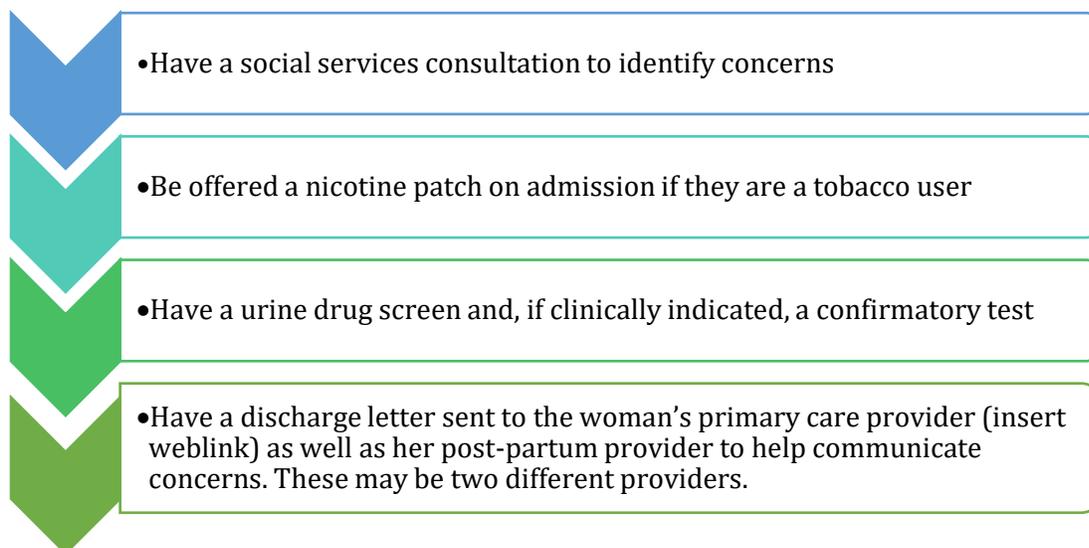


## DISCHARGE PLANNING AND ONGOING SERVICES AND SUPPORTS FOR MOTHER

The purpose of this information is to standardize peri-partum and postpartum care and expectations for all women 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 women with suspected or confirmed substance use disorders should:



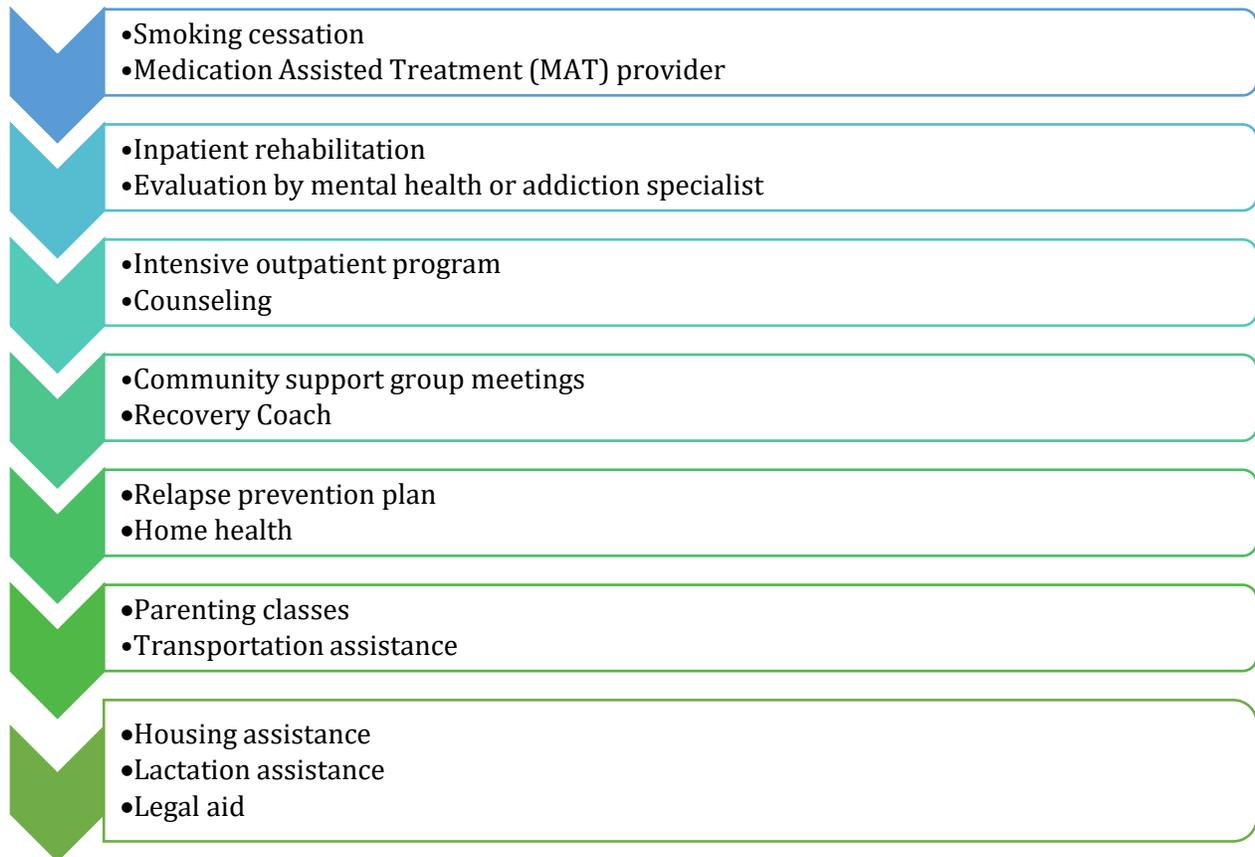
The discharge letter should be accompanied by two additional documents (when clinically indicated):

