



USING FAMILY-CENTERED CARE

TO TREAT OPIOID USE DISORDER AND NEONATAL ABSTINENCE SYNDROME

OVERVIEW

The ASTHO Opioid Use Disorder, Maternal Outcomes, and Neonatal Abstinence Syndrome Initiative (OMNI) is a learning community to help states address the public health challenges stemming from the opioid overdose epidemic. In collaboration with the Centers for Disease Control and Prevention (CDC), OMNI shares community-based strategies and supports state teams to implement policies and programs to address opioid use among pregnant and postpartum women, and infants prenatally exposed to opioids. An ASTHO priority is to focus on health equity and culturally competent systems and training, including adapting healthcare delivery to meet a person's social, cultural, and linguistic needs and using person-centered language to reduce barriers to recovery.





The prevalence of pregnant women with opioid use disorder (OUD) at delivery more than **quadrupled** between 2000–2014, increasing from 1.5 to 6.5 cases per 1000 hospital deliveries.



Opioid exposure in utero may lead to neonatal abstinence syndrome (NAS). Infants with NAS are more likely to have a low birthweight, respiratory complications, and seizures.



In **2016**, the overall incidence rate of NAS was 6.7 per 1,000 in-hospital births and the total overall hospitalization costs were \$527.7 million.

Family-centered care, focuses on parent-child relationships while providing holistic support to families experiencing opioid use disorder. The approach includes clinical treatment, dyadic care to increase bonding activities such as skin-to-skin contact and breastfeeding, and a range of community-based services. It promotes the health and well-being of women and families and can improve the chances that a woman is able to access and remain in treatment.

One non-pharmacological treatment for NAS, called rooming-in, focuses on keeping mom and baby together throughout the post-delivery recovery process and has **resulted** in decreased average hospital stay, fewer infants treated with morphine, lower hospital costs, and increased bonding between mother and child.

NAS → NOWS

This document uses the term neonatal abstinence syndrome (NAS) to reflect previous data, but recognizes there has been a recent shift to using the term neonatal opioid withdrawal syndrome (NOWS) to more accurately reflect the role of prenatal opioid exposure.



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Having providers, public health, social services, child welfare, and other stakeholders at the table is not something that happens all the time. OMNI has brought us together, and looking at demystifying child welfare and substance use is going to be a real win.

OMNI LEARNING COMMUNITY MEMBER



SOCIAL DETERMINANTS

Some women may experience childcare challenges, unstable housing, inadequate transportation options, and limited employment opportunities.



STIGMA

Medication for opioid use disorder (MOUD) during pregnancy may be stigmatized, including assumptions that a woman with a substance use disorder (SUD) is unfit to care for her child.



COVERAGE

Treatment cost and insurance access are barriers to treatment and recovery and may be impacted by Medicaid coverage. For residential treatment centers, behavioral and clinical services could be integrated, which has been shown to be a successful approach for mothers.

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Stigma and fear of loss of custody are two concerns we've heard most frequently from women.

OMNI LEARNING COMMUNITY MEMBER

STATE APPROACHES TO FAMILY-CENTERED CARE



Primary prevention methods and integrated care models improve health outcomes for both mother and infant.



EAT, SLEEP, CONSOLE (ESC) MODEL

The **ESC Model*** centers on the comfort and care of the infant. **Providing** active neonatal care through **non-pharmacologic** interventions allows for parental bonding, promotes consistent breastfeeding, and results in improved outcomes such as decreased length of hospital stay and reduced hospital costs. The Illinois Perinatal Quality Collaborative **worked** with hospital teams to engage mothers and families in non-pharmacologic care as the first line of treatment for NAS.



INTEGRATION OF CARE

A family-centered approach may **integrate** screening, brief intervention, referral, and treatment in maternity care clinics, coupled with long-term follow-up and home visits to assure that mother and infant receive necessary resources. At the time of birth, an integrated care approach keeps mothers and infants together post-delivery, a best practice known to improve maternal and infant outcomes. Pennsylvania's **Centers of Excellence** program is a "whole person," family-centric approach to treat and care for people affected by substance use disorder. This hub and spoke model is key to **providing** high-quality substance use disorder services and integrating primary care and community-based programs.



PEER RECOVERY COACHES

Peer support services can improve health outcomes, including reduced substance use, increased treatment retention, reduced relapse rates, greater housing stability, and decreased criminal justice involvement. Peer recovery coaches have shown to improve outcomes for pregnant and postpartum women with substance use disorder, encouraging self-advocacy and adherence to treatment. Several state initiatives, like the **University of Kentucky's PATHways Program**, integrate peer mentors into child welfare programs to create comprehensive support services.





COLLABORATE AND PARTNER

Bring together and gain support from stakeholders, including hospital systems, policymakers, providers, peer recovery coaches, and community-based organizations to create a comprehensive strategy for helping women and families, including coordination between treatment for mothers and Plans of Safe Care.



ESTABLISH AND EMPHASIZE

Develop services that emphasize the importance of family and relationships in treatment and recovery. Provide opportunities to encourage the bond between mother and child.



ADAPT AND IMPROVE

Adjust programs to support the holistic needs of parenting people and families affected by substance use. Implement programs that ensure health equity, use person-centered language, and support "whole-person" needs.