COMPASSION:

Community Of Maternal PArenting Support for Substance Impacted PeOple and Newborns

Medications for Opioid Use Disorder (MOUD) in Pregnancy and Postpartum

- Education on OUD, whole person and patient-centered care, shared-decision making
- Education on available MOUD, Methadone and Buprenorphine
- Empower “voice and choice” for pharmacotherapy and formulation-> stabilization, safety, OD education/prevention
- Warm hand-off and care coordination
- Longitudinal follow up during pregnancy, postpartum and across the lifespan
- Celebrating our moms/people and meeting them where they are with kindness, respect and compassion

Washington ARS Pilot: Standardize MOUD and 72hr split dose for pregnant and postpartum people

Warm hand-off and care coordination with OTP team; overdose prevention/Narcan, safe storing medication, recovery and treatment engagement.

Warm hand-off to a local OTP (SW/MD) -> continued Methadone BID (dosing in am and carry for HS)-> regular OB and OTP f/u-> delivery at Swedish -> COMPASSION

Option for medically-shared group zoom visits for pregnant and postpartum birthing people at our Virtual Bridge Clinic

Peer-to-peer provider support line: 1833-YesWeCan (1833-937-9326); WAG/WSAM hotline

Order Set: Methadone Split Dose Initiation – Pregnant/Parenting People

Offer whole person care, education on OUD, pharmacotherapy MOUD and shared-decision making -> choice for split methadone dose to any person interested to initiate.

Methadone split dose stabilization protocol:

Day#1: 30mg x1 + 10mg Q4H prn

Day#2: 20mg Q12H + 10mg Q4H prn

Day#3: 30mg Q12H + 10mg Q4H prn

Day#4: 40mg Q12H + 10mg Q4H prn

Day#5: 50mg Q12H + 10mg Q4H prn

Ancillary Medications to bridge intensity of Fentanyl withdrawal symptoms:

Tizanidine 2-4 mg Q6h x 24-48hr

Hydroxyzine 50 mg Q6h x 24-48hr

Gabapentin 300 mg Q6h x 24-48hr

Dicyclomine 20 mg Q6h x 24-48hr

WA ARS Pilot: Standardize 72hr Dispensing of Split Methadone Dose For Pregnant and Postpartum People

Admit and stabilize on Methadone BID, offer choices for shared-decision making, discharge coordination and warn hand-off, (Methadone 72hr, OTP intake, OB/PCP f/u)

Day prior to discharge: confirm patient's choice, BID dose, OTP intake/provider hand-off, connect with pharmacy for Methadone 72hr dispensing

Day of discharge: Rounding, place takehome order, pick up from pharmacy, dispense directly to patient, document in EPIC/MAR, hand Narcan kit/AVS OD prevention, OTP, OB/PCP, telehealth f/u 24-48hr

Methadone liquid, labeled/dispensed in 6 syringes with safety caps, packed in a safely locked medication bag

Daily telehealth follow up to support ongoing care, safe home dispensing, complete diversion risk

Methadone liquid dispensed in 6 syringes with safety caps, packed in a locked medication bag

Daily telehealth follow up to support ongoing care, safe home dispensing, complete diversion risk

Whole Person Care/patient's voice

"It was a very thoughtful, considerate, practical and life changing experience!"

“It went really well!”

25 y.o. year old G2P0010 at 22w4d by 7wk US, admits for fentanyl use disorder. MOUD with Methadone at OTP, 15-20 tabs per day on top, smoked; unable to stop use.

- Admits to Addiction Recovery Services, Swedish Medical Center for Methadone stabilization, “I want to quit the blues, I want to be healthy for myself and for my baby”
- During the admission, stabilized on MOUD with methadone 130 mg BID
- Counseling on option for methadone 72hr dispensing and education on ongoing MOUD, OD prevention and Narcan kit.
- Choice to receive 72hr Methadone dispensed in syringes and packed in a safely locked medication storage bag.
- OTP intake and Q12H doses coordinated with OTP provider
- Patient was offered the opportunity to have a telehealth follow up visit at the Bridge ARS clinic x 24-48 hrs., medically-shared group zoom visit, support and COMPASSION

“It was a very thoughtful, considerate, practical and life changing experience!”

