

Community Partners for Plan of Safe/Supportive Care (POSC) Development

Aug 28, 2019 webinar



PRESENTERS

Community Partners for POSC Development

○ **Recovery Coaches**

- **Cheri Bryer** - Recovery Coach, DHMC Purple Pod, Inpatient Units, Moms in Recovery

○ **Home Visiting / Family Support Programs**

- **Maryann Evers LICSW** – Director of Family Support Programs, Waypoint

○ **Family Resource Centers**

- **Karen Jameson BS, MEd, RN**; TLC Family Resource Center, Nurse Case Manager (*developed content; presented by TLC colleague on Karen's behalf*)

○ **Women, Infants, and Children (WIC)**

- **Wanda King, RN, BSN, ACM** - Vermont Dept of Health WIC Program, Public Health Nursing Supervisor

○ **Recovery Friendly Providers/Practices**

- **Holly Gaspar MED, MPH** and **Dr. Steve Chapman** - Recovery Friendly Practices
- **Dr. Mary Bender** – Mt Ascutney Pediatrics
- **Dr. Alena Shoemaker** – DHMC Family Medicine at Heater Road



QUESTIONS ASKED OF OUR COMMUNITY PARTNER PRESENTERS

- **How can you / your community program help support substance-exposed mother-infant dyads and families in developing their POSC?**
- **How can prenatal clinics and birth hospitals best partner with you / your community support program to help develop, communicate and reinforce the POSC for substance-exposed mother-baby dyads?**

Prenatally, during the birth hospitalization, on/after discharge to home?



RECOVERY COACHES

Cheri Bryer, Recovery Coach

DHMC Purple Pod, Inpatient Units, Moms in Recovery



MY COACH IS NON-JUDGMENTAL
AND I APPRECIATE THAT THEY
RELATE TO MOST THINGS I AM
EXPERIENCING BECAUSE THEY
HAVE EXPERIENCED SIMILAR
SITUATIONS, THOUGHTS AND
EMOTIONS.



WHAT CAN RECOVERY COACHES OFFER MOMS?

Prenatally:

- **Meet her at the prenatal visit, introduce myself, say that I am in recovery myself and a mom.** I would introduce my role as a recovery support person.
- **Try to support her concerns about being on MAT.**
- **Offer her our Moms in Recovery (MORE) program** at Dartmouth-Hitchcock, reviewing what it has to offer.
- **Answer questions about weaning off MAT**, and share that it is a dangerous time to wean off during pregnancy. Would discuss that relapse during pregnancy is much more dangerous than staying on MAT.
- **Answer any questions she has about NAS**, and/or refer her to the right person if not able to answer questions.
- **Talk about her concern regarding reporting** – explaining that if you are in a MAT program and doing really well, not having any positive urines, then likely would not be reported (unless other significant concerns present).
- **Check in at prenatal visits, see how she is doing, what supports she has**, was she going to meetings, does she have a sponsor, recovery-related resources ...
- **Later in pregnancy, go over parent education “ESC folder”**, talking about NAS again



WHAT CAN RECOVERY COACHES OFFER MOMS?

During the birth hospitalization:

- **I would go visit her on the Birthing Pavilion.**
 - **Ask her if she was having any triggers or cravings**, and let her know that meds during birth may trigger these
 - **Talk about the potential for NAS symptoms in baby** – tremors, stiff muscle tone, fussiness. Tell her how skin to skin, cuddling, having baby in a darkened room with you helps the baby. Tell her to have her visitors on the first day, as the 3rd to 4th days are the hardest. Keep it as quiet as possible, without a lot of stimulus in room.
 - **Share the eating sleeping consoling diary**, saying that they will be the ones primarily seeing if their baby is having problems and can keep track of them.
 - **Share that parents really like that they have so much involvement in their child's care** that makes them feel at ease.
 - **Would try to explain that I haven't seen that many babies need medicine for withdrawal symptoms using the ESC approach.**



HOW WOULD YOU HELP SUPPORT A MOM WHO WAS ACTIVELY USING / NOT YET IN RECOVERY?

