



Universal Postpartum Naloxone at Hospital Discharge

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The Naloxone Project



The Naloxone Project is a 501c3 organization devoted to ending the opioid overdose crisis through education and naloxone distribution in hospital settings.

Our mission is:

To create a medical system and society that has no stigma, provides naloxone, and saves lives. One that is equitable and sustainable.

Our goal is:

For all hospitals, labor and delivery units, and emergency departments to distribute naloxone to at-risk patients, placing naloxone in patients' hands prior to their departure from the hospital.

Maternal Overdose Matters (MOMs)



Initiative

- Maternal Overdose Matters (MOMs) Initiative aims to provide pregnant and postpartum people and families with naloxone to reduce maternal overdose death, and as a tangible step in reaching out and building connection with people who use substances.
- Nationwide, > 98% of birthing episodes occur in a hospital setting.
- Goal = birthing hospitals provide overdose education and dispense naloxone directly to at-risk pregnant and postpartum patients and families.



Learning Objectives



- National opioid overdose crisis
- Maternal Mortality Nationally and Tennessee
- Naloxone saves lives
- At-risk Criteria for take-home naloxone
- Talking to patients about naloxone
- Educating the patient and family
- Tools available to you



Key Abbreviations



OUD = opioid use disorder

MOUD = medications for opioid use disorder

SUD = substance use disorder

PMADs = perinatal mood and anxiety disorders

MOMs = Maternal Overdose Matters

TiPQC = Tennessee Initiative for Prenatal Quality Care

TNP = The Naloxone Project

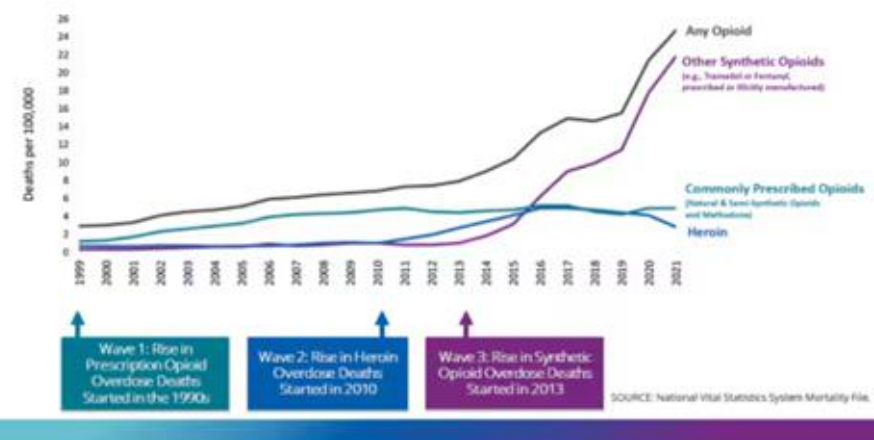
PQC = Perinatal Quality Collaborative

The Opioid Overdose Crisis



- In 2023 the number of overdose deaths surpassed 112,000 in a 12-month period for the first time.
 - 67% of those deaths involved synthetic opioids like fentanyl
- Increased deaths were attributed to fentanyl mixed with other illicit drugs like methamphetamine, cocaine, and heroin, with many users unaware they were actually consuming fentanyl.

Three Waves of Opioid Overdose Deaths



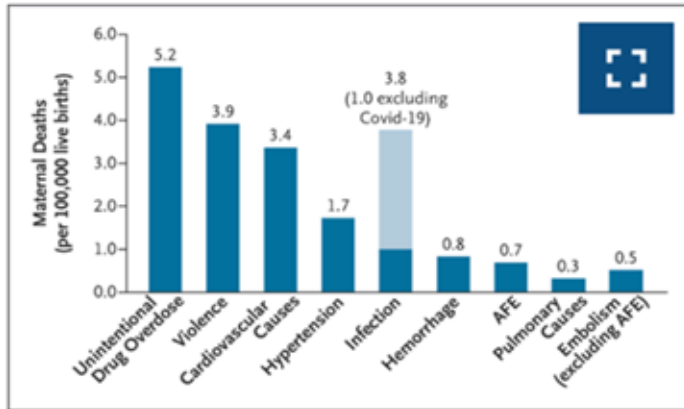
[Opioid Data Analysis and Resources | Opioids | CDC](#)

¹ *Fentanyl awareness*. DEA. (n.d.). Retrieved February 21, 2023, from <https://www.dea.gov/fentanylawareness>.

