Perinatal Substance Use Stabilization (8A)

Site Applicability:

SPH – 8A

Scope:

RNs, LPNs, Allied Health, Physicians (Addictions Medicine Consult Team, Obstetrics)

Background:

Pregnant and postpartum people who use substances face many barriers in accessing medical and prenatal care for a variety of reasons, including stigma, shame, lack of available and timely resources, and lack of training for healthcare professionals to properly care for these vulnerable patients. As a result, this population is at greater risk for overdose, medical complications related to substance use, and adverse maternal and neonatal outcomes.

In attempt to improve outcomes for both parent and baby, St. Paul's Hospital has implemented some unique initiatives, including development of the Maternity Care Outreach Team (MCOT) and inpatient admissions (see Appendix A) for perinatal substance use stabilization (PSUS).

Procedures:

Individuals who qualify for admission (see admission criteria below) for PSUS will be prioritized for a bed on the Urban Health Unit (8A), when a bed is available.

Patients can be admitted for PSUS to initiate treatment for substance use and/or for management of withdrawal and cravings, which are not suitable for outpatient care. Another benefit of hospital admission, is easier facilitation of a full perinatal and medical work up, and referral to appropriate perinatal and addiction support services in the community. The admission will vary in length depending on the patient's needs, and supports available in the community.

Patients admitted for PSUS will be admitted under the Addiction Medicine Consult Team (AMCT). The patient will also be followed by the Family Practice Obstetrics (FB OB) service, or in certain cases, the Obstetrics and Gynecology (OBGYN) service, for obstetrical care throughout the admission. It will be clearly noted in medical record, which service is following for obstetrical care. Nurses from the Maternity Unit will provide support for 8A nurses, and complete any obstetrical-specific tests or assessments (e.g., Neonatal Stress Test). To ensure overnight physician coverage when AMCT is off-site, CTU will also follow the patient.

Patients can be admitted in the antepartum or 6 week postpartum period. 8A staff, AMCT, FP OB or OBGYN, and Maternity Unit staff, will work closely together to determine if/when an antenatal patient may be appropriate to transfer to Maternity Unit (3MC), if goal is for delivery at SPH, or if acute obstetrical concerns arise.

All efforts will be made to maintain the family unit whenever possible, and desired by the patient. This may include supporting a partner, or support person, to stay on the unit throughout the

admission. This would require the patient be admitted to a private room. Exceptions will be made if there are patient and/or staff safety concerns, or if for other reasons, the partner/support person is not appropriate to stay on the unit past regular visiting hours.

Admission Criteria:

- Currently pregnant with severe substance-use disorder (can be at any point in pregnancy) or recently postpartum (approximately 6 weeks), and
- Must be cleared medically and obstetrically for AMCT to admit, and prior to coming to the Urban Health Unit (8A).

And have at least one of the following:

a. Requires withdrawal management that is not suitable for management in the outpatient setting (as determined by AMCT), **or**

b. Active substance use-related medication management (e.g., titration of opioid agonist therapies also known as OAT).

Admission Goals:

- To provide judgment-free, trauma-informed, and patient-centered care for this vulnerable, underserved population
- To improve outcomes and reduce complications for both the patient and their baby
- To stabilize the patient's substance use as best as possible using pharmacological therapy (e.g., OAT) and psychosocial supports
- To ensure ongoing community supports after discharge, including perinatal follow-up
- To facilitate the safest possible discharge and/or transfer to appropriate facility, including, but not limited to Families in Recovery (FIR) at BC Women's Hospital, treatment facilities, detox, or safer shelter/housing

Team Roles During Admission

8A Team (nursing, Allied Health, CNL/CNE)

- MRN/CNL/CNE prepare for admission using the admission checklist (see Appendix B).
- 8A nurses will provide the majority of the patient's care, including all day-to-day nursing care, and basic perinatal assessments within scope.
- **8A nurses should contact Maternity Unit Charge Nurse (62432) and the obstetrical team (FP OB or OBGYN) following that patient, for ANY obstetrical concerns**. Contact Maternity Unit – 3MC (62432) for FP OB on-call pager number or switchboard for OBGYN on-call.
- 8A MRN/CNL/NE will collaborate with the patient to create a Perinatal Nursing Care Plan (see Appendix C).