- **Meet her where she is at.**
- **Offer her referrals, residential care, MAT, Moms in Recovery.**
- **Under assumption that DYCF is contacted, share that our program / providers will try to work as close as possible with DYCF to help keep moms and babies together or reunify them as soon as possible.**
- **Help mom work through DYCF process.**
- **Offer to go to court with moms to be a support person.**
 - As a parent/mom, it is a horrible experience to go into a court room to sit there and hear awful things said about you by DCYF / others
 - It is a very emotional process & hard to stay sober after hearing these things, & especially hard if baby is removed from you



HOW WOULD YOU RECOMMEND THAT CARE PROVIDERS APPROACH CARE FOR A PATIENT WHO IS NOT YET IN RECOVERY?

- **No matter, remember that she is a human being.** Treat her with dignity and empathy.
- **Try not to have judgment for decisions she has made.**
- **Try to understand that she likely already feels ashamed and guilty.** If she has a moment of clarity, she probably feels disgusted with herself. We can't understand how she is truly feeling inside and shouldn't assume.
- **The big missMy wish would be for providers to offer special support for moms that haven't had ideal outcomes.** ing piece is the support that they don't get.
- **Help to put the right supports in place for moms,** recognizing that there is a high risk for relapse for women after delivery especially when baby is removed from their custody.



HOME VISITING PROGRAMS

- **Maryann Evers LICSW** – Director of Family Support Programs, Waypoint



WAYPOINT

Help Along the Way



HOME VISITING / FAMILY SUPPORT PROGRAMS

- **2 major models of home visiting focused on prenatal and early parenting families in NH:**
 - Home Visiting New Hampshire
 - Healthy Families of America
- **Services available across state & provided by local community nonprofits like Family Resource Centers**
- **Both models include home visits from a nurse and a social worker/parent educator**
- **Models vary in length & intensity but are focused on the same goals**



HOME VISITING / FAMILY SUPPORT PROGRAMS

○ Goals

- **Understand and support 5 family protective factors proven to be instrumental in reducing poor outcomes for children (e.g., child abuse / neglect) and in supporting positive outcomes (e.g., improved school attendance / performance):**
 1. **Parental resilience**
 2. **Concrete supports in time of need**
 3. **Knowledge of childhood development and parenting**
 4. **Social connections**
 5. **Social emotional competence of children**

○ Training / qualifications:

- **Typically bachelor level in a human services related field (e.g., child development, social work **models** and/or psychology)**
- **Trained in parent education (e.g., Parents as Teachers, Growing Great Kids, Healthy Families America, Positive Solutions)**



HOME VISITING / FAMILY SUPPORT PROGRAMS

- **Provide support & psycho-educational materials focused on child development & behaviors**
- **During visits observe and promote healthy parent-child relationships(serve and return)**
- **Intervene early in family problems** (e.g., interpersonal violence, substance use, maternal depression) with referrals to specialists
 - **screenings for developmental delays, depression, interpersonal violence, smoking**
- **Celebrate and encourage families' skills at successful parenting**



WHAT CAN HOME VISITING OFFER MOMS AND FAMILIES?

Healthy Families America (evidence-based program) & **Home Visiting New Hampshire (HVNH)**:

- **Periodic visits from trained social worker:** One to four times/month
- **Visits with HVNurse:** Once monthly
- **Have mothers sign releases & then reach out to medical providers to “stay in touch”**

Prenatal visits focus on supporting prenatal care and planning for healthy birth:

- **Provide help with concrete needs** (e.g., stable housing, healthy food options, transportation, etc)
- **Help connect mothers/families with community resources**(provide transportation to appointments with city welfare, foodbanks, WIC)
- **Provide calendars to help families keep track of appointments**
- **Provide baby necessities** (e.g., crib, bassinette, strollers, clothing) & clothing for mom, as needed

During the birth hospitalization:

- **Home visitors will assist in discharge planning** as part of family’s supportive plan of care to assist with developing safe transition to home
- Bring "baby bundles",



WHAT CAN HOME VISITING OFFER MOMS AND FAMILIES?

