



Developing Safe Plans of Care for Babies and Families Affected by Opioid Addiction

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Agenda

- Welcome and Introductions
- Review current opioid statistics impacting child welfare
- Discuss CAPTA amendments regarding Safe Plans of Care
- Discuss opioid dependency and Medication Assisted Treatment (MAT)
- Discuss Neonatal Abstinence Syndrome (NAS)
- Discuss FGDM and how the process can help families develop Safe Plans of Care
- Closing and questions

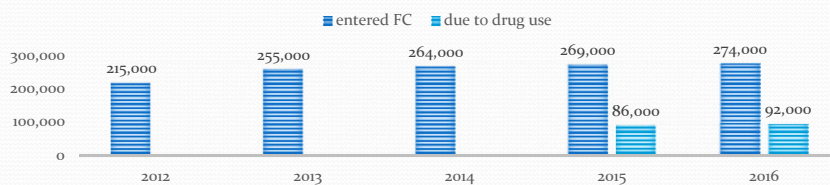
Learning Objectives

- Identify and describe opioid dependency and MAT
- Understand the symptoms of NAS and treatment options
- Understand how FGDM can bring families together to develop safe plans of care

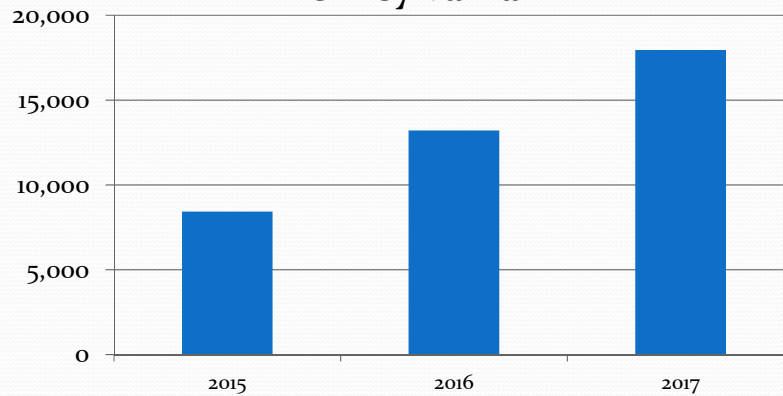
- New foster care cases involving parents who are using drugs have hit the highest point in more than three decades of record-keeping,
- Account for 92,000 children entering the system in 2016, according to data by the U.S. Department of Health and Human Services.
- That's **one-third** of the 274,000 children who entered foster care in the U.S. last year.
- From 2012 to 2016, the country saw a 32 percent spike in drug-related foster care cases.

- US News and World Report -12.12.17

- US Department of Health & Human Services, Administration of Children and Families (2017)



Valid GPS Allegations Involving Parental Substance Abuse in Pennsylvania



PA Annual Child Protective Services Reports 2015 through 2017

Child Abuse Prevention and Treatment Act (CAPTA)

- Amended by the Keeping Children and Families Safe Act of 2003
 - Required:
 - States have policies and procedures requiring health care providers to notify Child Protective Services of infants born and identified as being affected by illegal substance abuse or withdrawal symptoms resulting from prenatal drug exposure
 - Development of safe plans of care

Child Abuse Prevention and Treatment Act (CAPTA)

- Amended by the Comprehensive Addiction Recovery Act 2016
 - Changed language from 'illegal substance abuse' to substance abuse
 - Added:
 - Addressing the health and treatment needs of the infant and affected family or caregiver
 - Development and implementation of monitoring systems to assure referrals to and delivery of appropriate services for the infant and affected family or caregiver

Safe Plan of Care in PA: Act 54 of 2018

- In addition to notification mandates for health care providers, the law specifies the development of a safe plan of care to:
 - Ensure safety and well being of the child following the release from the care of health care providers
 - Address the health and substance use disorder treatment needs of the child, mother, father and any caregivers, and other children in the home
 - Identify the lead entity responsible for developing the safe plan of care
 - Require the lead entity to convene a multidisciplinary team
 - Identify the lead entity to carry out the plan