72hr Methadone pathway, patient’s voice:

- “The last time I used Fentanyl was the day I came to the ARS program”
- “I am grateful to be able to say that I am on a stable dose, taking Methadone twice daily helps me and my unborn son feel healthy”
- “Being able to receive Methadone for 3 days allowed me to come home with a plan set up to give me the peace of mind to be with my family, to receive calls from my doctor and to go to my Methadone clinic to continue care. It went really well: the safety caps, the locked bag, the labels on every syringe, the Narcan kit, the support, all very clear and it helped me feel safe.”
- “I have a much better chance to have a healthy baby now that I have been able to kick off fentanyl”

Buprenorphine Low Dose Initiation – Inpatient setting

Offer a choice for bup formulation based on system availability:

- Buprenex liquid
  - 0.075 mg SL Q4h x2
  - 0.15 mg SL Q4h x2
  - 0.3 mg SL Q4h x2
  - 0.6 mg SL Q4h x2 (0.6 mg dose at least 24 hours from last fentanyl use)

- Start Buprenorphine SL 2mg tablets/buprenorphine/naloxone 2/0.5mg film – give first dose after patient has received 4-8hrs of scheduled non-opioid meds
  - 0.25-0.5 SL Q4h x2
  - 1 mg SL Q4h x2
  - 2 mg SL Q4h x2
  - 4 mg SL Q4h x 2
  - 8 mg SL TID-QID ongoing

  - Encourage 8 mg TID/QID rather than BID for those using fentanyl, new recommendation for higher doses
  - Offer choice of buprenorphine mono vs buprenorphine/naloxone formulation
  - Whole person care – encourage nutrition, hydration, self care

Upon admission, start scheduled ancillary medications x 96 hrs until achieved target bup dose-> schedule prn x 48-72hr, then taper off

- Tizanidine 2-4 mg Q4-6h
- Hydroxyzine 50 mg Q4-6h
- Gabapentin 300 mg Q4-6h
- Dicyclomine 20 mg Q4-6h

Offer Full Agonist Opioids:

- Hydromorphone 2-4 mg Q4h PRN COWS > 7 (if Fentanyl <15tabs/0.5g powder)
- Hydromorphone 4-8 mg Q4h PRN COWS > 7 (if Fentanyl >15tabs/0.5g powder)

Methamphetamine withdrawal: Mirtazapine 15 mg QHS

TUD: NRT – Nicotine patch, nicotine gum

- ***Call Peer to Peer Support Line if you have questions:***

1833-YesWeCan: 1833-937-9326

Buprenorphine Low Dose Initiation – Outpatient setting

New patient visit -> team approach, safe plan:

- Trauma-informed and non-judgmental patient-centered care
- First person language
- Provide education on OUD, MOUD (formulations)
- Overdose education/Narcan
- Mental heatlh support, PHQ2
- Patient's voice and choice, meeting people where they are
- Sober/peer support to help with initiation
- Safe home environment
- Daily phone/office check-in – "You got this, we are here and available to help/support"
- Compassionate, trauma-informed care to appreciate patient's strengths, foster welcoming, equitable and stigma-free caring

- Buprenorphine SL 2mg tablets vs buprenorphine/naloxone SL film 2/0.5mg
  - 0.5 mg SL Q4-6H x2 -> 6hrs post last use
  - 1 mg SL Q4-6h x2
  - 2 mg SL Q4-6h x 2
  - 4 mg SL Q4-6h x 2
  - 8 mg SL TID/QID ongoing

  Scheduled ancillary medications until 24 hrs + on 8 mg SL TID
  - Tizanidine 2-4 mg Q6h
  - Hydroxyzine 50 mg Q6h
  - Gabapentin 300 mg Q6h
  - Mirtazapine 15 mg QHS
  - Dicyclomine 20 mg Q6h
- Continue ancillary medications prn for 3-5 days
- Compassionate, trauma-informed care to appreciate patient's strengths, foster welcoming, equitable and stigma-free caring

COMPASSION- Culture of Nonjudgment and Acceptance

COMPASSION: Community Of Maternal PArenting Support for Substance Impacted PeOple and Newborns

- ***Access***: No wrong door service , access for ALL!
- ***Equity/diversity***: inclusive, and empowering care for all patients (all recovery phases, cultures/races, all backgrounds)
- ***Equality:*** Birth is an essential time and a special new beginning for every birthing parent indifferent of life circumstances/recovery stages
- ***Recovery: L***ifelong journey, foster safe, peaceful and compassionate environment to strengthen each recovery path without marginalizing people on stability

Pregnancy is an opportune time for improving maternal and fetal health, delivery is an essential time to save parent, newborn and family lives!