After transition to home:

○ **Healthy Families America**

- **Stays with family until the child turns three**
- **Monitors child development** (social, emotional and physical)
- **Helps parents tune into their baby's needs and messages**
- **Promotes optimum growth & well being**
- **Celebrates family successes & supports them in times of need**

○ **Home Visiting New Hampshire (HVNH)**

- **Stays with family through child's first birthday**
- **Focuses on same goals** with same team of nurses & social workers
- **Uses evidence-based model "Parents as Teachers"**

*Recently, NH legislation passed that loosens restrictions on this service.
Current efforts underway to develop new guidelines for HVNH providers*



HOW CAN PRENATAL CLINICS AND BIRTH HOSPITALS BEST PARTNER WITH HOME VISITORS FOR POSC DEVELOPMENT?

- **Send prenatal referrals to HV organizations** (include pertinent information about family that would be helpful for HV to know)
- **Discuss benefits of HV in prenatal appts** – normalize home visiting with language that normalizes help as part of the standard of quality care for families, not as something that someone is being singled out for due to a problem
- **Reinforce benefit of HV at appts.**
- **Include discussion of HV in prenatal education** (parenting classes, breastfeeding classes, CBE classes)
- **Add HV referral to prenatal care/education checklist**
- **Add HV referral to discharge planning/transition to home checklist**
- **Invite local HV organization to speak with nurses/providers/staff** in team meeting, lunch n' learn etc.
- **Invite local HV organization to visit prenatal and pp groups / recovery groups**
- **Invite moms who have had experiences with HV to share their stories at groups**



FAMILY RESOURCE CENTERS

Karen Jameson BS, MEd, RN

TLC Family Resource Center, Nurse Case Manager



WHAT CAN FAMILY RESOURCE CENTERS (FRCs) OFFER MOMS AND FAMILIES?

Prenatally:

- FRC staff provide frequent home visits starting as early in pregnancy as possible. These visits allow a rapport to be built and trust in sharing challenges faced by the family.
- Using this rapport, FRC staff can work with the family to address issues surrounding SUD, and support and reinforce work being done on the POSC by prenatal providers and staff at the birthing hospital.

Postnatally:

- FRC staff provide frequent home visits (usually weekly) and can assess safety in the home & collaborate with medical providers and families around challenges identified.
- Concrete assistance in solving barriers to success is provided (e.g., how to access Medicaid transportation to get to appts, help with securing food at various pantries, preventative childcare funding to enable parents to attend counseling or treatment programs).



HOW CAN PRENATAL CLINICS AND BIRTH HOSPITALS BEST PARTNER WITH FRCs FOR POSC DEVELOPMENT?

Prenatally:

- Frequent communication with FRC staff to ensure all issues have been identified and continuity of care is occurring
- Co-strategize for who will address what issue – e.g., CHWs & MSWs co-strategize with FRC for who will address housing vs food insecurity, mental health, other individual needs identified, etc.

During the birth hospitalization/at time of discharge:

- Phone call with FRC staff to review:
 - Fact that POSC has been completed and whether mother/caregiver has authorized sharing of the POSC by signed release
 - Whether a DCF/DCYF referral is being/was made
 - What FRC visit schedule will look like immediately postpartum
 - Any issues the baby/mother/family is having that will require additional support
- Communication of POSC to FRC with mother's permission/signed release



WOMEN, INFANTS, AND CHILDREN (WIC)

- **Wanda King, RN, BSN, ACM** - Vermont Dept of Health WIC Program, Public Health Nursing Supervisor

