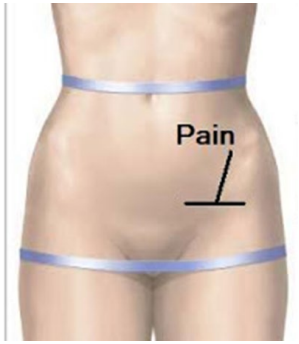
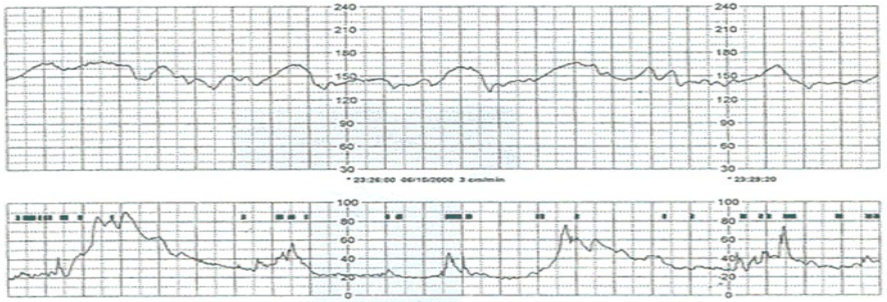

BrightView
CASA Training
Overview of the BrightView Pregnancy Program.

When / Why to call the doctor.



- False labor vs True labor
- Bleeding- when is it normal?
- Pain- some pain is normal, some is not.
- Calling your doctor vs calling 911
- Is your baby moving normally?



- Monitoring; what is it? When does it happen?

- “I am getting admitted.” Why can’t my support person come back with my at first? When can they come back?

- Drug screening; who gets screened? EVERYONE!

Mandatory Drug Screening

- ALL Cincinnati hospitals perform mandatory urine drug screens (UDS) if you are pregnant
- *Reason*: The medical community wants to be prepared and there is no guessing who needs a drug screen
- Not punitive
- Be honest and open with the hospital team
- There is no way to "beat the system"
  - **Baby will also be tested**
    - Urine or umbilical cord segment

BrightView

Prenatal Care

- What are some common misconceptions of prenatal care
- Do you have to be sober before seeing an OB provider?
- Do I keep coming to BrightView while I'm getting prenatal care?
- Collaboration between MD, CPS, Law Enforcement. ROI's with BV and your OB and Hospital!
- HONESTLY truly is the best policy.
- Your meds; Why are they different from the person next to you? Why does your dose change after you deliver?

Relapses

Take a moment to discuss fears of relapse during your pregnancy.

What are the most common fears do you have?

Importance of walking back in the doors of BrightView.

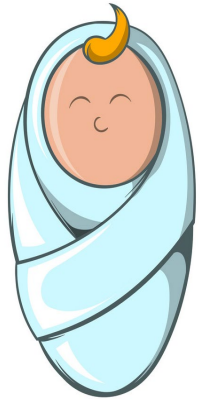
People make mistakes.

What are some resources you have as a BrigthtView patient when triggers arise, you can utilize these resources?

Importance of a having a written plan IN PLACE to get back if triggers arise, keep in a place you can see.

It’s BABY time! Now what???

Expectations when being admitted to L&D for labor or induction:



-Obtain history and physical
-Past pregnancies/any complications of those pregnancies
-Any losses, miscarriages or elective abortions
-Mandatory urine drug screen; EVERYBODY
-IV placement (We may ask where your lucky vein is; NOT picking on IV drug hx!)
-Epidural: when is too late? What’s in my epidural? What if I never had prenatal care?
-Monitors: internal vs external, portable, central bank.

It’s BABY time! Now what???

-Reasons for c/s vs emergency c/s

-How long will I be in the hospital? (Monitor baby for NAS)

-How many pals can I have in my room for delivery? Vaginal TWO, C/S ONE (unless emergency, then zero)

-Can I have anything else for pain besides an epidural? No; Nubain and Stadol are synthetic opioid agonist-antagonist analgesic; can cause precipitated withdrawal if on MAT.