Value-based pathway, reimbursed as part of SUPP/CUPW HCA

COMPASSION- Culture of Nonjudgment and Acceptance

COMPASSION: Community Of Maternal PArenting Support for Substance Impacted PeOple and Newborns - 5- day extended postpartum floor stay for birthing parents, babies and family.

- Our COMPASSION model promotes trauma-informed and respectful comprehensive care that is patient-centered and tailored to whole person/family support.
- We foster “zero separation” to encourage birthing parent, newborn and family unit bonding through respect, compassion, self-sufficiency and empowerment.
- Birthing parent and family love is the medicine, keeping the unit together
- Postpartum floor setting (not pediatric or NICU)

COMPASSION- Culture of Nonjudgment and Acceptance

5S summary: Sobriety, Safe home, Sober support, Self-sufficiency, Set for Success

Sobriety, access and freedom of choice, harm reduction and trauma-responsive healing:

- Positive, warm and non-judgmental service, trauma-informed approach
- A smooth transition of care for birthing parents who admit to the hospital
- Education and timely evaluation of SUD, medication stabilization/withdrawal management, continuation – offering choices to meet people where they are
- Education on importance of tobacco, marijuana, vaping cessation and treatment
- Ongoing daily patient-centered rounds including medication dose adjustment and wellness (parent, family, newborn, doula, MD, RN, SW)
- Pain management, integrative modalities, doula support
- Mental health, aromatherapy and psychosocial support
- Focus on trauma history, DV and psychiatry
- Lactation, nutrition, wellbeing support, mindfulness

• Culture of nonjudgment and acceptance to empower birthing parents to feel safe and comfortable with the treatment choices they make

COMPASSION- Culture of Nonjudgment and Acceptance

5S summary: Sobriety, Safe home, Sober support, Self-sufficiency, Set for Success

Safe home environment/housing –

- Help parents and families to find strategies and resources to match any needs necessary to optimize safe home environment for the birthing person, baby and the family unit
- Support birthing people with Trauma, DV, IPV with shelter and safe discharge coordination

Sober support –

- An effort to connect with your family, members significant other and any peer support necessary to optimize your hospital stay and ongoing recovery
- Loved ones play a critical role in the birthing parent's recovery and are a tremendous source of comfort and strength
- Offer harm-reduction, doula support

COMPASSION- Culture of Nonjudgment and Acceptance

- ***Self-sufficiency*** – commitment to offer a whole person treatment to all birthing parents, to empower them with knowledge, tools and confidence for them to meet the needs of their baby and family.
    - Opportunity to boost self-sufficiency and to discuss ways for birthing people to practice good nutrition, hydration, ambulation and hygiene
    - Promote bonding for parent, baby, father/partner and the whole family unit
    - Ways to support nursing, breastfeeding/chestfeeding/lactation support and family planning - lactation, OT, nutrition consult, BM 72hr post last use
    - Compassionate birth control counseling to help with allowing your body to rest post-delivery (recognize that short inter-pregnancy intervals are associated with low birthweight and prematurity); offer education on long-acting reversable contraception (LARC) and offering it immediately postdelivery if desired
    - Wellness :support and resources for relaxation, mindfulness, DBT, aromatherayp, stress reduction and self-efficacy
    - Education on wellbeing and recovery across the lifespan, focus on relapse prevention, coping skills

COMPASSION- Culture of Nonjudgment and Acceptance

- ***<u>Set for Success – offering information, support and resources while setting healthy expectations</u>***

- Focus on harm-reduction, gratitude and empowerment

"Thank you for coming to our program! We are looking forward to supporting your needs to help you feel successful in your recovery journey and parenting"

- Social work, counseling and medical teams available to offer help/support as you guide us

- "We are grateful for you being part of our team and we appreciate the opportunity to learn from you how to navigate future steps for your real-life situation: family support, discharge coordination and safe home transition"
- "We kindly request your permission to allow all Swedish staff to provide daily care (doctors, nurses, counselors, support person, doula, SW, etc.)"
- Can I ask for your permission to discuss SW and hospital policy expectations?"
- We appreciate your willingness to guide us in learning how to best support you in ways that feel comfortable for you!