- 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:
  - <https://www.in.gov/fssa/addiction/> and
  - [https://www.in.gov/fssa/dmha/files/CMHC\\_Outpatient\\_Mental\\_Health\\_Service\\_Locations.pdf](https://www.in.gov/fssa/dmha/files/CMHC_Outpatient_Mental_Health_Service_Locations.pdf)

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

- An outpatient pediatric follow-up plan;
- 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:



The checklist can be found immediately following this page or at:<https://www.in.gov/laboroflove/files/Postpartum%20Discharge%20Planning%20and%20Referral%20Checklist.pdf>

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@isdh.in.gov](mailto:MCHMOMSHelpline@isdh.in.gov).

Name: \_\_\_\_\_

The purpose of this form is to standardize peri-partum and post-partum care and expectations for all women with substance use disorders. Nurses, social workers, case managers, and other appropriate hospital staff can use this to aid discharge planning. This checklist 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.

Prior to discharge, all new mothers should receive the following education. Please document plan or initial box to indicate education completed.

	Date Provided	Notes
Outpatient pediatric follow-up plan		
Newborn safe sleep ed.		
Family Planning/ Contraception plan DCS Patient Letter <a href="https://www.in.gov/laboroflove/files/DCS%20Patient%20Handout.pdf">https://www.in.gov/laboroflove/files/DCS%20Patient%20Handout.pdf</a>		

**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. Please document plan or indicate N/A.

	Resource Identified
Smoking cessation assistance	
Inpatient rehabilitation	
Evaluation by mental health or addiction specialist	
Intensive outpatient program	
Counseling	

	Resource Identified
Outpatient addiction counseling	
MAT (Medication Assisted Treatment) provider	
Plan to attend community support group meetings	
Recovery coach	
Relapse prevention plan	
Home health	
Parenting classes	
Transportation assistance	
Housing assistance	
Lactation assistance	
Legal aid	
Other	

Dear Postpartum Provider,

This letter is regarding Patient \_\_\_\_\_ DOB \_\_\_\_\_.

- During her hospitalization, your patient was identified being high risk for substance use.
- During her hospitalization, your patient was identified as someone who uses substances of abuse.

Substances of concern include:

Tobacco      Marijuana      Alcohol      Opioids      Cocaine      Other \_\_\_\_\_

- During her hospitalization, your patient was identified as someone who has a substance use disorder.
- Substances of concern include:

Tobacco      Marijuana      Alcohol      Opioids      Cocaine      Other \_\_\_\_\_

- Your patient was informed about the risks of substance use and the benefits to her and her baby of not using substances.
- During her hospitalization, a social work consult was completed.