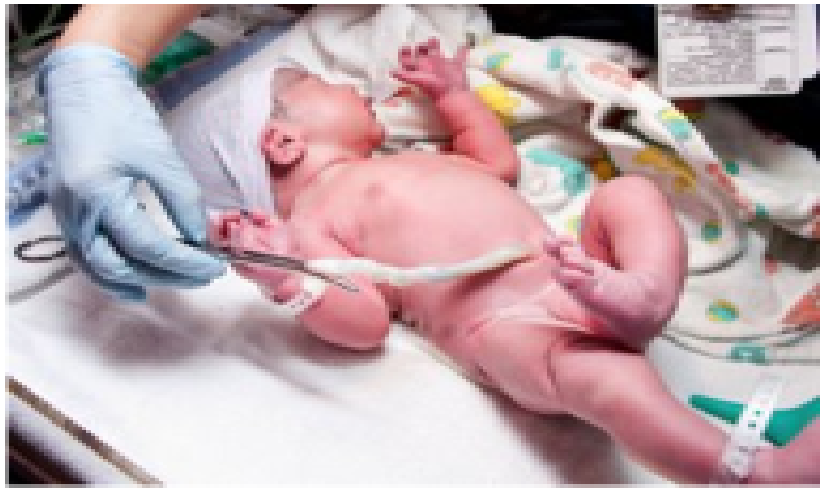
-Natural Child Birth: is it for me?

-Kangaroo Care- what is it? What if I have Hepatitis? Who can Kangaroo my baby? When do we bathe the baby?

-It is important that you are prepared to discuss past use and MAT with the L&D team. Be empowered and proud of your accomplishments!

Infant Urine Drug Screening: UDS

- Performed with history of past drug use or if on MAT:
- UDS on baby: bag around area *or* cotton balls to collect urine
- Almost all Cincinnati hospitals routinely collect cords for testing
  - Segment of cord after it is cut, send to lab
    - Tells exactly what baby has been exposed to during entire pregnancy
- Some test meconium (baby's first poop): Hard to collect



Breast feeding and MAT

- Continued sobriety and MAT at delivery
- You are encouraged to Breast Feed (BF) but it isn't mandatory
- Test + for any other substances = NOT encouraged to BF
- WHY do we want you to BF?
- There will be trace amounts of your medicine in breast milk that may help your baby with symptoms of withdrawal and also mandates more kangaroo care

SAFETY

-Safety Plan- Not just a CPS safety plan- a middle-of-the-night-I-need-help-Plan

-PURPLE CRYING PERIOD (Peak of Crying, Unexpected, Resists Soothing, Pain-like face, Long lasting, Evening)

-Safe Sleep: ABC's: ALONE, on their BACK, in their CRIB

SIDS risk factors

SIDS Risk factors:

-Stomach sleeping
-Exposure to cigarette smoke
-Prenatal exposure to cigarette smoke, drugs and alcohol
-Co-Sleeping
-Sleeping in a separate room than caretaker
-Poor prenatal care
-Prematurity or low birth weight
-Teen mothers
-Most at risk between 1-4 months. Can happen up to a year
-Male infants slightly higher risk
-More often in fall, winter, early spring

What can I do?

-ABC's of safe sleep
-Give your baby a pacifier
-Swaddle your baby; no loose blankets
-Keep the crib in your room
-Make sure the crib mattress is firm and the mattress cover fits snuggly
-Stop smoking, and keep your baby away from smoke
-Avoid drugs and alcohol during and after your pregnancy
-Go to all your prenatal appointments
-Continue your treatments at Brightview

Resources

-Home health visit; Some may have options for a home health visit after delivery
-Make sure to pick out a pediatrician/clinic prior to leaving the hospital
-Breast feeding classes prior to delivery
-Lactation assistance is available when you are home. Be sure to ask about who to call if you are having trouble breastfeeding at home
-Le Leche Cincinnati Warmline: 513-357-MILK (6455) for BF questions
-Make an appointment 6 weeks postpartum with OB/provider
-Continue on your MAT / BrightView schedules
-Cribs for Kids; May be eligible for receive a crib if you don't have a safe place for your baby to sleep. Contact a social worker or let your OB provider know
-WIC (Women, Infants and Children) Provides federal grants to states for supplemental foods, health care referrals, nutrition education. Pregnant, breastfeeding, no breastfeeding, Postpartum women, Infants and children up to age 5
-Help Me Grow program

Special Public Service Announcement!