As a provider, have courage and be kind!

Washington State Pilot: N=44 Characteristics

Variable	Methadone (n=24)	Buprenorphine (n=20)
Age	30	31
Ethnicity/race%		
Asian	8	10
Hispanic	12	15
Black	4	5
White	68	50
American Indian	8	20
Education: <11th grade%	50	50
Unhoused%	30	30

Washington State Pilot: N=44 Patient Outcomes

Variable	Methadone (n=24)	Buprenorphine (n=20)
Dose range	30mg BID-> 150mg BID (95mg BID)	4mg BID->8mg QID (20mg QD)
Illicit substance use at delivery%	25	30
Gestational Age at delivery (weeks.days)	38	38.5
Mode of delivery%		
Vaginal	62	45
C-section	38	55
Breastfeeding%	88	75
Discharge with baby%		
d/c to home with baby	74	70
Treatment with baby	25 1 AMA (after CPS referral)	30
Average Length of Stay (maternal, days)	5	5

Washington State Pilot: N=44 Neonatal Outcomes

Variable	Methadone (n=24)	Buprenorphine (n=20)
NOWS%		
None	88	75
Treated with morphine 1 time	8	15
NICU/NOWS% (scheduled morphine)	4	10
Mean Length of Stay (days)	**5**	**5**
Average Length of Stay (days)	8.2	8.2
	5 (80%)	5 (80%)
	18 (16%) peds/feeding	10 (10%) CPS hold
	30 (4%) NICU/NOWS	32 (10%) NICU/NOWS
Warm hand-off%	100	100

COMPASSION- A focus on Equity/equality for the birthing parent, infant and family unit

Birthing parents on MOUD, n=44	Birthing parents on Methadone BID, n=24	Birthing parents on Buprenorphine, n=20
MOUD Dose	30mg BID – 150mg BID (mean 95mg BID)	4mg BID – 8mg QID (mean 20mg qd)
Mode of delivery, GA	15 SVE (63%), 9 CS (37%), mean GA 38w0d	10 SVE(50%), 10 CS (50%), mean GA 38w5d
Breastfeeding	88%	75%
NOWS	21 (88%) no NOWS 2 (8%), morphine x1 1 (4%), NICU/NOWS	15 (75%) no NOWS 3 (15%) morphine x1 2 (10%) NICU/NOWS
ALOS – birthing parent	5 days, 100% MOUD, warm-hand-off, OD, f/u	5 days, 100% MOUD, warm-hand-off, OD, f/u
ALOS – newborn	Mean 5 days; Average 8.2 days: 19 (80%), 5days 2 (16%, 18days peds/feeding 1 (4%,) 30days NICU	Mean 5 days; Average 8.2 days 16 (80%), 5days 2 (10%, 10days placement 2 (10%,) 32days NICU
Warm hand-off, MOUD+Narcan+f/u care)	100%	100%

Child Welfare Outcomes:

Methadone exposed newborns

Plan of Safety Care/POSC: 12 (50%)

Child Protective Services/CPS, FTDM: 12 (50%)

Parent discharge with newborn: 23 (99%); 17 (74%) home, 6 (25%) residential/PPW

Buprenorphine exposed newborns

Plan of Safety Care/POSC: 10 (50%)

Child Protective Services/CPS, FTDM: 10 (50%)

Parent discharge with newborn: 20 (100%); 14 (70%) home, 6 (30%) residential/PPW

NICU – COMPASSION/Newborn LOS Timeline

Year	Number of Moms	Average NICU LOS
2018	3	18 days
2019	20	13 days
2020	80	10 days
2021	90	3.2 days COMPASSION 5 days COMPASSION
2022	67	9.1 days ESC ??


MARCH OF DIMES

Community Healing with COMPASSION

- Trauma-informed healing and non-judgmental caring empowers treatment engagement and quality of life
- Meeting the patients “where they are”
- Provider education (OB, RN), support wellness are essential
- COMPASSION stay – IL, NC, CA (BMC/Harvard, UCSF, UNC, Providence). Policy bill WA!

- ***Peer to Peer Support Line:***

1833-YesWeCan: 1833-937-9326

Together, we can make a difference!