Crisis

- More Americans died of drug overdoses in 2016 than died in the entirety of the Vietnam War (58,000 deaths). Approximately 62,000 overdose deaths nation wide.
 - New York Times
- More than 42,000 Americans died in 2016 from Opioid Overdose.
 - Post-Gazette 12/17
- Opioid overdoses shorten the US life expectancy by 2.5 months.
 - CNN- 9.19.17
- An estimated 650,000 Americans could die from Opioid overdose in the next 10 years.
 - Beaver County Times

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Opioid Command Center Update



neonatal abstinence syndrome births

Jan. 10, 2018 - **2,277** cases reported
Feb. 22, 2019: (90 percent of birth facilities reporting)



Get Help Now hotline

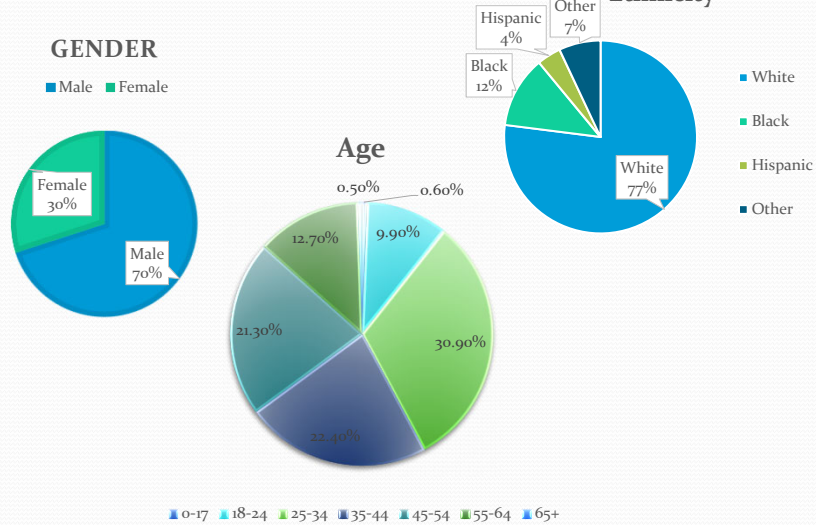
Jan. 10, 2018 - **18,650** hotline calls
Feb. 22, 2019:



naloxone doses administered by EMS

Jan. 01, 2018 - **17,689** doses provided
Feb. 22, 2019:

