Linkage To Community Services

Overview

Identity community care resources for the birth parent and newborn and appropriate partner agencies and services in the community. Implement a warm handoff to other healthcare providers or agencies at the time of discharge. This will reduce the risk of communication breakdowns that compromise patient safety and jeopardize a smooth and cohesive transition to care.

Why We Recommend this Best Practice

Providing adequate transitions of care pre- and postnatally that include outpatient support structures with expertise in addressing the needs of both the pregnant individual with opioid use disorder (OUD) or substance use disorder (SUD) and their exposed newborns can improve outcomes and support the development of protective factors that reduce or mitigate the effects of adverse life experiences for children and their families. Early interventions like home visits are a prime example of this.

Toolkit adapted from the CMQCC Toolkit

Strategies for Implementation

Step 1: Identify community care resources for the mother and newborn

- Involve the pregnant patient and newborn in outpatient support programs as early as possible, ideally pre-natally for the pregnant individual.
- Each unit should maintain an updated list of outpatient resources (federal, state, and local) that families can access including home visitation (see Pregnant and Parenting Resource Finder)
- Arrange a system to refer the pregnant patient and newborn to outpatient SUD treatment and recovery programs. The system should clarify who refers (physician, social worker, etc.) and when to refer (upon admission or discharge). Consider a default referral on admit orders
- Inform and educate pregnant patients on these referrals and highlight the benefits of these programs.

Step 2: Ensure linkage to home visitation programs and other community agency referrals are in place. These referrals can include WIC, family resource centers, parenting classes, support groups, local treatment centers, and recovery groups

- When healthcare providers make a notification or report to DCYF, families are connected to Help Me Grow Washington. Help Me Grow can then connect families to the appropriate community services and re-sources .

Step 2: Schedule all follow-up appointments before discharge

Appointments should include, but are not limited to:

- Recommended routine postpartum appointments at one to two and six weeks postpartum.
- Public health and/or home health home visit within three days of discharge.
- Recommended routine newborn appointments within 24-72 hours after discharge.

Step 3: Implement a warm handoff strategy to follow at time of discharge . The treating physician within the hospital setting should communicate directly with the outpatient primary care provider prior to the newborn or birth parent leaving the hospital. Warm handoff standard work should:

- Be in person (whenever possible) and in front of the patient and/or family.
- Include an introduction by the discharging team member to the next care provider.
- Include pertinent details related to prenatal care and the acute care stay.
- Include a review of the discharge goals and plan.
- Include a review of next steps and who is responsible.
- Include a review of what is important to the patient/family.
- Provide an opportunity for all participants, including patient and family, to question, clarify, and confirm information.

Resources

- Help for Substance Use During Pregnancy
- Perinatal Support Washington for connection to Perinatal Mental Health Services (not specific to addiction services)
- Washington State Pregnant and Parenting Recovery Services Resource Finder
- Plan of Safe Care Rack Card
- Plan of Safe Care Brochure

References

- Bada HS, Bann CM, Whitaker TM et al. Protective factors can mitigate behavior problems after prenatal cocaine and other drug exposures. Pediatrics. 2012;130(6):1479-1488.

- Iacob, A., Huang, A., Ponder, K., Chyi, L., Aron-Johnson, P., & Jegatheesan, P. (n.d.). *Communicate directly with the outpatient primary care provider prior to the newborn leaving the hospital to review the hospital course and discuss follow-up*. MBSE toolkit. Retrieved February 1, 2023, from https://nastoolkit.org/explore-the-toolkit/best-practice/33

- Freenan, E., Rad, J., & Leza, M. (n.d.). *Ensure referral and linkage to other necessary services/resources at discharge*. MBSE toolkit. Retrieved February 1, 2023, from https://nastoolkit.org/explore-the-toolkit/best-practice/32

- Messinger DS, Bauer CR, Das A et al. The maternal lifestyle study: cognitive, motor, and behavioral outcomes of cocaine-exposed and opiate-exposed infants through three years of age. Pediatrics. 2004;113 (6):1677-1685.

- Oldini, C., & Leza, M. (n.d.). *Implement a warm handoff strategy to follow at time of discharge*. MBSE toolkit. Retrieved February 1, 2023, from https://nastoolkit.org/explore-the-toolkit/best-practice/30

- Wong, J., & Weiss, K. (n.d.). *Identify community care resources for the mother and newborn*. MBSE toolkit. Retrieved February 1, 2023, from https://nastoolkit.org/explore-the-toolkit/best-practice/25

- Welle-Strand GK, Skurtveit S, Jansson LM, Bakstad B, Bjarko L, Ravndal E. Breastfeeding reduces the need for withdrawal treatment in opioid- exposed infants. Acta Paediatr. 2013;102(11):1060-1066.