Social Work Care Coordination Role/Responsibilities, Communication Strategies

- Psychosocial (day after labor).
  - Discuss role of Inpatient SW. Ask a parent if they were told SW would be stopping by.
  - There to complete a safety assessment to determine if there is a need for CPS involvement or POSC.
  - Focus on the positive.
  - Ask what their plans are and discuss the options to determine if plans are realistic.
  - Be transparent about possible next steps.
- MSW is present at the FTDM
- Speaking to parents: Have confidence. Listen to what they are saying!

Patients come to Swedish from all over Washington. (California, Oregon, Nevada, Alaska).

Local Patient:

PCAP, WIC, NFP/PHN,
First Clinic (Free Legal Support)
Baby Boutique, First Steps, others.
Hopelink and other providers.
TANF

Out of Area Patient:

Call local hospitals/clinicals to inquire about services in that area.

Understand safe sleep and period of purple crying.

Safe Sleep while in the hospital.

West Side Baby/East Side Baby

Supply Order
Funding to Spend per patient.

Social Work Care Coordination
Setting Up Referrals, Patient Education Materials

- ROIs for coordination to specific programs that we will be communicating with.
  - Methadone, PPWs or Mary's Place.
- PPW (Pregnant and Parenting Women, 6 month inpatient treatment)
  - Methadone, Transportation.
- Remaining local to campus.
  - Hopelink (or another county broker) for Hotel support. Gas/Parking or Ferry support as well.

Variety of Parent Education Support Options

Packets with education on the Eat Sleep Consol

Goal

Rules and program expectations.

NICU Welcome Letter from SW

First Clinic

PCAP, WIC, Hopelink

Plan of Safe Care

PPMD Education on signs and symptoms.

Families of Color, support group.

Social Work Care Coordination
Peer Support Involvement, Warm Hand Off

- First Clinic (Free Legal Services)
  - Lawyer
  - Peer Advocate
- Doulas, harm reduction, Black Justice
- Cultural Navigators
  - Currently supporting the African American patients for both inpatient and outpatient needs.

CPS, DCYF
PPW placements and Methadone
PCAP and PHN referrals
POSC referrals

Mary's Place, shelter, home resources

With ROI: MSW will send a discharge summary and coordinate a discussion if we are sending a patient to them with increase social needs.

COMPASSION SUPPORTIVE GROUP MODEL

- ***Our aim: to provide a flexible and sustainable model of supportive group care that is healing, compassionate and beneficial to moms, families and providers.***

COMPASSION Virtual Bridge:
Group Medically-Shared Visits

EMPOWERING PATIENTS THROUGH TELEHEALTH

- ***Access***: no wrong door service, flexibility: *Appointment scheduled with patient's input; reminders via email and MyChart*
- ***Equity/diversity***: inclusive, and empowering care for all patients (all cultures, all backgrounds, any setting)
- ***Equality:*** *Group facilitated by a medical provider; Compassionate and trauma informed approach; Everyone is invited to offer "voice" and participate; peer support*
- ***Recovery:*** *relapse prevention, life/recovery skills, accountability, empowerment, self-resilience, growth mindset, humility, recovery journey*

We are grateful for the opportunity to provide this service to you and the community.

VOICES OF PEOPLE IN RECOVERY

- “This meeting is an anchor and something solid I look up to.”
- “I like the focus, it is a good outlet for me, and it is important for me to learn about recovery techniques, podcasts and skills that are helpful with my recovery.”
- “The Swedish zoom meeting has been a positive experience to do a personal inventory.”
- “I like the sense of community and safe space to share about what’s going on in my recovery; it’s a place I learn new coping skills.”
- “I love the camaraderie of the group, the sharing, the honesty that everyone practices; we have a warm and caring group. It allows me to express my good times and my bad times, to talk to people who are not my family, who are like me. It is nice to have the common ground to share with other people in recovery.”
- “I like the element of accountability; I am not alone and learning techniques from each other.”
- “It is a great asset; it reminds me why I am sober. It helps me not being isolated during COVID.”

Take Home Points for Health Equity Growth Opportunities

COMPASSION model - foster "no door", whole-person care that is trauma-informed, compassionate, racially equitable and evidence-based

Meeting needs of vulnerable and disadvantaged people

Community Effort

Birthing Parent/Woman Empowerment

- Together we can make a difference
- **Yes, We Can!**