

Perinatal News & Events

Cincinnati Children's Perinatal Outreach Program



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Neonatal Abstinence Syndrome & Universal Maternal Testing

Headlines and whispers. Substance abuse and infants. There is much to be said about opioid addiction, the heroin crisis and the cost to our communities in terms of lives lost, families in crisis, criminal justice, medical costs, and the effects on infants. No one chooses to be an addict. Addiction in any form knows no boundaries.

It is surmised that our current state of affairs could be in part due to the pain management guidelines put into effect by the Joint Commission in 1999 and pharmaceutical marketing. With recent pushback and new opioid prescription guidelines and legislation decreasing availability, inexpensive and accessible heroin is a replacement alternative for addicts. It behooves us to keep in mind that not all opiate addictions begin with a legitimate prescription. Adolescent experimentation, mental illness, generational family dysfunction are just a few of the additional precursors.

The question is often asked, "Why is there such concern about opiates vs. tobacco, alcohol, cocaine, or other drugs?" The simple answer is that tobacco and alcohol are legal and are not associated with an acute life threatening withdrawal syndrome and the use of opiates has soared.

- In Ohio, there has been a 366% increase in drug overdose deaths from 2000 to 2012. Prescription drugs have been involved in most of the unintentional drug overdoses and have largely driven the rise in deaths.¹
- Ohio's rate of Neonatal Abstinence Syndrome (NAS) grew six-fold from 2004 to 2011.¹
- Opioids surpass marijuana and cocaine as the top primary drug of choice from 2010 onward for women being treated for drug use during pregnancy.²
- Baseline data from the Ohio Children's Hospital Neonatal Research Consortium, confirmed an increase of ~50% in NAS cases from 2009 to 2011.³

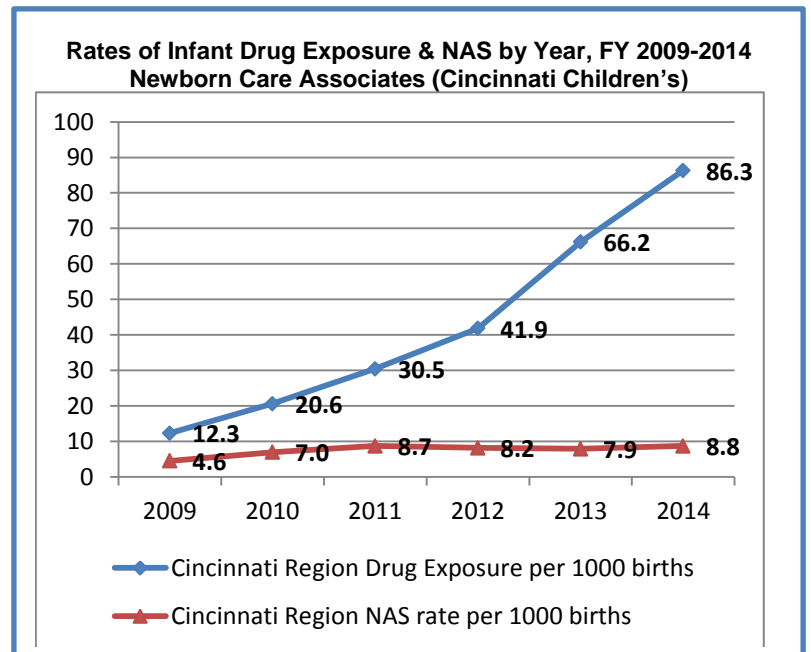
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NAS & Universal Maternal Testing *continued from page one*

- Similar to the nation and Ohio and Kentucky, Newborn Care Associates of Cincinnati Children's noticed an uptick in NAS and begins to track data from seven regional hospitals. A greater than six-fold increase in drug exposed infants occurred from FY 2009-2014.

Neonatal Abstinence Syndrome Treatment & Outcomes

The Ohio Children's Hospitals received funding from the state of Ohio to study treatments and hospital outcomes in NAS. A cohort analysis of late preterm and term neonates who received inpatient pharmacologic treatment of NAS at one of 20 hospitals throughout 6 Ohio regions from January 2012 through July 2013 was completed. Physicians managed NAS using 1 of 6 regionally based strategies. It was concluded that the use of a stringent protocol to treat NAS, regardless of the initial opioid chosen, reduces the duration of opioid exposure and length of hospital stay. Because the major driver of financial cost is length of hospitalization, the implications for a reduction in cost of medical care for NAS management could be substantial. The study also notes that approximately 80% of exposed infants went home with their mother or another family member.³ There are no longitudinal studies of children who were exposed to opioids in utero though data is currently being collected. Deciphering in utero drug exposure sequela from environmental influences will be difficult.