WIC's Mission

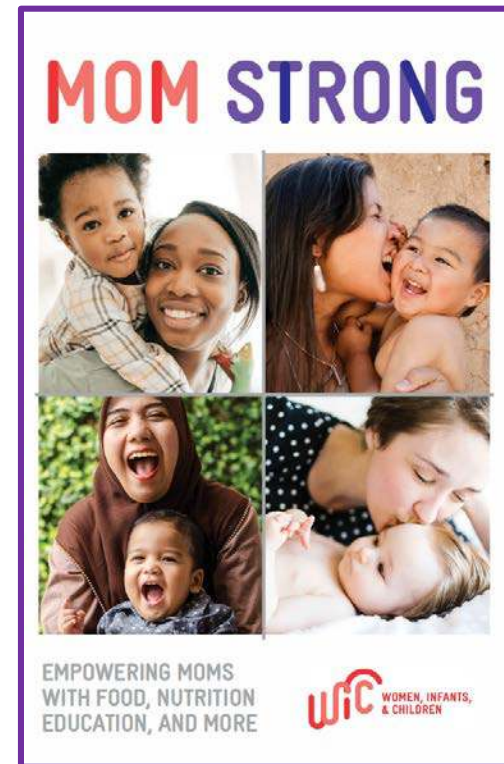
To assure healthy pregnancies, healthy birth outcomes and healthy growth and development for women, infants and children up to age 5 who are at nutrition risk, by providing nutritious foods to supplement diets, information and education on healthy eating, and referrals to health care and critical social services.



WHAT CAN WIC OFFER MOMS AND FAMILIES?

Prenatally:

- Offer appt within 10 days of referral / connection to mom:
 - Perform prenatal assessment: Height & weight, iron testing, nutrition review
 - Provide in-person nutrition and breastfeeding education
 - Offer referrals to community partners
- Engage again 6-12 weeks later for follow up education either in person or over phone (this is the education requirement to continue their food benefits)
- Additionally, can provide online nutrition & breastfeeding education
- Offer Health Foods including a wide range of healthy foods that are purchased at grocery store



WHAT CAN WIC OFFER MOMS AND FAMILIES AFTER THE TRANSITION TO HOME?

Provide Nutrition Education

- Personalized nutrition counseling
- Online nutrition resources
- Monthly classes on a wide-range of topics

Provide breastfeeding support to help moms meet their goals

- Breastfeeding education / classes
- 2 CLCs for basic breastfeeding support
- Breastpump assistance if moms don't qualify in another way
 - *Mom needs to be seen at 1st post-partum WIC appt before pump issued
 - Assess for use of pump monthly, can't receive >50% formula allotment

Provide a wide range of healthy foods

- Infant formula if mother unable to breastfeed
 - *Mom-baby dyad will need to be seen at appt before formula can be supplied
- Monthly benefit to buy wholesome foods at the grocery store
- Summertime farmers' market coupons

Provide referrals to Health and Community

- Connect moms/families to prenatal or pediatric care, dental care, immunization and social services (e.g., Children's Integrated Services (CIS), Good Beginnings of the Upper Valley)

WHAT FOODS DOES WIC OFFER?*

The WIC food package includes a variety of healthy options to help pave the way for a lifetime of nutritious eating.



*Check your state for specific guidelines.

HOW CAN PRENATAL CLINICS AND BIRTH HOSPITALS BEST PARTNER WITH WIC FOR POSC DEVELOPMENT?

Prenatally:

- **Refer early in pregnancy:** The earlier we can engage with a pregnant woman, the more we can assist with nutrition support and community referrals
 - OB Providers/Prenatal Clinics: Send mother's name and contact info on referral form and WIC will attempt to engage with mother
 - Mothers can also reach out to their local health dept office via phone/text/email to make an appt
 - Eligibility assessed based on income or inclusion in 3squares VT, Medicaid/Dr. Dynasaur, or Reach up

During the birth hospitalization / at time of discharge:

- Make referrals – educate mom re: benefits including nutrition education, food packages, breastfeeding support, community supports
- Alert WIC to birth of baby
- Provide family's contact info
- Help make first appt (and/or WIC will reach out to make post-partum appt)

7 MILLION WOMEN, INFANTS, AND CHILDREN GET WIC BENEFITS. ARE YOU ELIGIBLE?

WHAT IS WIC?

WIC is the nation's most successful public health/nutrition program. We provide healthy food, nutrition education, and community support to income-eligible pregnant women, moms of infants, and children up to 5 years old. With WIC, you:

- get healthy food and tips on how to prepare it
- keep other moms as well as nutrition and breastfeeding experts for help and support.
- find out about other local services such as dental care and immunizations.