- 8A CNL/NE will initiate a case conference within the first 48 hours of admission. This will include members of 8A team, AMCT, Maternity, FP OB/OBGYN, and community teams.
- 8A CNL and Social Worker (SW) will remain the primary point of contact for care planning and disposition. They will coordinate plans with AMCT (including SW and AMCT Liaison Nurse), Maternity (including SW and Complex Care Coordinator), FP OB/OBGYN, and community teams as needed.

Maternity/Family Practice OB/OBGYN

- Complex Care Coordinator to create complex care plan (SBAR format; see Appendix D), organize and lead regular perinatal team rounds, and offer additional care and discharge planning support for 8A team.
- Maternity nurses to support 8A nurses if there are any obstetrical concerns.
- Maternity nurses will complete obstetric exams and fetal monitoring as ordered.
- Physicians from either FP OB or OBGYN services will provide ongoing routine prenatal care, assessments and diagnostics, and OB consults as needed, according to gestational age and medical history. It should be clearly noted in the medical record, which service is following for obstetrical care.

AMCT

- As Most Responsible Physician (MRP), AMCT physicians will lead clinical care decisions, round daily, and be involved in all discharge planning.
- AMCT on-call will be available by phone to 8A nursing for overnight support. AMCT will record the number of who is available overnight for nurses to call regarding the patient in "*Situational Awareness & Planning"* section of the electronic health record.
- AMCT Liaison Nurse will work closely with 8A nursing team including CNL/NE, and help coordinate care and discharge planning. They can also connect the patient with the AMCT peer support worker.
- AMCT SW will assess for appropriate recovery options when desired by patient, and complete applications and referrals as indicated

Related Documents:

B-00-07-10096 – Harm Reduction and Managing Substance Use – Acute Care

B-00-11-10125 – Philosophy for Care of Patients and Residents with Substance Use

Appendices

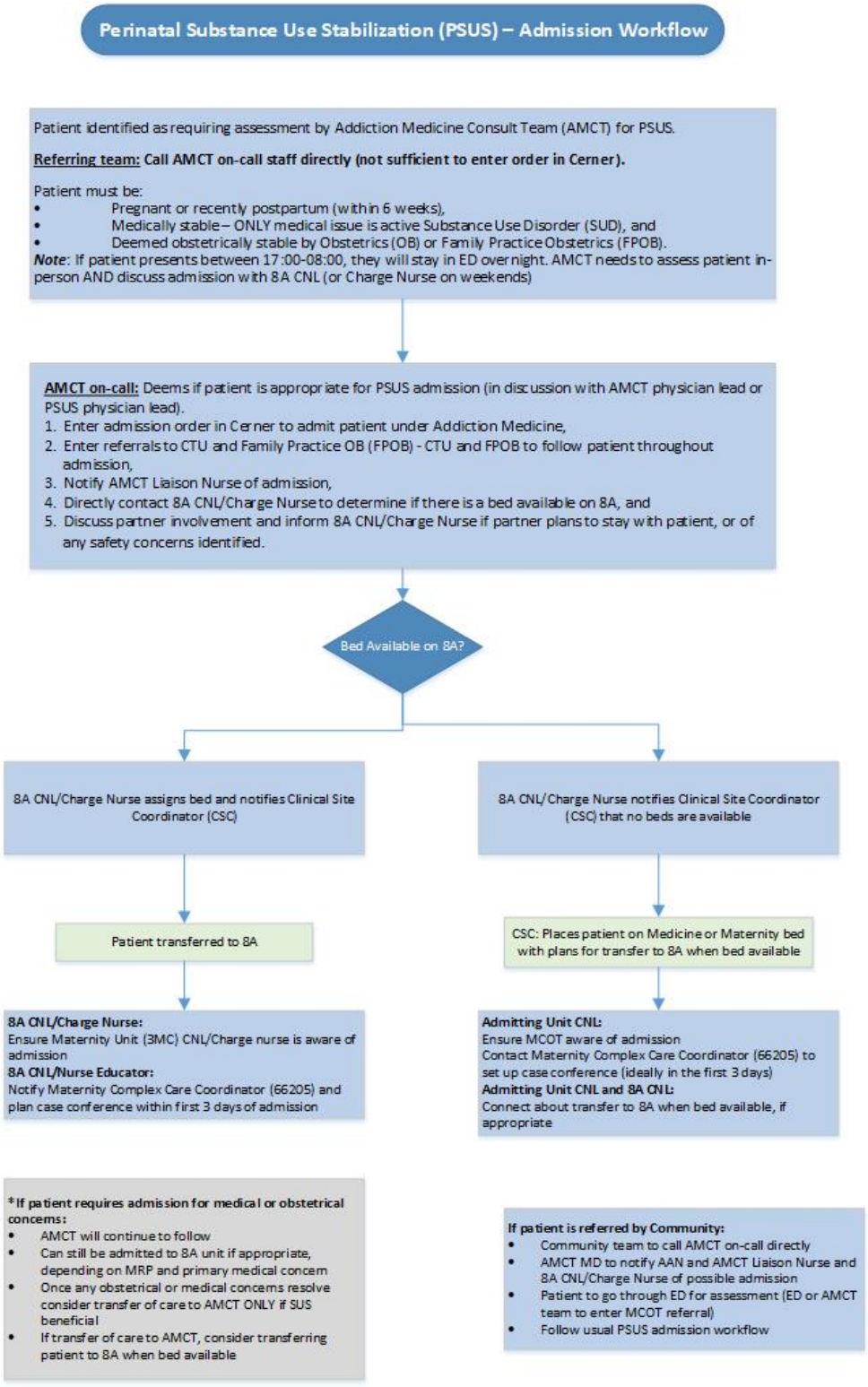
Appendix A – Admission Workflow

Appendix B – Admission Checklists

Appendix C – 8A Perinatal Care Plan

Appendix D – SBAR Complex OB Care Plan

Appendix A: Perinatal Substance Use Stabilization (PSUS) – Admission Workflow



Appendix B: Admission Checklist

Perinatal Admission Checklist – Admitting Nurse

1. Liaise with CNL/Charge Nurse: gather any information available, ensure room is appropriate and if the partner is coming as well.
2. Print Perinatal Care Plan (found in FormFast on Cerner) and leave in patient's paper chartlet.
3. Ensure we know who MRP is and what number(s) to call overnight for support (AMCT/Family Practice/OB).
4. Call AMCT Liaison Nurse for support 7 days/week 08:00 to 16:00. They will follow all Perinatal Substance Use Stabilization admissions.

Perinatal Admission Checklist – CNL/Charge Nurse

1. Inquire regarding partner/support person status – any concerns? Will they be staying overnight? AMCT admitting physician or AMCT Liaison Nurse should know this information.
2. Plan for appropriate bed placement – ideally a private room.
3. Ensure AMCT Liaison Nurse aware of admission.
4. Ensure Maternity Unit is aware of the perinatal admission (62432).
5. Consider assigning Perinatal Nurse Champion to admit patient (if appropriate for unit/assignment)
6. If patient is pregnant, ensure the Maternity Unit (3MC) has set up a **stabilette and emergency delivery kit** (to be kept on 3MC).
7. Ensure we know who MRP is and what number to call overnight (AMCT/Family Practice/OB).