2016 Pennsylvania Coroners Report

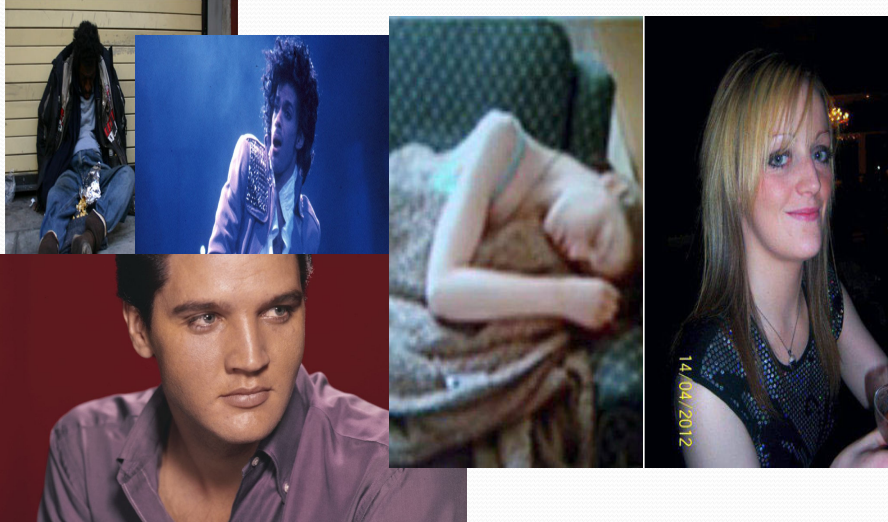


Possible Signs of Opioid Addiction

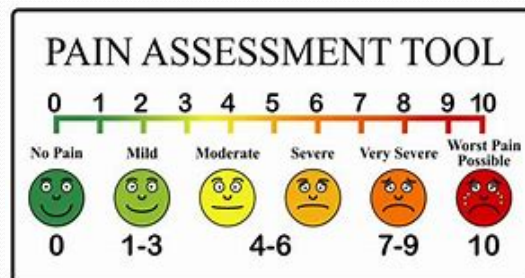
- Unusual sleepiness, declining activity, or sleep disturbances (including insomnia)= NODDING OFF
- 'Lost' or stolen prescription medications
- Missing Dr. appointments (unless receiving a renewed prescription is expected)
- Irritability
- Repeatedly running out of medication early
- Drug hoarding
- Injecting opioids
- Snorting crushed prescriptions= CHIPPING
- Using more of the opioid to get a euphoric effect= TOLERANCE
- Failure to fulfill major obligations at work, school or home
- Increasing social or interpersonal problems
- Lack of interest in social events= ISOLATION
- Paraphernalia- needles, empty baggies, spoons
- Track marks- arms, feet, neck, abdomen



OPIOID ADDICTION CAN HAPPEN TO ANYONE

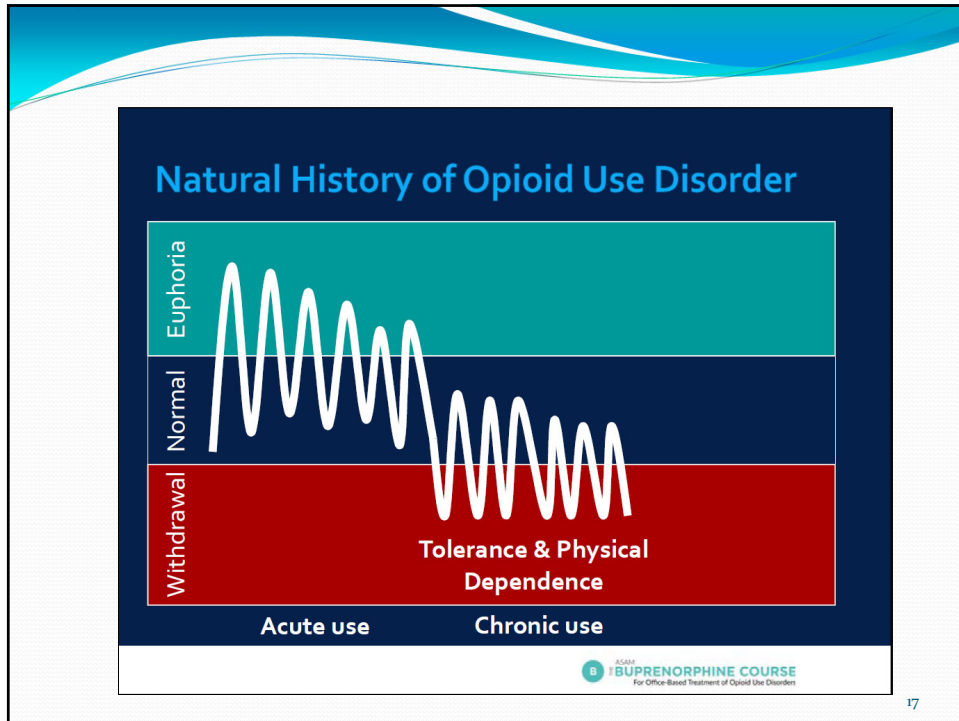


Pain became 5th vital sign- 2000 to 2009



The Joint Commission set the National Patient Safety Goals; to include addressing pain.

- At the same time pharmaceutical companies began to develop and market long acting (extended release) pain medications that were supposedly non-addictive or difficult to abuse.



Medication Assisted Treatment (MAT)

Medication assisted treatment (MAT) is the use of medications in combination with counseling and behavioral therapies for the treatment of substance use disorders. A combination of medication and behavioral therapies is effective in the treatment of substance use disorders, and can help some people to sustain recovery.

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Why MAT?

Many studies have shown that maintenance treatment with long-acting opioids like methadone or buprenorphine helps keep patients healthier, reduces criminal activity, and helps prevent drug-related diseases like HIV/AIDS and Hepatitis.- SAMSHA

Up to 60% of people who enter treatment find the help they need to get off and stay off drugs.