WHO IS ELIGIBLE?

- Pregnant women
- Mothers of babies up to 3 months old
- Mothers who are breastfeeding babies up to 12 months old
- Kids up to 5 years old

HOW CAN I FIND OUT MORE?

CALL VISIT



WE'RE HERE FOR YOU

Did you know WIC offers the following?



HEALTHY FOOD + NUTRITION TIPS

- We help you feed your kids nutritious meals. We provide:
- monthly vouchers to buy healthy food.
 - tips on how to shop for healthy food, how to cook it, and how to encourage your kids to eat it.
 - a larger food package if you breastfeed exclusively to help you stay healthy.



A COMMUNITY OF SUPPORT

- We offer a network of experts and peers for education and guidance:
- nutritionists to help you and your baby eat well
 - breastfeeding specialists to help you breastfeed successfully
 - other moms for sharing experiences and for mutual support



REFERRALS:

- We introduce you to care beyond WIC, including:
- healthcare professionals such as pediatricians and dentists
 - community services
 - other social services

WIC is administered by the United States Department of Agriculture (USDA) for USDA, and is implemented in partnership with the United States Department of Health and Human Services (HHS) for HHS. WIC is a federal program that is administered by the Department of Health and Human Services (HHS) in partnership with the United States Department of Agriculture (USDA) for USDA, and is implemented in partnership with the United States Department of Health and Human Services (HHS) for HHS. WIC is a federal program that is administered by the Department of Health and Human Services (HHS) in partnership with the United States Department of Agriculture (USDA) for USDA, and is implemented in partnership with the United States Department of Health and Human Services (HHS) for HHS.



Who's eligible?

Participation in
Medicaid or
Dr.Dynasaur,
Reach-Up or
3SquaresVT =
Adjunct income
eligible for WIC.

WIC WOMEN
INFANTS
CHILDREN

VERMONT DEPARTMENT OF HEALTH

HOW CAN PRENATAL CLINICS AND BIRTH HOSPITALS BEST PARTNER WITH WIC FOR POSC DEVELOPMENT?

- Include home visitors in the planning for these dyads**
 - Discuss prenatally, during birth hospitalization and at time of discharge (if extra communication needed)**
- Have parents sign release, if not yet signed, to speak to each other during varied time points**
- Provide parents with contact information for 211, Children's Trust, Family Support New Hampshire to identify additional supports in a family's community – especially for Family Resource Centers that have developed programming specific to the needs of families with substance use disorder**



RECOVERY-FRIENDLY PRACTICES

- **Holly Gaspar, MED, MPH;** Community Health Partnership Coordinator, Community Health Improvement
- **Steve Chapman, MD;** Academic Pediatrics, Dartmouth Hitchcock Medical Center; Director, Boyle Community Pediatrics Program; President, NH Chapter AAP

We are so happy you're here.



WHAT CAN RECOVERY-FRIENDLY PEDIATRIC PRACTICES OFFER SUBSTANCE-EXPOSED MOTHER-INFANT DYADS?

Prenatally:

- A collaborative team approach
- A connection to community resources to prepare and build supports for the entire family
- An opportunity to connect to soon-to-be pediatrician

During the birth hospitalization:

- Willingness for a team connection-hand off from the BP to the pediatric team where the child will be seen



AFTER THE TRANSITION TO HOME ...

- **A strong link to the baby's healthcare team** so that families can be sure to have wraparound support in whatever door they are entering through:
 - Within clinic teams
 - Clinic-to-community teams
 - Family within teams
- **Engage family in care with pediatric team** (staff education, between appointment phone calls to connect with families)
- **Facilitate presence of Community Parent Child Centers & Family Resource Centers** at the clinic location to provide connection to community resources and build relationships with clinic teams (Soon to have WIC joining this effort at DHMC)
- **Provide dyadic care approaches:** Care for mom needs along with caring for baby
- **De-stigmatizing approaches to care:** Use strength-based, nonjudgmental approaches



HOW MIGHT PRENATAL CLINICS/BIRTH HOSPITALS BEST PARTNER WITH PRIMARY CARE CLINICS / PROVIDERS TO HELP ENSURE SAFE TRANSITIONS TO HOME FOR SUBSTANCE-EXPOSED MOTHER-BABY DYADS?