Maternal Mortality in the U.S.



FIGURE 1



Leading Causes of Death among Pregnant and Postpartum Women in the United States, 2018–2023.

- A national analysis of U.S. death certificate data (2018–2023) shows that unintentional drug overdose is the leading cause of death among individuals who were pregnant or within 42 days after delivery.
- 5.2 deaths per 100,000 live births were due to unintentional overdose – higher than any other cause

Azad et al., *New England Journal of Medicine* study summary (via Drugs.com) Feb 20 2026.

https://www.drugs.com/news/homicide-suicide-overdose-leading-causes-maternal-death-128860.html?utm_source=chatgpt.com

Analysis of maternal causes: accidental overdose, violence, and medical causes. https://reachmd.com/news/new-data-maternal-mortality/2485680/?utm_source=chatgpt.com



Maternal Overdose in Tennessee

- In 2023, Tennessee had 3,616 fatal drug overdoses and at least 25,779 non-fatal drug overdoses.
- Substance use disorder is a leading cause of death among pregnant and postpartum women in Tennessee.
 - Between 2020 and 2022, 34% of deaths among pregnant or postpartum women (within one year of childbirth) were due to drug overdose, up from 20% in the 2017-2019 period.





Four in five pregnancy-associated deaths in the United States are preventable



Substance Use in Perinatal Period



- Substance use ranges from 6% for illicit substances up to 23% for tobacco use
 - Worldwide prevalence of opioid use in pregnancy ranges up to 21%
- Alcohol, tobacco and marijuana are the most commonly used substances, followed by stimulants and opioids
- Special focus on opioids based on the unique risk of overdose and death

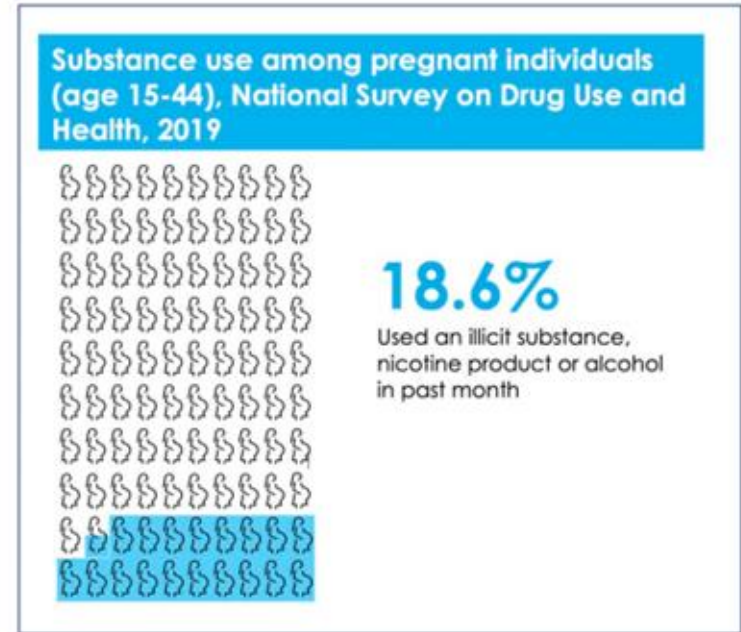


Fig. 1. Proportion of pregnant individuals with past-month substance use, National Survey on Drug Use and Health, 2019.

Smid. *Substance Use Disorders Management in Perinatal Period.* *Obstet Gynecol* 2022.