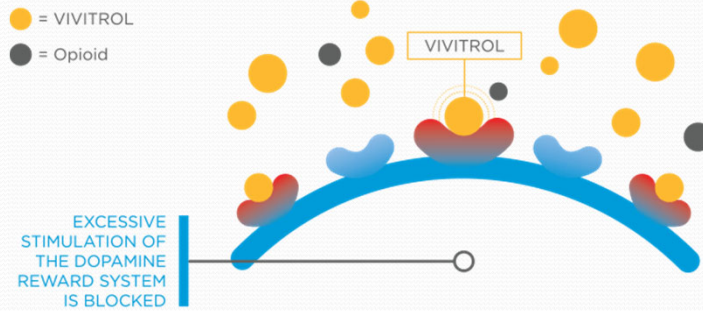
Abstinence rates of MAT patients at 18 months is 80% vs. 36.6% without MAT- NIDA – 2015 study.

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MAT treatments currently available

- **Methadone**- developed in the 1930's; widely available and used during WWII
- **Suboxone, Subutex and Sublocade (Buprenorphine)**- FDA approval in 2002
 - Suboxone contains Buprenorphine (2000 FDA) and naloxone
 - Subutex only contains Buprenorphine
 - Sublocade is a monthly injectible
- **Vivitrol (Naltrexone)**- FDA approval in 2006- initially intended for use with Alcohol Dependence
- **Narcan (Naloxone)**- stops an overdose and blocks the high feeling users are seeking. Injectable 2014, Nasal 2015 approval by FDA

Brain Chemistry



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Signs of an Opioid Overdose

- Loss of consciousness
- Unresponsive to outside stimulus
- Awake, but unable to talk
- Breathing is very slow and shallow, erratic, or has stopped
- For lighter skinned people, the skin tone turns bluish purple, for darker skinned people, it turns grayish or ashen.
- Choking sounds, or a snore-like gurgling noise (sometimes called the “death rattle”)
- Vomiting
- Body is very limp
- Face is very pale or clammy
- Fingernails and lips turn blue or purplish black
- Pulse (heartbeat) is slow, erratic, or not there at all

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Neonatal Abstinence Syndrome

- Based on NAS education provided to parents and caregivers at Reading Hospital.
- Developed by Chelsie Ober, MSN, RNC-NIC, Clinical Nurse, Level V, Reading Hospital, Neonatal Intensive Care Unit and Kerin Kohler, BSW, Social Worker, Reading Hospital, Women's Health Center and co-manager of the Opiate Use Disorder Center of Excellence grant

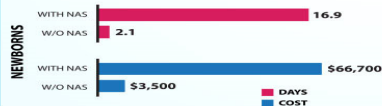
DRAMATIC INCREASES IN MATERNAL OPIOID USE AND NEONATAL ABSTINENCE SYNDROME

THE USE OF OPIOIDS DURING PREGNANCY CAN RESULT IN A DRUG WITHDRAWAL SYNDROME IN NEWBORNS CALLED **NEONATAL ABSTINENCE SYNDROME (NAS)**, WHICH CAUSES **LENGTHY AND COSTLY HOSPITAL STAYS**. ACCORDING TO A NEW STUDY, AN ESTIMATED **21,732 BABIES** WERE BORN WITH THIS SYNDROME IN THE UNITED STATES IN 2012, A **5-FOLD INCREASE** SINCE 2000.

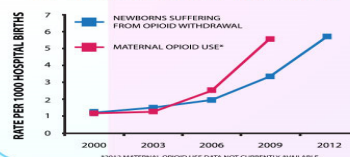


**EVERY 25 MINUTES,
A BABY IS BORN SUFFERING
FROM OPIOID WITHDRAWAL.**

AVERAGE LENGTH OR COST OF HOSPITAL STAY



NAS AND MATERNAL OPIOID USE ON THE RISE



Medication Assisted Treatment

- Pregnant women who participate in Medication Assisted Treatment (MAT)
 - Engage in prenatal care
 - Have better overall weight gain
 - Increase their rate for desirable prenatal outcomes
- MAT:
 - Allows a *stable* amount of medication to cross the placenta, preventing repeated withdrawal in a fetus
 - Sustain opiate concentrations in the mother and baby in ranges that minimize opiate cravings
 - Suppress abstinence symptomatology
 - Block opiate-induced euphoria
 - Prevent fetal stress

Why MAT?

