijuana use while breastfeeding
- Postpartum and NICU nurses lacked the skills and confidence addressing marijuana use

### AIM Statement

By December 31, 2020, the Postpartum and NICU nurses at BSW-AS, SDMC and UTMB will use the Screening, Brief Intervention, and Referral to Treatment (SBIRT) tool with at least 50% of mothers of infants admitted to the NICU and Newborn Nursery to address maternal marijuana use while breastfeeding.

### PDSA Methodology

#### Plan
- Obtained buy-in from key stakeholders
- Used SBIRT to screen each mother for marijuana use and provide brief intervention and referral to treatment if use is identified
- Outcome Measure: Nurses’ adherence to the SBIRT process
- Modified the EHR to allow documentation of each SBIRT component
- Developed process materials for nurses and admission packets: marijuana education handout, treatment referral card, process map algorithm, talking points, laminated badge card with SBIRT, checklist for nursing documentation

#### Do
- Educated nurses using narrated PowerPoint presentation, in person education, and skills fair poster presentation
- Go live fall 2020 for 12-week implementation
- Used Plan-Do-Study-Act (PDSA) methodology for quality/performance improvement
- Provided repetition of new process through emails, huddles, project champions, and re-education
- Reinforced project mission and new process through active rounding on each shift by project lead and nurse champions

#### Act
- Created Conversation Starter document
- Scripted introduction to screening question; modified SBIRT checklists; email and flyer reminders at BSW-AS
- Weeks 1-4
- Champions assisted with increasing momentum, obtaining feedback, and answering questions
- Champions created bulletin boards outlining process BSW-AS/SDMC
- Float nurses were educated on process at BSW-AS
- Weeks 5-8
- Recruited unit manager at BSW-AS to help rally the staff to increase adherence
- Weeks 9-12

#### Study
- Weeks 1-4: Adherence at or below goal
- Issues:
  - Checklists not being filled out correctly at BSW-AS
  - Decrease in adherence at SDMC due to transitioning from paper checklists to computer
  - Staff uncomfortable asking screening questions at all 3 sites
  - Unit clerks ran out of handouts at UTMB
- Weeks 5-8: Adherence improving at SDMC and UTMB but not at BSW-AS; competition between staff helps increase adherence
- Weeks 9-12: Adherence improving at all 3 sites; staff more comfortable with process

### Results

- Various challenges occurred with technical difficulties, COVID restrictions, and transfer of patients to other hospitals.
- Despite challenges, the goal of 50% adherence to SBIRT was met or exceeded with a median of 66% across all 3 hospitals.

### Conclusions

- Using the SBIRT tool was accepted among staff and easy to incorporate
- Nursing knowledge on the harmful effects of marijuana exposure to infants increased
- Sensitive and uncomfortable conversations became easier
- Marijuana education was impactful for both the nurses and the mothers

### Implications for Practice

- Providing mothers with reliable information about marijuana use while breastfeeding empowers them to make decisions for the future for improved outcomes
- Nurses are in a key position to educate lactating mothers in a non-judgmental way about marijuana use while breastfeeding