Common Gaps/ Perceived Barriers



- Awareness
- Stigma and bias
- Dyadic complexity
- Staff capacity
- Silos within systems, hospitals, patient care groups
- Chasm between inpatient and outpatient care
- Few peer voices at the table currently
- Real or perceived lack of outpatient treatment services for continuation of care
- Mandatory reporting requirements create a punitive environment rather than therapeutic
- States that haven't expanded Medicaid access
- Funding for QI work and technical assistance



Why Naloxone?

Empowering Patients

Equipping patients and their loved ones with naloxone empowers them to take an active role in preventing overdose tragedies.

Risk Reduction

Opioid prescriptions, even for legitimate pain management, carry a risk of overdose. Accidental misuse or unforeseen interactions with other medications can be life-threatening.



Reduced Stigma

Normalizing the distribution of naloxone alongside prescriptions can help reduce the stigma associated with addiction and encourage open communication about risks.

Why Take Home Naloxone?



- Prescriptions are being written, but not often filled:
 - One study showed the fill rate for naloxone being $< 1.0\%$, even for patients who presented with more than one overdose episode.²
 - Another suggested that $< 2\%$ of people who had at least one of the main risk factors for opioid overdose had filled a prescription for naloxone.³
- Placing naloxone in the hands of at-risk patients upon discharge removes the current barriers to treatment.
 - Naloxone decreases unsafe drug use (both RX & illicit)
 - Improves chances people will see recovery
 - Decreases overdose by 20–30%

