



Patient Education & Empowerment

Overview

Thoughts about labor and delivery, for most pregnant individuals, are riddled with questions and anxiety about the unknown. For the pregnant individual with SUD, there is an additional layer of stress, emotions, and anxiety related to childbirth and parenthood associated with the path to wellness and recovery. After having built relationships and trust with the prenatal care team, the thought of transitioning care to a new team of providers in the L&D unit can cause additional stress for the birthing parent. They may or may not have already met or had an opportunity to build trust and relationships with this staff and may question their motives, feel judged, and begin to worry that their newborn will be taken from them or that their pain will not be managed due to her SUD status.

Providing education about expected health care services and processes is associated with social and psychological benefits including reduced fears and anxiety, and provides patients with an opportunity to ask questions, thus increasing a patient's overall knowledge related to the anticipated experience. Providing education on what to expect in the hospital during a prenatal care appointment can reinforce previously received childbirth education and/or facilitate education for those who were unable or chose not to attend.

The "what to expect in the hospital" conversation during a prenatal care appointment is an opportunity to introduce the new L&D team and to discuss goals and options for pain management and institutional screening and drug testing.

Strategies for Implementation

Step 1: Include a “what to expect in the hospital” in the prenatal checklist. The discussion should be scheduled for the third trimester. Consider creating an educational tool, unique to your hospital, about what they can experience at the hospital. Here is an example from Spokane Regional Health District:

- [Eat, Sleep, Console Patient-Centered Video - Spokane Regional Health District](#)

Step 2: Present the topic of postpartum care coordination

The postpartum period represents a time of increased vulnerabilities, and people with SUD can relapse or even overdose far more often in postpartum than during pregnancy. Slips and relapses can occur but it doesn't mean failure. Stressful events are triggers for relapse, including loss of insurance and access to treatment, demands of caring for a new baby, sleep deprivation, and fear of losing child custody.

- Discuss postpartum information, such as contraception and access to psychosocial support
- Emphasize that the first obstetrical follow-up is between weeks one and two.

Step 3: Educate about NAS/NOWS

Educating pregnant women and families about what signs and symptoms of NAS to anticipate, and how to identify these symptoms in their newborn, can help them be active participants in the newborn's care immediately after birth .

- Short-term effects can appear within 1-5 days and most commonly within 2-3 days. Symptoms can include but are not limited to high-pitched cries, tremors, difficulty sleeping, poor feeding, and diarrhea. Depending on the severity, the newborn's hospital stay may be prolonged.
- Long-term effects can appear within months to years. These consequences may include problems with vision, motor skills, and behavior/cognition, sleeping disturbances, and ear infections. Early intervention programs can ameliorate these effects and provide surveillance for them.

Step 4: Engage hospital L&D staff and prenatal providers

- Recruit from both environments (clinic/provider office and hospital) to champion the collaboration.
- Discuss important workflows and policies and ensure that prenatal care providers are sharing accurate information.
- Discuss offering an opportunity to schedule a “meet and greet” that supports a warm handoff.
- Understand the hospital's intrapartum pain management policies in order to educate the patient on pain control options and encourage transparency regarding OUD for optimal management of pain and symptoms.

Resources

- [Harm Reduction Strategies for Parents](#)
- [Help for Substance Use During Pregnancy](#)
- [Neonatal Abstinence Syndrome - What you need to know](#)
- [Pregnant and Parenting Recovery Services](#)

References

- Macmillan KDL, Rendon CP, Verma K, Riblet N, Washer DB, Holmes AV. Association of rooming-in with outcomes for neonatal abstinence syndrome. *JAMA Pediatr.* 2018;172(4):345. doi:10.1001/jamapediatrics.2017.5195.
- Crook K, Brandon D. Prenatal breastfeeding education. *Adv Neonat Care.* 2017;17(4):299-305. doi:10.1097/anc.0000000000000392.
- ACOG Committee Opinion No 711: Opioid Use and Opioid Use Disorder in Pregnancy. *Obstet Gynecol.* 2017;130: e81-94.
- Hudak ML, Tan RC. Neonatal drug withdrawal. *Pediatrics.* 2012;129(2):e540-560.
- Kocherlakota P. Neonatal abstinence syndrome. *Pediatrics.* 2014;134(2):e547-561.
- US Department of Health and Human Services. Child Protective Services: A Guide for Caseworkers. <https://www.childwelfare.gov/pubpdfs/cps.pdf>. Accessed December 19, 2019.
- Putnam-Hornstein E, Prindle JJ, Leventhal JM. Prenatal substance exposure and reporting of child maltreatment by race and ethnicity. *Pediatrics.* 2016;138(3). doi:10.1542/peds.2016-1273.
- Maguire DJ, Taylor S, Armstrong K, et al. Long-term outcomes of infants with neonatal abstinence syndrome. *Neonatal Netw.* 2016;35(5):277-286.
- Yogman, et al. The prenatal visit. *Pediatrics.* 2018; 142 (1).
- Substance Abuse and Mental Health Services Administration. Clinical guidance for treating pregnant and parenting women with opioid use disorder. <https://store.samhsa.gov/product/Clinical-Guidance-for-Treating-Pregnant-and-Parenting-Women-With-Opioid-Use-Disorder-and-Their-Infants/SMA18-5054>. Accessed December 19, 2019.
- Watson, L., & Tesfalul, M. (n.d.). *Educate pregnant women about opioid use disorder in pregnancy and the hospital experience*. MBSE toolkit. Retrieved December 29, 2022, from <https://nastoolkit.org/explore-the-toolkit/best-practice/36>
- Wong, J., & Weiss, K. (n.d.). *Educate pregnant women and families about neonatal abstinence syndrome and the newborn hospital experience*. MBSE toolkit. Retrieved February 1, 2023, from <https://nastoolkit.org/explore-the-toolkit/best-practice/38>