Universal Maternal Drug Testing

Initiated and successfully trialed at Mercy Hospital Anderson in May 2012, and later supported by the Greater Cincinnati Health Council, the region's hospitals switched from risk-based drug screening to universal maternal urine testing at the time of admission. The purpose is two-fold: (1) identify exposed infants so they can be observed and treated for withdrawal symptoms and (2) educate and refer moms for treatment as appropriate. Some hospitals have chosen to obtain informed consent for the testing and others have made it part of their nursing policy. There have been very few refusals as many women assumed they were being tested anyway. Positive results are, as expected, being identified in private practices as well as clinic populations that would not have been identified with the risk-based screen. The current use of a urine test by the regional hospitals is not fail proof as urine tests only capture recent use and, depending on the lab services, may not test for all drugs. For instance, buprenorphine (suboxone) is currently not included in the tests at some hospitals. Suboxone is legitimately prescribed in medication assisted treatment (MAT) but is also misused and is associated with leading to NAS.

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Ohio Perinatal Quality Collaborative



The Ohio Perinatal Quality Collaborative's (OPQC) two statewide quality improvement initiatives, **The Neonatal Abstinence Syndrome (NAS) Project** and **The Progesterone Project**, are moving forward with great participation. You can learn more about OPQC by going to our website, www.opqc.net, by following us on Twitter @OhioPQC, and by liking us on Facebook at www.facebook.com/ohioperinatalqualitycollaborative.

The NAS Project

OPQC is testing strategies for implementing evidenced-informed treatment protocols to Level III and Level II NICUs across Ohio. Currently, the NAS Project has engaged 26 Level III NICUs and 28 Level II NICUs in implementing OPQC's recommended protocol. NAS Project sites are working on both non-pharmacologic and pharmacologic treatments for infants with NAS. Additionally, the NAS Project is currently developing materials for families and providers aimed at supporting the compassionate care of infants with NAS and their mothers. Webinars for Level 1 nurseries have focused on the appropriate identification and referral of infants with NAS. The NAS Project is funded by the Ohio Department of Medicaid.

The Progesterone Project

OPQC is testing strategies for implementing this medication in outpatient clinics identified by our 20 charter OPQC OB sites. Currently, 25 outpatient sites throughout Ohio are participating in the Progesterone Project. In an effort to improve access for all Ohio mothers, these sites have been actively documenting barriers to receiving progesterone and working in collaboration with OPQC to reduce these barriers. Additionally, the Progesterone Project will be launching a campaign to increase awareness of preterm birth, progesterone use, and screening using pamphlets, social media campaigns, and short videos featuring families. The Perinatal/Progesterone Project is funded by the Ohio Department of Health and the Ohio Department of Medicaid.

Kate Haralson, MPH, OPQC



On June 19th, Cradle Cincinnati announced \$1,293,500 in new funding aimed at lowering our community's infant mortality rate. After talking with a diverse group of community members and studying local data, the group has developed a strategic plan with the unanimous support of all partners. The plan invests in three major areas: 1) public health messaging campaigns encouraging behavior change that can improve outcomes for families, 2) improvements to our prenatal care and hospital systems that will spread best practices and get women to care sooner, and 3) community driven strategies that will engage citizens in neighborhoods with particularly high rates.

Funding for the plan comes from UC Health, Hamilton County, The City of Cincinnati, Cincinnati Children's, TriHealth, The Christ Hospital, Interact for Health, the United Way, The Greater Cincinnati Foundation, the Elise Brown Family Foundation, and Eat Play Give.

www.cradlecincinnati.org

Ryan Adcock, Executive Director

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*Our mission is to improve
the health of newborn infants
through innovation in clinical care,
education and research.*

www.cincinnatichildrens.org

www.cincinnatichildrens.org/perinatal

[Perinatal Resource Directory](#)

Announcements

Butler County Partnership to Reduce Infant Mortality

4:30-5:30 pm, August 12, 2014

Butler County Educational Service Center

For more information, contact: bailerj@butlercountyohio.org

Fetal Infant Mortality Review (FIMR)

3:30-5:00 pm, Thursday, August 21, 2014

Cincinnati Health Department

Please contact Corinn Taylor at (513) 357-7266 if you would like to attend.

