

Pregnant and Post Partum Women Treatment and Recovery



DBHDD

**GEORGIA DEPARTMENT OF BEHAVIORAL HEALTH AND
DEVELOPMENTAL DISABILITIES (DBHDD)
OFFICE OF ADDICTIVE DISEASES**

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WOMEN'S PROGRAM COORDINATOR

Women's Treatment and Recovery Services

22 WTRS RESIDENTIAL SITES

17 WTRS INTENSIVE OUTPATIENT PROGRAMS

14 TRANSITIONAL HOUSING PROGRAMS

BLOCK GRANT REQUIREMENTS

PRIORITY ADMISSION IS GIVEN TO FOLLOWING:

- **PREGNANT WOMEN**
- **IV USERS**
- **WOMEN WHO MEET THE “NEEDY FAMILY” DEFINITION**
- **CPS INVOLVEMENT**
- **ALL OTHER PRIMARY SUD**

Opioid Crisis

- **ROUND 1 - FEDERAL STATE TARGETED RESPONSE (STR)**
 - Medication funding to expand use
 - Programming to include prevention/treatment/recovery in full continuum
 - Includes counseling, education, expanded workforce development
- **ROUND 2 – FEDERAL STATE OPIATE RESPONSE (SOR)**
 - Medication expanded to include withdrawal management medication to not exclude pregnant women
 - Expansion of residential services
- **ADDICTION RECOVERY SUPPORT CENTERS**
 - Peer ran, peer lead, community base
 - 19 centers and countin

The Value of Peers in the Opioid Crisis

- **CERTIFIED ADDICTION RECOVERY EMPOWERMENT SPECIALIST (CARES) TRAINING FOR PEERS WITH LIVED EXPERIENCE WHERE MEDICATION ASSISTED TREATMENT IS PART OF THEIR PATHWAY TO RECOVERY (600+)**
- **DEVELOPMENT OF A PEER “WARM LINE”**
- **MORE PUBLIC SERVICE ANNOUNCEMENTS, MEDIA EXPOSURE, OUTREACH, TRAINING**
- **PEERS IN THE EMERGENCY DEPARTMENT**
 - Able to make immediate contact with an individual who experiences overdose or is in need of support through crisis
- **PEERS IN THE NICU**
 - Able to make immediate contact with a mother or family experiencing positive birth or having a medically fragile baby

