## DISCHARGE PLANNING AND ONGOING SERVICES AND SUPPORTS FOR POSTPARTUM PATIENTS

The purpose of this information is to standardize peri-partum and postpartum care and expectations for all patients with substance use disorders. Nurses, social workers, case managers, and other appropriate hospital staff can use this to aid discharge planning. This guidance is designed to outline recommendations known to help in maintaining or establishing postpartum recovery. Referral to these services and supports should be the standard of care.

## Hospital Procedures & Discharge Planning

All patients with suspected or confirmed substance use disorders should:

- Have a urine drug screen and, if clinically indicated, a confirmatory test (this screen should occur prior to any medications being administered inpatient (to prevent any concerns of contaminated screen from inpatient medication use)
- Confirm diagnosis of SUD
- Be offered a nicotine patch, gum or lozenges on admission if they are a tobacco user
- Consider offering MOUD/MAT if patient suffers from opioid use disorder while inpatient to assist in induction period and monitor for withdrawal,
- Monitor for signs of withdrawal and offer symptom management if needed (e.g., naproxen, ondansetron, loperamide, etc.)
- •Referral to PSU treatment, WIC and other resources, Pregnancy Promise, Healthy Baby Program etc
- Have a social services consultation to identify concerns
- •Arrange an addiction specialist and/or psych consult
- •Have a discharge letter sent to the woman's primary care provider (insert weblink) as well as her post-partum provider to help communicate concerns. These may be two different providers.
- •A naloxone prescription should be included at discharge as well. Agree and letter to newborn provider as well and schedule the follow up appointment with all appropriate providers (OB, Mental Health Provider, Navigator, Newborn Provider)

The discharge letter should be accompanied by two additional documents (when clinically indicated):

- An overview of the Department of Child Services (DCS) process for newborns referred due to maternal substance use (insert weblink); and
- Links to Adult Addiction Services and contact information:
  - o <a href="https://www.in.gov/fssa/addiction/">https://www.in.gov/fssa/addiction/</a> and

- o <a href="https://www.in.gov/fssa/dmha/files/CMHC Outpatient Mental Health Service Loc">https://www.in.gov/fssa/dmha/files/CMHC Outpatient Mental Health Service Loc</a> ations.pdf
- Postpartum patient would also need an outpatient SUD provider follow-up plan or at least a PCP scheduled visit (rather than simply a letter sent)

In addition, all patients with suspected or confirmed substance use disorders should have the following completed before discharge:

- An outpatient pediatric follow-up plan;
- Outpatient SUD provider follow-up plan or at least a PCP scheduled visit
- Newborn safe sleep education; and
- Family planning/contraception plan.

For the best chance of success in getting healthy and parenting their child, all women with substance use need a plan for ongoing social and mental health support as well as treatment for substance use disorder. The plan will vary depending on the patient's circumstances, local resources, and the mother's stage of her treatment. Issues that should be discussed to include in the plan are:

- Smoking cessation
- Naloxone education
- •Medication Assisted Treatment (MAT) provider
- •Inpatient rehabilitation
- •Evaluation by mental health or addiction specialist
- •Social work referral for other needs
- •Intensive outpatient program
- Counseling
- •Community support group meetings
- •Recovery Coach
- •Relapse prevention plan
- Home health
- Parenting classes
- Transportation assistance
- Housing assistance
- •Lactation assistance
- •Legal aid

The checklist can be found at: <a href="https://www.in.gov/health/ipqic/files/Postpartum-Discharge-Planning-and-Referral-Checklist.pdf">https://www.in.gov/health/ipqic/files/Postpartum-Discharge-Planning-and-Referral-Checklist.pdf</a>

## Additional resources can be accessed by calling:

- MOMS Helpline. The MOMS Helpline is an important resource for ensuring that every Indiana mom and baby is healthy and happy. If you have any questions or need information about a particular resource that is not listed on our website
   (https://www.in.gov/isdh/21047.htm), please feel free to call 1-844-MCH-MOMS (1-844-624-6667) or email MCHMOMSHelpline@health.in.gov.
- Indiana 211, is now part of the Indiana Family and Social Services Administration. Indiana 211 and FSSA will be able to more efficiently aid Hoosiers in need by providing a one-stop shop for community and state services. When they dial **2-1-1**, Hoosiers are connected to an experienced, responsive and compassionate team of community navigators who are skilled at identifying needs and providing referrals that best meet those needs.