Regional Perinatal Nurse Manager Meeting

8:30-11:30 am, Friday, August 22, 2014

University of Cincinnati Medical Center – Hoxworth Center

For more information, contact: kathy.hill@cchmc.org

Perinatal Community Action Team (PCAT)

2:30-4:00 pm, Thursday, August 28, 2014

Cincinnati Children's, Vernon Manor 2.020

For more information, contact: kathy.hill@cchmc.org

AWHONN Ohio 9th Annual Conference

7:45 am-4:15 pm, September 12, 2014

Holiday Inn French Quarter, Perrysburg, Ohio

For details, visit: www.awhonn.org

13th Annual Regional Perinatal Leaders' Summit

Assistive Reproductive Technology

12:30-3:45 pm, Friday, October 17, 2014

Sabin Auditorium, Cincinnati Children's

For more information contact: danielle.bolton@cchmc.org

AWHONN Kentucky Section Conference

7:30 am-4:30 pm, November 21, 2014

Hilton Garden Inn, Louisville Airport

For details, visit: www.awhonn.org



Neonatal Abstinence Syndrome & Universal Maternal Testing

Responses to the Opioid Epidemic



Regional Perinatal Community Outreach

Dr. Laura Ward, Medical Director of the Special Care Nursery at Mercy Hospital Anderson, and Dr. Scott Wexelblatt, Medical Director of Cincinnati Children's Regional Newborn Services, have given presentations on NAS and Universal Maternal Testing to obstetricians and perinatal staff at all of the regional hospitals. In addition, presentations have been given to Children's Services staff in southwest Ohio and northern Kentucky. Many questions are asked regarding testing costs and reliability. Home visiting programs and dependency and neglect judicial system officials have also attended the presentations. The message is always clear: ***the focus of universal maternal testing is to help mothers and their infants to get the best medical treatment*** and is not meant to be punitive.

MOMs Project (Maternal Opiate Medical Support)

Four programs in Ohio, including the First Step Home in Walnut Hills of Cincinnati, have been awarded grant money from the Ohio's Governor's Office of Health Transformation, to help pregnant women who are addicted to heroin or other opiates. The \$4.2 million, three-year pilot project is expected to help close to 300 women who are addicted to prescription painkillers and heroin. Ohio officials hope to reach the expectant mothers early in their pregnancies and work with them through their recovery process.

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RECOVERY HEALTH ACCESS CENTER

YOUR RESOURCE FOR
INFORMATION AND HELP
ABOUT ALCOHOL AND
DRUGS
24 HOURS A DAY,
7 DAYS A WEEK

513-281-RHAC (7422)



The Substance Abuse and Mental Health Services Administration (SAMHSA) is the agency within the U.S. Department of Health and Human Services that leads public health efforts to advance the behavioral health of the nation. SAMHSA's mission is to reduce the impact of substance abuse and mental illness on America's communities.

<http://beta.samhsa.gov/>

Community Response

Prescription guidelines for chronic pain and Emergency Room visits have been revised and are being implemented across the state. The Ohio Department of Mental Health & Addiction Services will be implementing a statewide SBIRT (Screening, Brief Intervention and Referral for Treatment) program that is designed to reduce morbidity and mortality of alcohol and other drug use through early intervention and the integration of medical and behavioral health approaches. Also, at the state level, the Governor has an Opiate Action Team and the Prescription Drug Abuse Action Group, a subgroup of the Ohio Department of Health's Ohio Injury Prevention Partnership (OIPP) have worked to initiate and support provider education, naloxone distribution, changes in prescription guidelines, and more. Ohio HB 315, signed into law April 2014, requires all Ohio hospitals to report the number of drug exposed births at their facilities. Locally, counties have formed coalitions that include treatment providers, law enforcement & judicial representatives, medical providers, community agencies, prevention groups, and individuals to respond to the epidemic. Advocates in Northern Kentucky developed an intensive community plan that can be found at: <http://drugfreenky.org/wp-content/uploads/2013/11/Northern-Kentuckys-Collective-Response-Final.pdf>

*Kathy Hill, M.Ed., Cincinnati Children's
Scott Wexelblatt, MD, Cincinnati Children's*

¹Massatti, R., Beeghly C., Hall, O., Kariisa, M. & Potts, L. (2014, April). **Increasing Heroin Overdoses in Ohio: Understanding the Issue.** Columbus, OH: Ohio Department of Mental Health and Addiction Services.

²Massatti, R., Falb, M., Yors, A., Potts, L., Beeghly, C. & Starr, S. (2013, November). **Neonatal abstinence syndrome and drug use among pregnant women in Ohio, 2004-2011.** Columbus, OH: Ohio Department of Mental Health and Addiction Services.

³Hall, E., Wexelblatt, S., Crowley, M., Grow, J., Jasin, L., Klebanoff, M., McClead, R., Meinen-Derr, J., Mohan, V., Stein, H., & Walsh, M. **A Multicenter Cohort Study of Treatments and Hospital Outcomes in Neonatal Abstinence Syndrome.** DOI: 10.1542/peds.2013-4036. Pediatrics; originally published online July 28, 2014.