Prenatally:

- Connect teams together – OB, Inpatient, Community Supports, Outpatient

During the birth hospitalization / at time of hospital discharge:

- Clear and consistent handoffs between teams and to community practices
- Signed release forms prior to the baby leaving for connected services and back to the practice
- Established community connections for families prior to discharge



RECOVERY FRIENDLY PRIMARY CARE PROVIDERS

- Dr. Mary Bender, Mt Ascutney Pediatrics



Mt. Ascutney Hospital
and Health Center
Dartmouth-Hitchcock



WHAT RECOVERY-FRIENDLY PEDIATRICIANS CAN OFFER

Prenatally:

- A non-judgmental “open and accepting” team ... secretaries, nurses, providers who recognize that the most important thing for the baby’s well-being is having parents in stable recovery, also recognizing that addiction is a chronic relapsing disease
- Knowledge about local resources + good collaboration with local addiction specialists hub/spoke, CIS/Pathways, DCF/DCYF, HCRS/WCBH
- Prenatal interview with pediatrician if family desires

During the birth hospitalization:

- Being eager for updates on how baby/mom are doing



AFTER TRANSITION TO HOME / IN THE PEDI CLINIC

- **“Arms wrapped around” approach:**
 - See dyads more frequently than “typical” pedi care
 - Screen for DV, housing insecurity, food insecurity, post-partum depression and anxiety
 - Perform co-visits with DULCE (Developmental Understanding and Legal Collaboration for Everyone) family specialist for the first 6 months (a CIS employee who provides parenting support and connects families to existing community resources)
 - Low threshold to refer moms to our embedded family wellness therapist (or doing co-visit) for treatment of anxiety and depression
- **Recovery-friendly language:** asking how recovery is going, asking how they are doing with MAT/would they be a candidate for OUR MAT (“Family Support Clinic”) program, asking how they are doing managing cravings, whether a peer recovery coach or therapist would be helpful
- **Facilitating LARC** (including providing nexplanon in the office) for most moms in recovery



AFTER TRANSITION TO HOME / IN THE PEDI CLINIC

- **Releases for, and communication with, community partners** (e.g., MAT/methadone providers, DCF/DCYF, CIS/pathways, VNA, HCRS/WCBH)
- **Feeding support with our lactation nurse**, recognizing that opiate-exposed babies ARE more difficult to feed
- **Tobacco cessation supports for parents who are interested**
- **WIC on-site once/month, same time as our “Veggie Van Go”**....free bag of veggies at hospital once/month
- **“Grandparenting/Kin as Parent” support group** once/month for grandparents raising children



HOW MIGHT PRENATAL CLINICS/BIRTH HOSPITALS BETTER PARTNER WITH YOU AND YOUR OFFICE TO HELP ENSURE SAFE TRANSITIONS TO HOME?


Prenatally:

- Ensure good communication between MAT providers and birth hospital
- Encourage parents to do prenatal interviews with pediatricians



HOW MIGHT PRENATAL CLINICS/BIRTH HOSPITALS BETTER PARTNER WITH YOU AND YOUR OFFICE TO HELP ENSURE SAFE TRANSITIONS TO HOME?