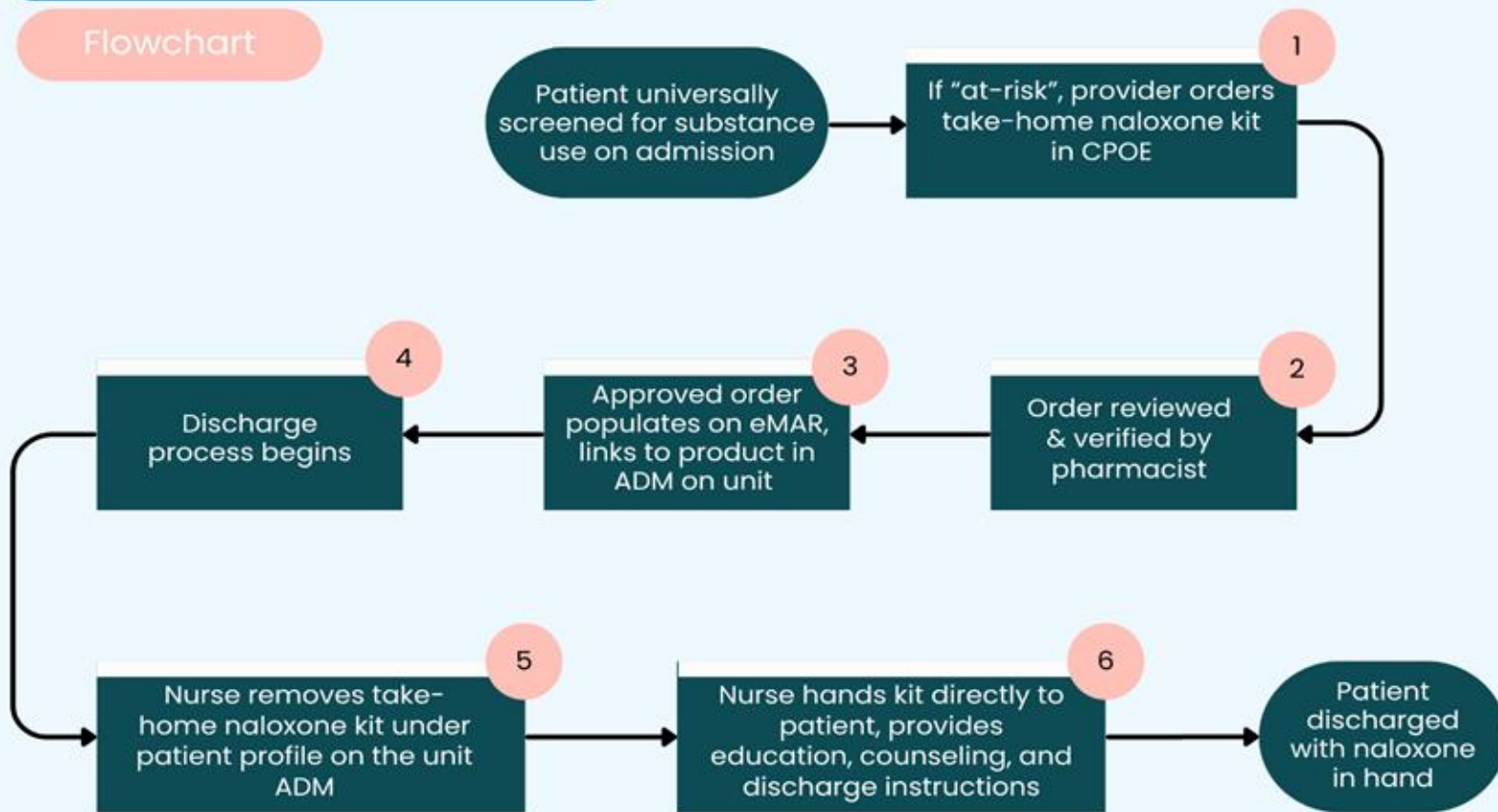


2 Ruff AL, Seiler K, Brady P, Mark Fendrick A. Naloxone fill rates after opioid overdose. Journal of Addiction Medicine and Therapeutic Science. 2019;5(1):001-002 <https://www.peertechzpublications.com/articles/JAMTS-5-127.php>

3 Uofmhealth.org. Accessed April 19, 2021. <https://labblog.uofmhealth.org/rounds/drug-could-save-their-lives-but-less-than-2-get-it>.

NALOXONE DISPENSING

Flowchart



“Opt Out” Universal Naloxone Distribution Program



Our hospital is participating in a project to make naloxone available for all people who come through our birthing unit and OB clinics. Accidental overdose is one of the leading causes of maternal death, and having the opioid overdose reversal medication more widely available in our community is one important step to prevent these accidental deaths.





At-Risk Criteria

- Are receiving or have received medical care for opioid intoxication or overdose in the past (OB ED)
- Use any type of illicit substances, including but not limited to fentanyl, heroin, methamphetamine, cocaine
- Are starting or being treated with methadone or buprenorphine treatment for opioid use disorder
- Are prescribed any amount of opioid medication on a chronic basis
- Are receiving a new opioid prescription for pain (e.g., after C-section)
- Have resumed opioid use after a period of abstinence (e.g., following birth of child, a recent release from jail or prison, or a recent discharge from a hospital or drug treatment facility)
- May experience neonatal opioid withdrawal syndrome
- Have a family member with any of the above conditions





Talking to Patients

- Bringing up naloxone is not “accusing” people, or assuming they will experience an overdose event.
- Naloxone is recognizing that one of the most serious complications from using substances can be overdose and that the vast majority of overdoses/poisonings are accidental.
- Fentanyl in the substance supply in this country has increased the risk for accidental opioid poisonings.
- “I want you to have this medicine to save your life or someone else’s life. Just like if I was aware you had an allergy to bees, I would give you an EpiPen to prevent harm to you from living in a world with bees”.



Naloxone Scripting

Introducing naloxone to perinatal patients

Normalize naloxone as part of comprehensive medical care for pregnant person/infant.



“Our hospital is participating in a project to make naloxone available for pregnant and parenting people who come through our obstetrical unit. Accidental overdose is one of the leading causes of maternal death in our state, and having the overdose reversal medication more widely available in our community is one important step to prevent these accidental deaths. Can I tell you more about naloxone and send you home with a free medication kit?”