Nothing in the vagina for 6 weeks; WHEN YOUR OB SAYS ITS OK!

Even if you did not tear, you have a dinner plate sized wound in your uterus, where the placenta detached.

BREASTFEEDING IS NOT BIRTHCONTROL

Don’t listen when people say you cannot get pregnant if you are breastfeeding; YOU CAN.

Differential Diagnosis of NAS

- Neonatal **Abstinence** Syndrome (NAS)

*When a baby is exposed to a medication or illicit drug use in utero and then delivers, the baby is not getting that medication any longer which can cause withdrawal symptoms

- Withdrawal
  - W = Withdrawal
  - I = Irritability
  - T = Tremors
  - H = Hyperactivity, High pitched cry
  - D = Diarrhea, Disorganized suck
  - R = Respiratory distress, Runny Nose
  - A = Apneic episodes (stop breathing)
  - W = Weight loss

Testing

- Neonatal drug screening can be collected by:
  - Blood: low and not reliable
  - Urine: if first urine is caught
  - Meconium: hard to collect
  - Umbilical cord: easy to collect
    - Gives best indication of time frame of last use
    - Up to first trimester
    - Confirmatory testing

Non-Medicated Interventions for Infant Withdrawal

Babies are ***exposed***, they aren't addicted: TRUE OR FALSE?

Most exposed don't necessarily need medication to get through withdraw

Management during initial withdraw stages

- Swaddle with blanket
- Curl infant body into 'C' position
  – Allows trapped gas to escape
- Soft voices
- Dim lighting
- Swaying rhythmically from side to side (not grandma's bouncing)
- Feed more frequently
- Increase calorie intake via formula or fortified breast milk
- Cotton sleepers, t-shirts (loose clothing)
- Cupping
- Kangaroo Care

BrightView

Finnegan Scores

- What is a Finnegan Assessment/Score?
  - Withdrawal symptoms can begin within 24-48 hours of life
  - Can also start as late as 2 to 3 weeks
  - 90% of infants display symptoms within 96 hours of birth
  - Onset varies according to maternal use, frequency, and duration of exposure to infant
- When do we start scoring?
  - Most hospitals begin between 2 to 24 hours of life
  - Starting early allows staff and parents to see an upward trend in scores
  - Scored every 4 hours for 4 days
- Always score WITH feeds!

Steps to Regaining Infant Control

Step 1: Control their environment

Step 2: Learn infant cues

Step 3: If your baby is crying, attempt to calm before reaching frantic state

Step 4: If baby not yet gained control, try calming techniques

Step 5: Gradually introduce stimuli from day 1 of life

Step 6: Gradually increase the amount of stimuli

Step 7: As infants ability to remain calm increases, unwrap him/her for short periods of time

Medications Used in Tri-State Area Hospitals

- Medication used in all Tri-State hospitals is **Methadone**
- All local hospitals use the Children's Hospital Protocol Methadone Taper:
  - Initiation (start of treatment): All oral (taken by mouth) and is tapered as infant progresses
  - It is a very *small* amount and is dosed by weight
  - Treatment is an 8 step process (not 8 days, but 8 steps)
  - Oral/liquid form that is given with feeds
  - Infants can remain on specific steps for several day dependent on their withdraw symptoms.
  - You may hear the words 'failed wean step'. It doesn't mean they failed, it just means they may need more medication OR to stay on that dose for a longer period of time.