- Heroin crosses the placenta within *one hour* of use, creating an opioid bolus to the baby and is associated with numerous maternal and fetal complications:
 - Maternal: malnutrition, sexually transmitted infections, hepatitis, pulmonary complications, preeclampsia and third-trimester bleeding
 - Fetal: fetal death, intrauterine growth retardation, prematurity and withdrawal symptoms
- Detoxing “cold turkey” from opioids significantly increases the risk of fetal demise

What is Neonatal Abstinence Syndrome (NAS)?

- Neonatal Abstinence Syndrome is a group of problems that occur in a newborn who was exposed to opiate drugs prenatally.
- Non-NAS newborns may suffer from a group of problems that occur in children that are exposed to substances, other than opioids, prenatally. This may include alcohol and/or prescription medications.
 - Definitions provided by the Pennsylvania Multi-Disciplinary Workgroup on Infants with Substance Exposure.

Neonatal Intensive Care Unit (NICU)

- At Reading Hospital
 - All neonates born to a mother with a positive toxicology screen at delivery, maternal history of drug use during pregnancy, positive toxicology screen on infant, or any infant exhibiting signs and symptoms of withdrawal as well as known MAT and opioid users will be admitted to the NICU for minimum observation periods.
 - The baby will remain with the mother until her recovery time is over (one to four hours) and will only be transferred to the NICU when the mother is taken to her post partum room unless the baby's symptoms indicate otherwise.
 - If no pharmacologic intervention is needed:
 - Methadone: 7 days - discharge on day of life 8
 - Buprenorphine: 5 days-discharge on day of life 6
 - Opioids: 5-7 days - discharge on day of life 6-8
 - Duration of treatment and length of stay is unpredictable and case specific.

Observation

- Medication therapy is not automatically initiated after delivery.
- Peak onset occurs within three to five days of being separated from the placenta, stopping the opioid supply to the neonate.
 - Neonates exposed to Methadone in utero may take up to 96 hours to experience withdrawal symptoms.
 - What this means: the baby may not need medication for several days. It is not uncommon to have to start medication on day of life 1 or 2
- Neonates experience withdrawal at varying rates.
- The transmission of opioids across the placenta increases as gestation increases; therefore, those born prior to 32 weeks may not experience NAS at all; however, these babies will have other very serious issues.

The Scoring

- Finnegan Scoring for NAS
 - Monitoring for signs and symptoms of withdrawal begins immediately, scoring begins when the baby is four hours old
 - Scoring occurs every three to four hours
 - Scoring based on categories:
 - Central Nervous System
 - Metabolic Vasomotor Respiratory
 - Gastrointestinal

This is NAS

- www.youtube.com/watch?v=kYD73NGxpdw&index=4&list=PLDEuUTmkLF4ql5C95dAH_YnudrhzR8sT7

The Finnegan Scoring

- ◉ Central Nervous System
 - Cry
 - Sleep
 - Moro Reflex
 - Tremors
 - Tone
 - Excoriation
 - Jerks
 - Convulsion



The Finnegan Scoring

- Metabolic Vasomotor Respiratory

- Sweating
- Fever
- Yawning
- Mottling
- Stiffness
- Sneezing
- Flaring
- Respiratory Rate



The Finnegan Scoring

- Gastrointestinal

- Excessive sucking
- Poor feeding
- Regurgitation
- Projectile vomiting
- Loose stools
- Watery stools



Treatment

- Non-pharmacological treatment is the first line of treatment.
 - Age appropriate toys – mobile, music box
 - Clothing
 - Cuddlers
 - Decreased stimulation
 - Desitin
 - Formula choice – Similac Sensitive
 - Massage – Sunday mornings,
 - Mylicon
 - Physical Therapy
 - Swaddling
 - Swings
 - Vitamins



Treatment

- Based on the cumulative scoring from the Finnegan Scoring tool
- Reading Hospital policy:
 - Three (3) consecutive scoring of 8 or greater or two (2) consecutive scoring of 12 or greater require the bedside nurse to notify the medical provider to initiate pharmacological treatment or adjust current pharmacological treatment.