During the birth hospitalization/at time of hospital discharge:

- **Help obtain releases for PCPs to communicate with ALL providers working with mom/baby**
 - **Confirm that mom's/dad's/MGM's (or other primary contact's) phone # is working**
 - **Provide explicit Plan of Safe/Supportive Care with following:**
 - MAT/methadone provider/clinic name & #, when mother consents to sharing information
 - Communication and plan w/ DCYF/DCF (worker's name and contact info), as applicable
 - CIS/pathways (name of contact person)
 - VNA referral information & plan
 - Dates of all f/u appts (with community partners) when made/known before discharge
 - Mom's birth control plan with LARC counseling provided
 - **Include pertinent positives from social worker's note in discharge summary**
 - **Call us before discharge and chat with pedi or our nurse, ESPECIALLY if there is pertinent info that is not in chart**
 - **Schedule f/u with PCP within 48 hrs of hospital discharge - ideally with our care coordinator/DULCE family specialist**
- 

RECOVERY- FRIENDLY FAMILY PHYSICIANS / PRIMARY CARE PROVIDERS

Alena Shoemaker, MD
DHMC Family Medicine
at Heater Road

 **Dartmouth-Hitchcock**
HEATER ROAD | Lebanon

Welcoming new primary care providers
to our Heater Road location.



(l-r) Matthew Mackwood, MD; Delta Shanahan, APRN; Alena Shoemaker, MD; and Kristin Burdick, MD

Providing comprehensive care for all ages.

Our four new Family Medicine providers are available for care Monday–Friday from 7 am–7 pm. Our walk-in clinic is also open Monday–Friday from 3–7 pm for our current patients.

Additional services:

- Acupuncture
- Osteopathic treatment
- Chiropractic
- Gynecologic care

To book an appointment, call (603) 650-4000.
Now accepting new patients.



Dartmouth-Hitchcock Heater Road

WHAT RECOVERY-FRIENDLY PCPS CAN OFFER MOTHERS, INFANTS, AND FAMILIES

Prenatally:

- **Discuss with mother her concerns, worries, and fears**
- **Review expectations together** – make sure that they understand what to expect in terms of observation for NAS, meetings with social work, etc.
 - My goal is for mom to feel empowered throughout her care. Often times there is co-occurring maternal anxiety, and knowing what to expect goes a long way to keep this anxiety at bay.
- **As needed, work on coping skills to use during pregnancy, birth, and parenting**
- **For women not yet pregnant, provide pre-conception counseling**
 - Check in about her supports and make sure she connects with the appropriate care when the time comes
 - **If I am not her MAT or prenatal care provider, I ask for her permission to alert other members of her care team that she is considering pregnancy**



WHAT RECOVERY-FRIENDLY PCPS CAN OFFER MOTHERS, INFANTS, AND FAMILIES

During the birth hospitalization:

- **If I'm working in the hospital, I find the relationship we've had before the hospitalization really helps promote trust and communication** during the early days while baby is being observed for signs of NAS
- **Share with the hospital team (with mom's permission) what I know about mom's strengths** to try to optimize their interactions with her and the formation of the POSC
- **If I'm not working in the hospital when she is delivering, I try to stop by to visit with mom and the team, attempt to bridge any communication gaps, and be involved as much as is needed in the care planning**



WHAT RECOVERY-FRIENDLY PCPS CAN OFFER MOTHERS, INFANTS, AND FAMILIES

After transition to home:

- **Again, relationship is key here.**
- **We see baby as indicated, but the visits are almost always a check in for mom as well.** In the setting of already knowing mom and already knowing the back story behind her substance exposure, it's easier to check in about how things are going without putting mom on the defense.
- **If there is much to discuss, sometimes I even have mom schedule a visit at the same time as baby** so we can have plenty of time to address everyone's needs.
- **If mom knows I care about her and am “on her side,” so-to-speak, even when challenging conversations need to happen, the communication is easier.**



HOW PRENATAL CLINICS/BIRTH HOSPITALS CAN BEST PARTNER WITH YOU AND YOUR OFFICE TO HELP ENSURE SAFE TRANSITIONS TO HOME FOR SUBSTANCE-EXPOSED MOTHER-BABY DYADS?

Prenatally:

- If I will be mom's PCP, it can be nice to meet before birth for a visit to review her health concerns and start a relationship
- If they identify a Family Medicine provider as baby's intended PCP and it's unclear that mom has established with primary care, suggesting they make a visit and providing referral & other important information (with mom's permission)

During the birth hospitalization/at time of hospital discharge:

- I appreciate that I receive alerts when my patient is admitted and that I can view the care updates while inpatient



Q&A TIME!