Naloxone Scripting



Establish a rapport with the mom and family

- Foster trust by eliminating judgement.
- Make the patient's and baby's health and safety the #1 priority.
- Don't use stigmatizing language.

“As your nurse, I am worried about you, your risk of accidentally overdosing, and well-being of you and your baby. I want to make sure that you and your family are safe and have the medicines needed to reverse an overdose. Just so you know, I always carry naloxone too.”





Naloxone Scripting

People with positive substance use screen/known SUD

“Do you have a naloxone kit at home already?” Either way, offer a take-home kit.



“Even though naloxone only reverses opioid overdose, more and more people are at risk for fentanyl exposure given the changing drug supply in the community. With the increase in fentanyl we are now recommending that people with any substance use, not just opioids, have a naloxone kit available in case of emergency.”



Naloxone Scripting

People already in treatment, especially if receiving methadone or buprenorphine treatment

“Congratulations on your recovery! Many treatment providers already provide their patients with naloxone; do you have a kit at home already?”

Responding to “why do I need this if I’m sober” concerns:

- In case anyone else, especially children, got into your medication
- In case of medication interactions, side effect if ill, accidentally took extra
- For anyone else who might need it in the community “As a person in recovery, you might be in the best position to recognize a person at risk of experiencing an overdose and respond to that medical emergency.”





Naloxone Scripting

Loved Ones of People with Substance Use

“One of the scariest things about loving someone with substance use disorder is worrying about them having an overdose. I want you to have this opioid reversal medication in case of emergency.”

“If your loved one would like this naloxone kit, it is okay for you to give it to them. You are able to get another kit at the pharmacy or have your doctor send in a prescription.”

“It takes a village to raise a child. If someone in your village uses substances, let’s make sure you have naloxone on hand to keep them, you, and your family safe.”

[Scripting Suggestions for Naloxone](#)



Language



Stigmatizing Language to Avoid



Addict →
Alcoholic →
Drug problem, drug habit →
Drug abuse →
Drug abuser →
Clean →
Dirty →
A clean drug screen →
A dirty drug screen →
Former/ reformed addict/ alcoholic →
Detoxification →
Opioid replacement, methadone
maintenance, medication assisted treatment

Person First Language to Use Instead



Person with substance use disorder
Person with alcohol use disorder
Substance use disorder
Drug misuse, harmful use
Person with substance use disorder
Abstinent, not actively using
Actively using
Testing negative for substance use
Testing positive for substance use
Person in recovery, person in long-term recovery
Withdrawal Management
Medications for Opioid Use Disorder (MOUD)

Person-First Language



- Places the person with the substance use first, not their disorder
- Reinforces use of accurate medical terminology, not colloquial language
- Clarifies that we are connecting with a person/pregnant person/other/infant/family, which is our area of expertise
- Consistent use of person-first language by health care providers can start to make amends for the ways in which people with substance use have been mistreated by the health care community
- Retrains ourselves and colleagues towards reducing harms



Naloxone Patient and Family Education

Naloxone will come in a kit, which will contain one 4 mg dose and resources

- Ensure you review instructions with family members in detail
 - Do not open sealed package to demonstrate, use trainers on unit
1. Remove naloxone nasal spray from the kit
 2. Hold the naloxone with your first and middle fingers on either side of the nozzle
 3. Tilt the person's head back and gently insert the tip of the nozzle into either nostril until your fingers are against the bottom of the person's nose
 4. Press the plunger firmly with your thumb to give the dose of naloxone
 5. If individual is unresponsive after 2-3 minutes, repeat steps 1-4 in opposite nostril





Naloxone Patient and Family Education

Ensure the mom and family can recognize an overdose

- Is the patient/family familiar with signs of an overdose?
- Use an educational handout to reinforce knowledge.

