

Mother & Baby Substance Exposure Toolkit

Best Practice No. 28

A part of the California Medication Assisted Treatment Expansion Project

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Continue to establish a therapeutic relationship with parents/caregivers once the infant has been born and empower parents to be involved with the care of their newborn

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Labor and Delivery, Nursery/NICU, and Transition of Care

Overview

After delivery continue to establish a therapeutic relationship with parents/caregivers and engage and empower parents to be involved with the care of their newborn.

Why we are recommending this best practice

Involving parents in newborn care early will increase their confidence in and preparation for managing neonatal abstinence syndrome (NAS) symptoms, establish healthy attachment to their newborn, and allow both mother and baby to better succeed in the transition to home.

Strategies for Implementation

- Ideally, parents receive prenatal counseling and meet members of the newborn care team.

- Train staff to maintain a non-judgmental and supportive attitude and treat the mother as a parent first, not someone with a substance use problem.

- Provide consistency in care team members as much as possible.

- Ensure confidentiality by not discussing NAS or other clinical matters in front of other family members or friends unless the parents have explicitly consented.

- Promote positive maternal/paternal attachment to the newborn:
 - Engage the parents in the care of their newborn.
 - Encourage the parents to visit and help them maintain a quiet environment for the newborn.
 - Emphasize and reinforce positive attributes of the newborn and

maternal/paternal behavior.

- Consider providing a parent/caregiver diary so that the parents may record eating and sleeping information about their newborn.
- Consider posting a HIPAA-compliant sign at the bedside to remind parents and staff about general tips for calming their newborns, skin care, feeding, and other non-pharmacologic interventions.
- Consider providing a brochure or written guide about NAS for parents and standardizing the hospital's method of pre-natal and postnatal counseling.



Kayla

Since Kayla was identified as having been exposed to opioids during pregnancy, the pediatric team was notified prior to delivery. The pediatrician assigned to care for Baby M met with Kayla and started to build a relationship with her, describing Kayla's important role as a mother and the importance of skin-to-skin care and breastfeeding. In addition, due to her exposure, the pediatrician explained the plan for assessing Baby M for symptoms of NAS after delivery.

Training staff to maintain a non-judgmental and supportive attitude and treat the mother as a parent first is an important aspect of establishing a constructive therapeutic relationship with the family. This attitude should be present whether or not the baby develops NAS. Staff should not discuss confidential information in front of family and friends unless the mother has given explicit consent for that communication to occur.

Resources

1. ILPQC Newborn Care Diary.
2. NAS Symptom Diary.
3. NAS Parent Brochure used by NNEPQIN.
4. NAS Parent Guide used by OPQC.

References

1. Grossman MR, Berkwitt AK, Osborn RR, et al. An initiative to improve the quality of care of infants with neonatal abstinence syndrome. *Pediatrics*. 2017;139(6).
2. Wachman EM, Grossman M, Schiff DM, et al. Quality improvement initiative to improve inpatient outcomes for neonatal abstinence syndrome. *J Perinatol*.

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Alexandra Iacob

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Dr. Alexandra Iacob is a Neonatal-Perinatal Fellow at University of California, Irvine (UCI) based out of UCI Medical Center and Miller Children's and Women's Hospital Long Beach. While in fellowship, she is also pursuing a Master in Public Health at Johns Hopkins University. She is passionate about improving neonatal outcomes across all socioeconomic classes via both quality improvement projects and policy efforts. She is particularly interested in neonatal abstinence syndrome and the impact it has on the mother, the baby, and the family as a whole.

Angela Huang

MPH, RNC-NIC

Angela Huang is a clinical nurse in the Neonatal Intensive Care Unit at Santa Clara Valley Medical Center, where she is also a nurse coordinator managing and leading quality improvement and research projects. She is actively involved in hospital-wide and county-wide opioid use reduction initiatives, specifically outcome improvement for mother/infant dyads with a history of substance use and exposure. Angela is also the co-chair for the CPQCC Maternal Substance Exposures Workgroup which is assessing the statewide scope of NAS and NAS management practices.

Kathryn Ponder

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Dr. Ponder is a neonatologist with East Bay Newborn Specialists, working in the neonatal intensive care units at the UCSF Benioff Children's Oakland, John Muir Walnut Creek, and Alta Bates hospitals. She is also the director of the John Muir High Risk Infant Follow-Up clinic. She has revised her practice's guidelines for the care of infants with Neonatal Abstinence Syndrome and is leading a quality improvement initiative at John Muir to implement these changes. She has previously conducted research and published in the fields of developmental/placental biology and maternal health. She continues to be interested in the developmental origins of disease and optimizing neurodevelopmental outcomes for infants.

Lisa Chyi

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Dr. Lisa Chyi is a practicing neonatologist at Kaiser Walnut Creek. She is co-chair for the CPQCC Maternal Substance Exposures Workgroup which is assessing the statewide scope of NAS and NAS management practices. She also helped develop the NAS management guideline and oversees NAS patient care for the Kaiser Northern California region.

Pamela Aron-Johnson

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Pamela has been at UCI Medical Center in Irvine, California for 35 years in several roles including staff nurse in the NICU for 17 years, Outpatient Nurse Manager for Primary and Specialty Services, and currently the Quality and Patient Safety Advisor for the NICU and OB departments. She is also a member of the Data Committee Advisory Group for CPQCC, and is the data nurse coordinator at UCI for both CPQCC and CMQCC.

Priya Jegatheesan

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Dr. Priya Jegatheesan is the Chief of Newborn Medicine and the Regional NICU Director for Santa Clara Valley Medical Center in San Jose, California, an institution committed to the medically underserved. Her main area of interest is outcomes and data-driven quality improvement. She established a comprehensive computerized database system in the SCVMC NICU that enables prospective data collection for quality improvement and research. She also actively participates in CPQCC's Perinatal Quality Improvement Panel and chaired the QI infrastructure sub-committee for 2 years. She became a member of the Society for Pediatric Research in 2014 and has actively participated in clinical research. She is currently the study site Principal Investigator for a NIH funded multi-center study evaluating ondansetron (5HT3 antagonist) for prevention of neonatal abstinence syndrome in newborns born to mothers who had chronic opioid use during pregnancy. She is a passionate champion for optimizing care of newborns exposed to substances during pregnancy to prevent neonatal abstinence syndrome by promoting mother-infant couplet care.