As soon as possible after admission (within 3 Days ideally) – CNL/NE or Perinatal Nurse Champion

- Review **Rights & Responsibilities**
- Complete **Nursing Care Plan** in collaboration with patient and partner/family/support person
- 8A CNL/NE complete **Safety Plan**

Obtain **SBAR care plan** from Complex Care Educator on Maternity

Appendix C: Perinatal Nursing Care Plan (OB160)

Providence HEALTH CARE

PHC 8A PERINATAL CARE PLAN

* 1 0 8 9 6 *

Interdisciplinary Care Plan

Date care plan initiated: _____ ☐ **Rights and Responsibilities reviewed**

INITIAL REASON FOR ADMISSION Why did the patient come to ED: **Current treatment plan** Admission goals:	**Admitted under** _____ **care team** *overnight coverage noted daily in *Situational Awareness and Planning* **Followed by** (other services) **and why:** _____ _____ _____ **Followed by** allied health and/or other teams: (e.g. IWT, AMCT peer) _____ _____
OBSTETRIC HISTORY: (current pregnancy and past if known) **Gestational age:** _____	
SUPPORT SYSTEMS – Who is supporting the patient: **Community teams** (e.g. STOP, OOT) **and contact:** _____ _____ Housing: _____ Primary Care: _____	**Partner name and contact:** (if applicable) _____ Other support person and contact: _____ Visitation plan for partner/support person: (e.g. overnight privileges) _____
DAILY CARE and SCHEDULE – Any specific care schedule:	
PERINATAL CARE – Anything specific to perinatal needs:	**SUBSTANCE USE CARE – Patient Goals** **How can we support this goal?** **Safety plans:**
WHAT DOES MY CARE TEAM NEED TO KNOW ABOUT ME? Ask patient if there is anything else we should know to be able to provide the best care for them:	

Completed by: _____ _____
Nurse signature Printed name

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Appendix D: SBAR Complex Care Plan Template (OB156)

Providence HEALTH CARE

SBAR
COMPLEX OB CARE PLAN (Inpatient)

* 8 6 3 5 *

Interdisciplinary Care Plan

Patient name:

PHN:

S Situation	Reason for Referral: Mode of Delivery: MRP: **Risk Status:**	
B Background	**Medical History:** **OB History:** **Medications:**	**GI EDC / EDD:** Rh: Serology: **Allergies:** GBS Status:
A Assessment	**Risk Assessment:** **CONSULTS REQUIRED upon Admission:** ☐ SPH OB ☐ PACH Cardio ☐ Anesthesia ☐ Pediatrics ☐ SW upon stabilization	
R Recommendation	**INTRAPARTUM RECOMMENDATIONS** ☒ Admission BW = CBC, Type and Screen ☒ **DELIVERY / SURGICAL RECOMMENDATIONS** ☒ Routine OB management ☒	
	NEONATAL RECOMMENDATIONS ☒ Routine Care **MATERNAL POSTPARTUM RECOMMENDATIONS** ☒ Notify Consulting Services upon delivery ☒ Expected length of discharge = SVD 24h / C/S 48h	
	DISCHARGE PLANNING ☒ Coordination with SW ☒ Routine MRP OB appointment at 6 weeks – patient to call office	

Version _____ – Date: March 16, 2021 **Completed by:**

☐ Case Conference ☐ OB ☐ Pediatrics ☐ Anesthesia ☐ Consult:

Revisions / Updates to be sent to SPH CNE Complex Care Coordination (Fax 604-689-8502)

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Persons/Groups Consulted:

Clinical Nurse Specialist, Substance Use

Nurse Educator, Substance Use

Clinical Nurse Leader, Urban Health/8A

Social Work, Urban Health/8A

Patient Care Manager, Urban Health

Director, Urban Health

Patient Care Manager, Maternity

Complex Care Coordinator, Maternity

Nurse Educator, Maternity

Medical Lead, AMCT

Medical Lead, Perinatal Substance Use

Medical Lead, Family Practice Obstetrics

Urban Health/8A Nurses

APPROVALS		
(Director)	*Program Director, Urban Health and Substance Use*	*April 4 2023*
(e.g. Manager)	*Patient Care Manager, Urban Health*	*April 3 2023*
(e.g. Practice)	*Name*	*Date (month/day/year)*
(e.g. other)	*Name*	*Date (month/day/year)*
DEVELOPERS/OWNER		
Urban Health	Nurse Educator, Urban Health AMCT Liaison Nurse	*March 29, 2023*

REVISION HISTORY			
Revision#	Description of Changes	Prepared by	Effective Date
OO	*Initial Release*		*April 5, 2023*