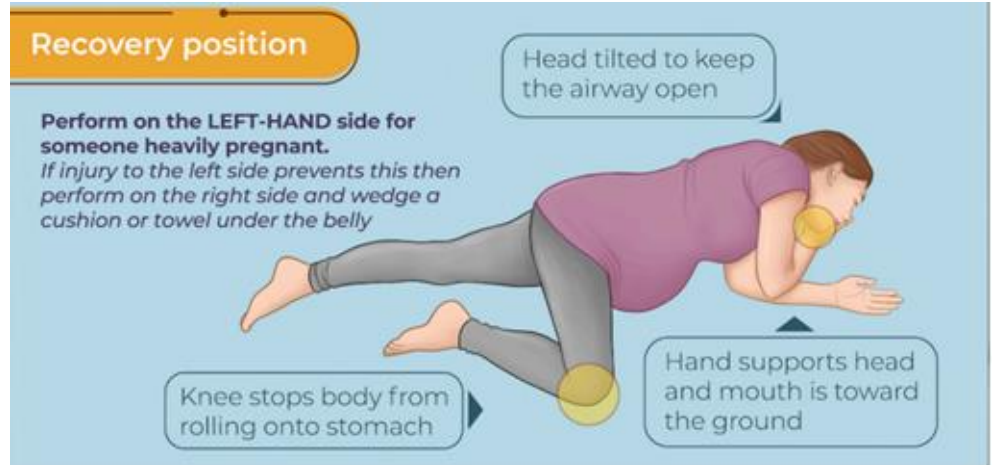
“Would you know how to recognize an overdose? [Allow the patient or family to answer. Provide information and correct beliefs that may be factually incorrect.] The biggest mistake we see is people thinking that a person is simply sleeping and that they just need time to sleep it off, put them in a cold shower, etc – it’s important that if you’re ever in doubt, you try to wake a person up.”





Naloxone Patient and Family Education

- Be sure to use the informational handout in the naloxone take-home kit to guide education of patient and family.
- Be sure to include the following in your education:
 - Identification of person to administer and importance of educating them on how to administer
 - Risk factors of opioid overdose
 - Prevention of opioid overdose
 - Recognition of opioid overdose
 - Need to call 911 if naloxone take-home kit is administered
 - How to provide rescue breaths
 - Recovery position





Is naloxone safe to administer to a pregnant individual?

Is naloxone safe to administer to an infant?

Is naloxone safe to administer, even if you don't know what the individual has consumed?

Naloxone Safety



Naloxone is SAFE for all.



- Safe and effective for all!
 - Pregnant person
 - Fetus
 - Lactating person
 - Young child/toddler/infant
 - Geriatric
 - Pet
- Will not cause harm if opioids were not ingested
- Will help restore breathing if opioids were ingested
- Call 911!!

Leading Your Community



How can your hospital, clinic, health system, YOU lead the surrounding community in welcoming and providing treatment and perinatal care to pregnant and parenting patients and families affected by substance use?

Dying for Care – Ending the Stigma of Addiction for Pregnant Persons **[video here.](#)**

Patient Education- Toolkit



- [Guide to Your Take-Home Naloxone Kit](#)
 - [Spanish - Guide to Your Take-Home Naloxone Kit](#)
- [Guide to Take-Home Naloxone for Patients with Chronic Pain](#)
 - [Spanish guide to patients with chronic pain](#)
- [Guide to Take-Home Naloxone for Patients with Acute Pain](#)
- [Guide to Take-Home Naloxone After Opioid Overdose](#)
 - [Spanish guide to using naloxone after opioid overdose](#)
- [Guide to Take-Home Naloxone and Preventing Overdose in People who Inject Substances](#)
 - [Spanish guide to preventing overdose in people who inject drugs](#)
- [Narcan Quick Start Guide - English](#)
 - [Narcan Quick Start Guide - Spanish](#)
- [Overdose and Naloxone Information for Patients](#)

Staff Education Tools



- [Talking to Moms: A 5-Step Guide to Successful Conversations](#)
- [Scripting Suggestions for Naloxone](#)
- [Naloxone Take-Home Kits: Tip Sheet](#)
- [Opioid Use Disorder and Pregnancy Facts - ACOG](#)

Contact Us!



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