SEPT 18 (3RD WED) NOON WEBINAR

Prelim Agenda:

- **NNEPQIN Data Updates** - your updated data needed!
- **The AIM Bundle:** Vicki Flanagan
- **Prenatal Education & Parental Engagement**
 - **Updates on the Elliot Experience:** Anne Frechette
 - **NH ESC Next Steps:** Farrah Deselle
- **Oct 16 ESC Super User Webinar**



Center for Addiction Recovery *in Pregnancy + Parenting*

<https://med.dartmouth-hitchcock.org/carpp.html>



CENTER FOR ADDICTION RECOVERY IN PREGNANCY & PARENTING

- Our Team
- Resources for Providers
- Provider
- CARPP in the News
- For Mothers and Families

Center for Addiction Recovery in Pregnancy & Parenting

The Center for Addiction Recovery in Pregnancy and Parenting (CARPP) is a multidisciplinary network of experienced clinicians and researchers working together to support recovery from addiction for women who are pregnant and parenting, and to promote healthy growth and development in their children.

CARPP's work informs clinical services, research, education, and advocacy in the treatment of pregnant and parenting women and their young children who are impacted by substance use disorders. We support providers who care for these families with resources and guidance for program implementation, with a particular focus on the impact of opioid use disorders.

Center for Addiction Recovery in Pregnancy + Parenting

Providers with a question about caring for a pregnant or parenting woman with an SUD (or for her newborn/child) can contact the CARPP Q&A line at 603-653-1800 or email CARPP@hitchcock.org.

Contact Us

Phone: (603) 653-1800
[Email Us](#)

We gratefully acknowledge the support of New Hampshire Charitable Foundation, whose generous grants were instrumental in the formation of the Center and the ongoing work of the CARPP team.

Please call 603-653-1800 or email your mother/baby questions and challenges to: CARPP@hitchcock.org





COMMUNITY Health Worker

Carol Sarazin, CLC, CPST

Community Health Resource Specialist

Unable to present on webinar due to patient needs



WHAT CAN CHWs OFFER MOMS AND FAMILIES?

Prenatally:

- Support pregnant/parenting women with social determinants of health (e.g., housing, transportation, food insecurities, baby items)
- Meet with Moms at all prenatal appointments and talk about what their needs & goals are, and any barriers that are keeping them from achieving them
- Meet some Moms in community on weekly basis and/or talk via phone or text

During the birth hospitalization:

- Meet with Mom on the BP, daily if needed, to ensure she has a POSC she is comfortable with and that Mom feels she is well supported not only by local resources but by family/friends as well

Postnatally:

- Weekly home visits up to 6 weeks post-partum



HOW CAN PRENATAL CLINICS AND BIRTH HOSPITALS BEST PARTNER WITH CHWs FOR POSC DEVELOPMENT?

Prenatally:

- Hold team meetings with prenatal providers including patient's providers, CHW, recovery coach, LCSW and perinatal addiction psychiatrist (or combination of other providers, as available in your individual setting)

During the birth hospitalization/at time of discharge:

- Communicate when mom is admitted &/or has had baby so that CHW can visit & provide support, helping to ensure that Mom is comfortable with her POSC & feels supported by local resources, family & friends
- Communicate re: additional needs identified through POSC / inpatient assessment



CAROL, AS A CHW, WHAT KIND OF TRAINING HAVE YOU RECEIVED TO BECOME A COMMUNITY HEALTH WORKER AND WHAT IS YOUR SCOPE OF PRACTICE? ARE THERE ANY RESTRICTIONS ON YOUR PRACTICE?

- I have been an LNA for 34 years with 11 of those years here at DHMC
- I took a 3 week CHW course that included (but was not limited to) mental health first aid, outreach methods and strategies, individual and community assessment, motivational interviewing and Bridges Out of Poverty
- My scope of practice is Social Determinants of Health
 - I do not give rides in my personal vehicle to any patient that I work with
 - I do not act as a mental health provider or diagnose or give medical advice
 - I currently travel within a 25 mile radius, however in certain circumstances can travel further

