Maternal Medication Assisted Treatment Program

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Background

According to recent Washington state data, the leading underlying cause of preventable pregnancy-related deaths is behavioral health conditions, including opioid-related overdose. Best evidence for treatment of opioid use disorder includes Medication Assisted Treatment (MAT) which provides a prescription for medication, such as buprenorphine or methadone. Patients receiving MAT treatment may avoid complications such as overdose and death. However, for pregnant and post-partum people treated in a 650-bed hospital in Washington, no formal program or policy existed to screen for and treat substance use disorder. A needs assessment revealed caregiver knowledge gaps and implicit bias were barriers to implementing this best practice change.

Purpose

The purpose of this project was to create evidence-based education for staff as well as for the providers from maternity clinics on implicit bias and trauma-informed care to be delivered to interprofessional, maternal care providers as a first step to implementing a Maternal Medication Assisted Treatment (MMAT) approach.
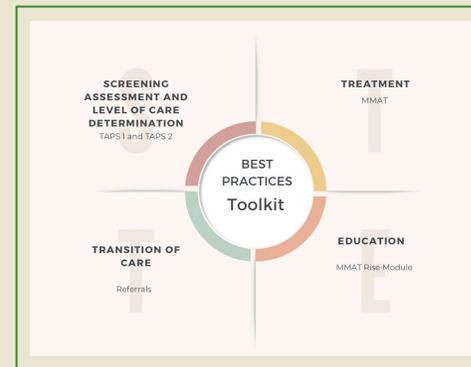
Methods

Our team was awarded a Department of Health Maternal Behavioral Health Grant for our project. This covered the MMAT Coordinator role which oversaw the new MMAT Program and the creation of the modules. A team of nurse-led professional development specialists partnered with an interprofessional team to create evidence-based implicit bias and trauma informed care modules. The target audience was Providers (Obstetricians, Certified Nurse Midwives, Family Practice Physicians, Nurse Practitioners, Pediatricians), RN staff, Staff Clinics, Clerks/Secretaries. For those outside of the organization, the modules were accessed with a separate link. The education was online and thus easily assigned as a learning task to employed caregivers on a 44-bed perinatal care unit. The course was proposed to consist of seven modules, taking approximately 90 minutes to complete and caregivers would be eligible to apply for continuing education credits.

Implications for Practice

Inpatient perinatal settings are opportunities for those with substance use disorder to seek treatment. Treatment engagement is more likely when caregivers practice trauma-informed care and minimize implicit bias. Ensuring all caregivers review evidence-based education and make subsequent practice changes may translate to best outcomes among hospitalized pregnant people with substance use disorder.

Results

The education was developed in March 2022 after review of relevant literature and stakeholder input. The content included a module on implicit/explicit bias focusing on why the language caregivers use toward maternal patients with substance use disorder matters and modules containing video clips highlighting evidence-based programs on the unit such as Eat, Sleep, Console, and TeamBirth. Embedded within the content were also local community resources for additional support post-discharge. Separate resource sections for Providers and RNs followed the modules with prescribing links, screening tools, and inpatient pathways. Knowledge checks on each major concept encouraged engagement. Our team plans to assign the modules to all caregivers in May 2022, invite feedback and complete the program evaluation.

SCREENING ASSESSMENT AND LEVEL OF CARE DETERMINATION — TAPS 1 and TAPS 2

TREATMENT — MMAT

BEST PRACTICES Toolkit

TRANSITION OF CARE — Referrals

EDUCATION — MMAT Rise Module

Discussion

Research into existing material on the topic of medication assisted treatment (MAT) revealed a substantive RISE module created by the Providence Behavioral Health team that included discussion about implicit and explicit bias which we were able to incorporate into our new module addressing maternal MAT. We also identified that screening tools (TAPS 1 and TAPS 2) were already built into EPIC, but not consistently used by staff. Other facilitators included Providence resources; Media Services, CME Coordination and Learning Development to build the module with the content we provided. We found many community referral opportunities who were very eager to collaborate; Maddie's Place, Early Support for Infants and Toddlers, Perinatal RISE. Barriers to our work included Covid restrictions which caused us to refocus our delivery of information from in-person as originally designed to virtual only. We also had to operate within budgetary and time restraints as outlined by the grant we received. We anticipate future work to include data collection through the Maternal Data Center and participation in the Substance Use Disorder Collaborative.

Acknowledgements

We would like to acknowledge all our partners that we named throughout this presentation. The Washington Department of Health-Maternal Behavioral Health Grant and the patients and the families we are privileged to serve.

For references and additional information, please use the QR code above to view the electronic poster online.