

The Impact of the Tennessee Initiative for Perinatal Quality Care

“Opioid Use Disorder: Optimizing Obstetric and Neonatal Care” Project - Infant Arm



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PROBLEM

Opioid Use Disorder (OUD) in pregnancy is a significant public health issue crossing every racial and socioeconomic population, resulting in numerous adverse maternal and neonatal outcomes, including preterm labor and birth, stillbirth. A portion of these newborns affected by maternal use of opiates, also referred to as “Opioid Exposed Newborns” (OEN), will also develop clinical signs and symptoms of opioid withdrawal, referred to as Neonatal Opioids Withdrawal Syndrome (NOWS). Statewide, there have been 600 infants with NOWS reported in TN as of Oct 10, 2020 with data suggesting a possible increase for the state this year. This number is a subset of those infants impacted by opioids. COVID has been a considered a contributing factor this potential increase.

ACTION

Starting in spring 2019, 18 hospitals from across the state joined the Tennessee Initiative for Perinatal Quality Care (TIPQC) to improve the identification and care of OEN. Participating hospitals were provided a toolkit, data collection tools, and a road map for implementation. Focus areas were education of providers and parents, improved identification of infants at risk for NOWS, and earlier initiation of appropriate care for the OEN. Teams participated in monthly huddles, quarterly learning sessions, and annual state-wide meetings.

EXPLANATION OF IMPACT

Through October 2020, almost 1,000 OENs were identified and provided care in our participating hospitals. Forty-eight percent of these OEN were clinically diagnosed with NOWS. Thirty percent of the OEN required pharmacologic treatment for their NOWS signs and symptoms. Eighty-seven percent of the OEN were able to room-in with their biological mother for at least a portion of their hospital stay and approximately 70% were discharged home to their biological mother. The median length of stay for those OEN who did not require pharmacologic treatment for signs and symptoms was 5 days, which matches the American Academy of Pediatrics (AAP) guidelines.

WHO WAS RESPONSIBLE

The collaborative and statewide efforts of TIPQC and the participating hospitals have all contributed to this improvement. The participating hospitals are continuing their efforts to implement all of the best practices in the safety bundle with the goal to further improve the process and outcome measures. Especially notable is the education of the providers on potentially better practices, and basic quality improvement processes.

Project Statistics

87%

Opioid Exposed Newborns were able to room-in with their biological mother

70%

Opioid Exposed Newborns were discharged home to their biological mother

Data captured by 16 out of 18 participating hospitals on all OEN born ≥ 35 weeks gestation



CONTACT

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