Northeast Georgia Medical Center

ANGIE REESE, CPS-AD
GA COUNCIL ON SUBSTANCE ABUSE
RECOVERY COACH

Northeast Georgia Medical Center

AUBREY WILLIAMS, BSN, RNC-NIC

NURSE EDUCATOR

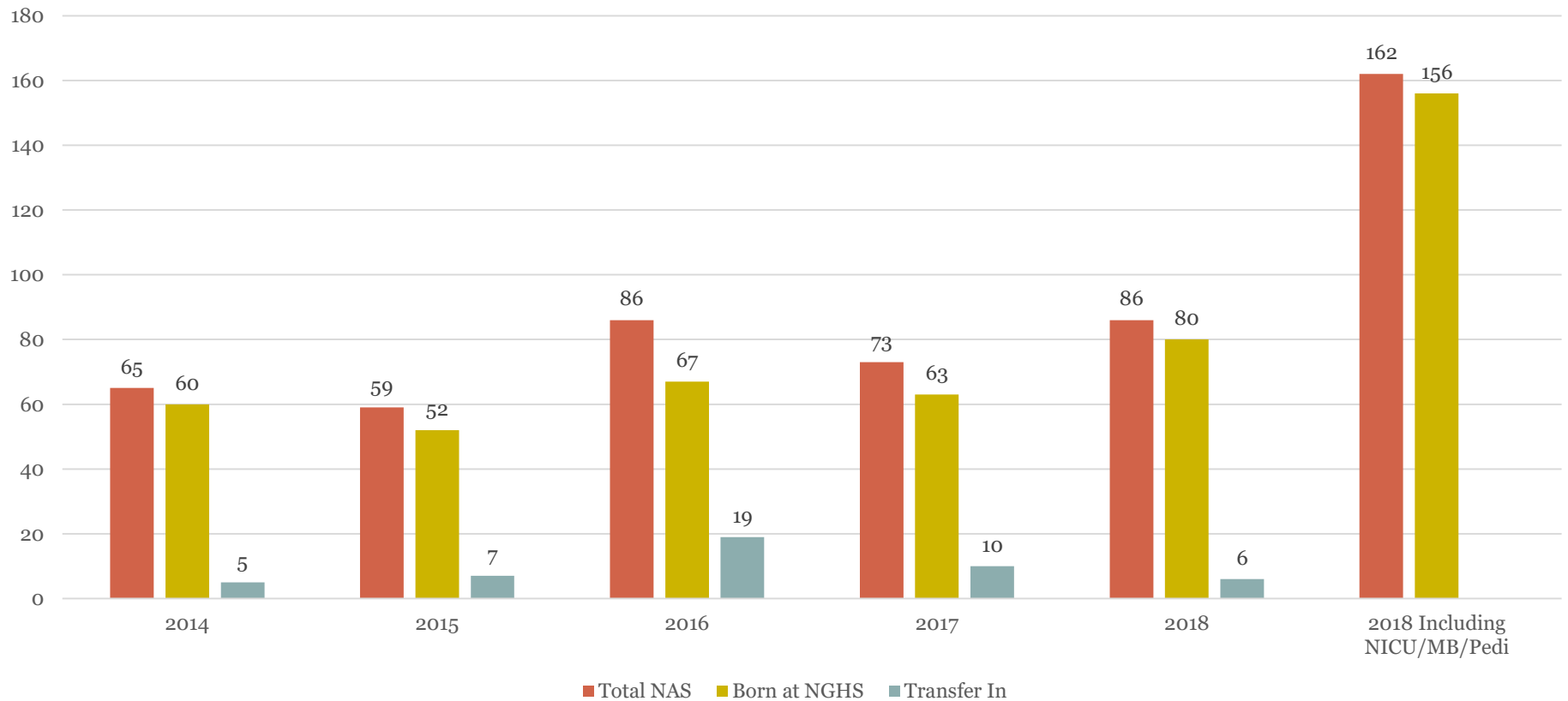
NORTHEAST GEORGIA MEDICAL CENTER

NEONATAL INTENSIVE CARE UNIT

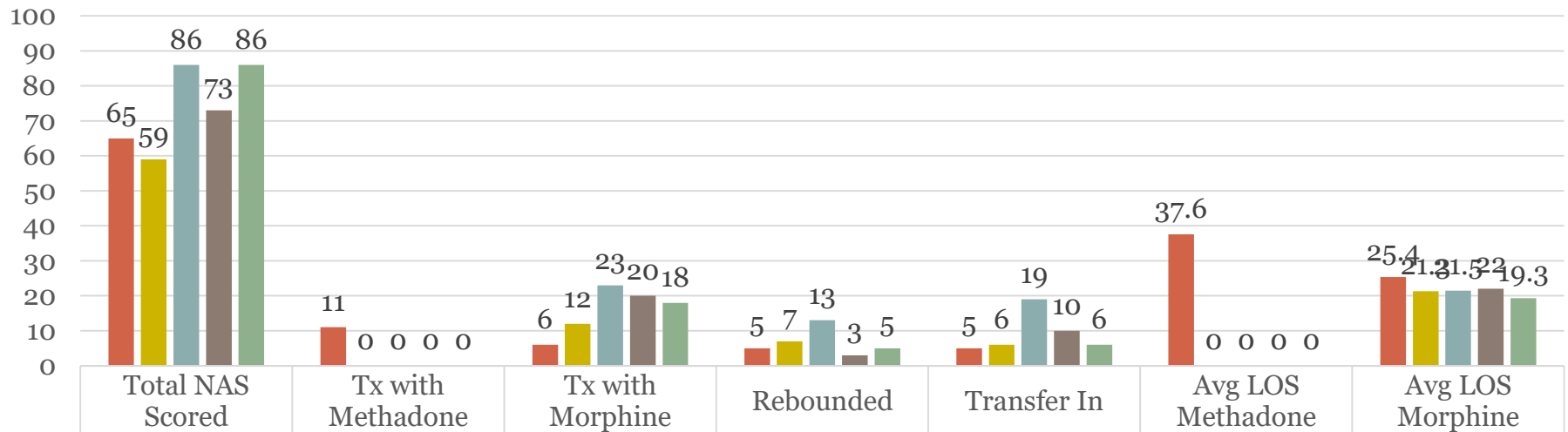
Peers in NICU

- **BEDSIDE NURSES REALIZED THAT ALL CARE EFFORTS FOR NEONATAL ABSTINENCE SYNDROME (NAS) INFANTS FOCUSED SOLELY ON INFANTS, NOT THE FAMILY AS A UNIT.**
- **IMPLEMENTING THE PEER RECOVERY COACH PROGRAM ALLOWS THE MOTHER AND FAMILY OF THE NAS INFANT TO RECEIVE PEER SUPPORT WHILE CARING FOR THEIR INFANT.**

Total NAS Cases



Average Length of Stay



	Total NAS Scored	Tx with Methadone	Tx with Morphine	Rebounded	Transfer In	Avg LOS Methadone	Avg LOS Morphine
■ 2014	65	11	6	5	5	37.6	25.4
■ 2015	59	0	12	7	6	0	21.3
■ 2016	86	0	23	13	19	0	21.5
■ 2017	73	0	20	3	10	0	22
■ 2018	86	0	18	5	6	0	19.3

■ 2014 ■ 2015 ■ 2016 ■ 2017 ■ 2018

Successful Outcomes

- **NURSING LED INITIATIVE**
- **PEER RECOVERY COACHES GUIDING PARENTS TO WORK WITH DFCS, NOT AGAINST**
- **PEER RECOVERY COACHES HAVE ACCESS TO RESOURCES THAT HOSPITAL NURSING/CASE MANAGEMENT DO NOT KNOW**
- **PRENATAL CONSULTS ARE BEING DONE WITH NEONATOLOGIST AND PEER RECOVERY COACH DURING PREGNANCY**

Successful Outcomes

- **COMPLETE STANDARDIZATION OF CARE ACROSS THE ORGANIZATION**
 - Order sets, nursing guidelines, patient care practices, family partnership agreement
- **INCREASE IN PARENTS ROOMING-IN WITH INFANT**
- **SUPPORT FOR MOTHERS EVEN IF THE INFANT IS NOT ADMITTED TO NICU**

Successful Outcomes

- **DECREASED LENGTH OF STAY (LOS) =
DECREASED COST OF STAY**
 - NICU costs ~\$3,000/day
 - Decreasing LOS from 37 to 19 days saves
~\$54,000 per infant stay