Stabilization, Weaning, & Discharge of Methadone

- **Stabilization (symptoms level out)**
  - Average Finnegan score <8 for 24 hours before next wean attempt
- **Weaning (dose will decrease)**
  - Wean to next step if average Finnegan score is <8 for past 24 hours
  - If average Finnegan score 8 to 12, will not wean
  - If average Finnegan score >12 consider an extra dose at current step or return to previous step (escalation)
- **Discharge (going home!)**
  - Observe in hospital for 48 hours off methadone prior to discharge

Feeding

- Breastfeeding
  - **For moms who remain current with their MAT and continue ON the program it is recommended they breastfeed their infant**
    - This assists the baby in their own withdrawal as some of moms medication (very small amount) is passed in the mom's breast milk
    - IF you relapse or there is a documented drug screen that is + for a substance, it is highly recommended you feed via formula method

Feeding

- Baby may need more calories
  - Increased crying = increased calorie burn
  - May see 22 calorie or Advanced or low lactose formula
    - Each hospital has a specific formula recommendation
    - Talk with your baby's doctor about the formula if you have questions
    - Breast is BEST if you remain on your MAT program

Expectations of Care if Admitted to the SCN/NICU

- Difference between SCN & NICU
  - **Special Care Nursery (SCN)**
    - Level II care - only cares for infants 32 weeks and greater
  - **Neonatal Intensive Care (NICU)**
    - Level III or Level IV (4)
    - Cares for micro-premie infants, 23+ weeks, critical care, & surgical babies
- ALL are open 24 hours/day & 7 days/week

Plan of Care…

Plan of Care : **What is expected & required as the parent?**

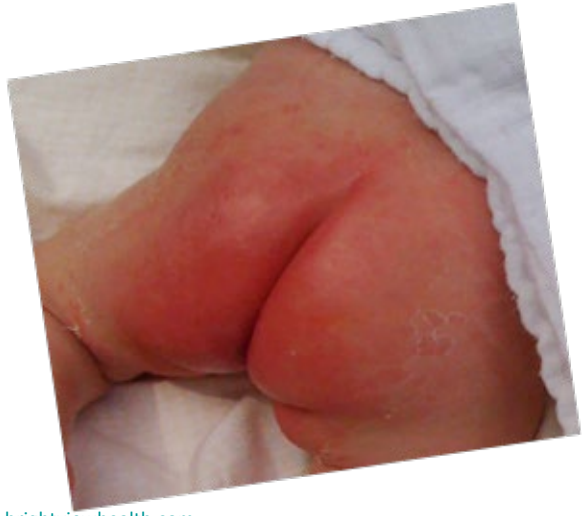
- Be involved
- Ask questions
- Be present
- Help with infant's care
- If possible, stay at bedside
- Be proactive and ask questions.

Plan of Care for Your Baby

- Individualized for your baby
  - Each baby will be on the same *treatment*
    - BUT each treatment will have different dosage if they require Methadone
    - Dosage calculated by weight
  - If your baby is asleep: **LET THEM SLEEP!!!**
    - Important for their recovery
  - Decreased stimulation and handling with visitors will be important the first few weeks.
  - Kangaroo Care as much as possible!
  - Expect between 15 to 20 days in the hospital for your baby if treated

Skin Care

- Skincare
  - Preventative diaper care is really important
  - Diarrhea is very common with withdraw so their bottoms can get red
  - If you notice red skin with diaper change please let your nurse know
    - Especially if you are doing all the diaper changes
    - Some hospitals start a preventative treatment so ASK if they do!



Length of Stay for an Infant Being Treated

- Infants exposed to Buprenorphine who develop NAS generally develop symptoms within 12 to 48 hours of birth peaking at 72 to 96 hours
- These symptoms can resolve within 7 days
- ALL infants exposed to opioids during pregnancy will be monitored for at least 4 days: Remember, if symptoms are severe (Finnegan scoring above 8 x 3 or 12 x 2 will be reassessed in a SCN or NICU for *need* for medicated treatment)
- Ask your nurse if you can score with her during ***every*** scoring
- Be honest about what you see when the nurse isn't there in the room
  - **Remember, it is best to observe over a 4-hour period for accurate scoring**
- You don't want to hide potential withdraw symptoms your baby is having from the team. It will only cause distress for you and your baby if you go home and your baby needs treatment.