Treatment

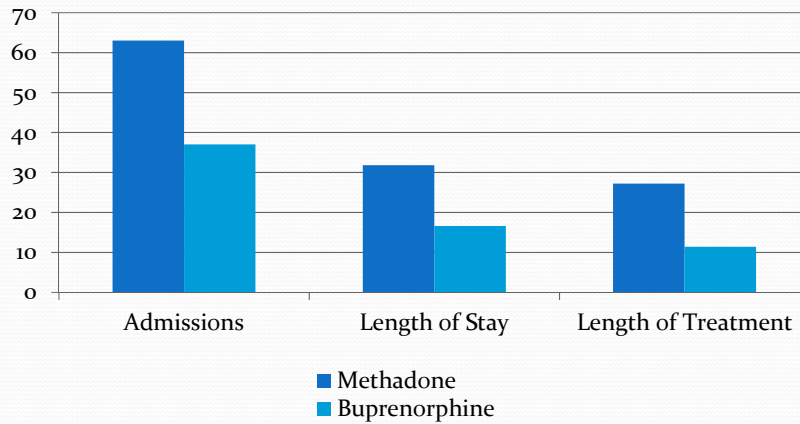


- Medications for treatment include:
 - Clonidine
 - May be used as first line of defense with Morphine utilized on an “as needed” basis
 - Decreased alpha receptor activity in the central nervous system
 - Blood pressures monitored twice a day for hypertension
 - Morphine
 - Initiated at a low dose, increased or weaned based on scoring
 - Can maximize dose up to 0.2 mg/kg/day before needing additional medication
 - Administered orally or IV pending condition of baby – narcotic analgesic
 - Phenobarbital
 - Third line of defense if Morphine and Clonidine are unable to control withdrawal
- Medications are weaned per protocol based on the baby’s scoring

Discontinuation of Treatment

- It may take several attempts to wean the baby totally from medication.
- No one wants a baby to have to be readmitted after discharge. We are conservative in our institution which may result in longer length of stay (LOS).
- Once medication is stopped completely, Finnegan scoring must be under 8 for a minimum of 48 hours prior to discharge
 - ***Note, this is only a guideline and the medical staff reserves the right to observe a baby for longer***

LOT & LOS for MAT- FY 2016



Services to Parents

- Admission of pregnant women for MAT induction
 - Suboxone or Methadone
- Referral to the OUD COE
- Referral for Maternal/Child Health Nurse Navigator
- Referral for other community based case management services
- Referral to Nurse Family Partnership
- Referral to Family Group Decision Making
- NICU webcam
- Referral to Early Intervention
- Referral to Parents As Teachers for parents with a child with a diagnosis
- Required report to Children & Youth Services

FGDM Process in Berks to develop Safe Plans of Care

- Referral is completed by Women's Health Center or Center of Excellence around 28 weeks gestation
- Referral is assigned to a coordinator
- Coordinator meets with family and develops the family support list
- Coordinator contacts all identified supports and arranges pre-conference and speakers
- Conference is held- purpose to develop safe plan of care (before mother gives birth)

FGDM Process in Berks to develop Safe Plans of Care (continued)

- Hospital social services is informed of FGDM plan
- Social services contacts CY5 to make report upon child's birth
- Coordinator is then assigned the report and conducts GPS investigation to assure plan is being implemented
- Post conference meeting is held before baby's discharge from NICU
- Decision is made to either close investigation or open for continued services

Statistics on Safe Plans of Care in Berks County

- 40 referrals have been made since January 2016
- 30 conferences have been held
- Of those conferences,
 - 13 closed on intake
 - 9 open for in home services
 - 2 open for permanency services (via kinship homes)
 - 1 open for permanency services (via non kinship home)
 - 2 private adoptions

Family Voices

- Kelly and Jaxton's Story
 - The positives about CYS that I never heard of before.
 - I didn't realize how important FGDM was until my son was born.
 - FGDM helped to reduce my stress and made me feel empowered.
 - In the NICU
 - And at home
- Crysta & Bella's Story
 - FGDM is changing the stigma of public child welfare- caseworkers are there to help.
 - CYS does not want to remove children, but to help assure they are safe and well cared for.
 - FGDM helped alleviate the fear of not knowing- we had a plan and back up plans before the baby was even born.



Questions