Social worker: \_\_\_\_\_ Contact: \_\_\_\_\_

- Your patient should be seen for an early postpartum visit 1-2 week after delivery.
- Your patient should be encouraged to breastfeed so long as she is abstinent from substances of abuse (Breastfeeding with tobacco, Buprenorphine and Methadone is permitted).
- If your patient does not desire more children at this time, Long Acting Reversible Contraception is recommended due to low likelihood of failure and high patient satisfaction.
- Patients who use substances are at a higher risk of perinatal mood and anxiety disorder (postpartum depression) and should be screened. The Edinburgh postpartum depression scale can be used.
- Your patient would benefit from follow up or further evaluation for domestic violence/food insecurity/problems with transportation/getting connected to a mental health professional.

Recommended discussion:

- Your patient is currently using substances of abuse or at high risk of using substances of abuse. It is recommended that the postpartum provider let the patient know that he/she is concerned about how her substance use can affect her health and well-being. Let her know that you want to help her and believe that getting help for her substance use will help her and give her the best chance for success in parenting her children.
- Your patient is currently at some stage of recovery from substance use.

- It is recommended that the postpartum provider ask your patient how treatment is working for her.
- Ask about her personal goals regarding substance use and what aspects of treatment help her.
- The postpartum provider should applaud her effort and success with recovery and ask how the patient is coping to elicit whether she is at risk of relapse or needs additional support or evaluation by a mental health professional.
- Asking about patient’s recovery should be part of every future routine checkup.

**Optimal care of women with substance use disorders in the peripartum period requires a multidisciplinary approach that emphasizes respect, compassion, and flexibility. While pregnancy and a new baby are often a significant source of stress, at the same time, this serves as an extraordinary opportunity for women to engage in healthy change. Although there are many challenges, successful identification and treatment of substance use offers a chance to improve the lives of generations to come by helping women deliver and parent healthier children.**

Hospital Contact: \_\_\_\_\_ Date: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

DCS Contact: \_\_\_\_\_ Date: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## What happens to me if I'm pregnant and using drugs or alcohol?

When women are pregnant and using substances like pain pills, marijuana, cocaine, methamphetamines, heroin or alcohol, we know that getting help is extremely important. **Decreasing drug and alcohol use in pregnancy will increase the chances of having a healthy pregnancy and a healthier baby.**

It's best when health care providers and patients work together to create a plan for the patient to stop using drugs and alcohol. Depending on individual circumstances, the plan may include the following:

- Changing people, places or things
- Finding a safe living environment free from substances and violence
- Starting medications
- Seeing a mental health specialist or a counselor
- Going to community recovery support meetings (12 Step, Smart Recovery, Celebrate Recovery etc.)

In addition to regular prenatal visits, women with substance use disorders may need additional care while pregnant. The ultimate goal is to set every patient up for success in life and in parenting their baby.

Every baby requires a safe and nurturing environment. Parents who have substance use disorders may find it difficult to provide this safe, nurturing environment without support and assistance. It is not possible for a health care provider to know which babies are at greatest risk for unsafe environments.

Indiana Department of Child Services (DCS) exists to help make sure children are safe and that families have what they need to keep their children safe. DCS may become involved if a baby is born positive for substances or if there is a potential concern about the safety of any child. If DCS does become involved, a Family Case Manager (FCM) will be assigned to

complete an assessment. Involvement with DCS can be scary but knowing more information about what to expect if your family becomes involved with DCS can help reduce some of the fear and help families have more control in planning for the safe care of their baby.

There are many important things patients and families can do before the baby is born to help ensure the safety of their baby after birth. Making these plans prior to birth may help a family feel more prepared and in control if they do become involved with DCS.

- All caregivers with substance use disorders engaged in treatment and recovery
- Identification of a sober caregiver who is willing to be present 24h/day and able to provide safe care for the baby if the parent relapses
- Establish a safe place for baby to sleep
- Ensure the home is free from drugs and/or violence
- Develop a Relapse Prevention Plan for all caregivers
- Develop a team of friends, family and providers who are willing and able to support both the baby and the family

*Working to establish a supportive team and safe plan for both the baby and the parents is one of the most important things a patient can do, not only to ensure that their baby is safe and healthy, but also to decrease the need for DCS intervention. DCS encourages and helps families to form their own teams and having the patient's medical provider as a team member is often very helpful.*

It is important to remember that while the primary goal of DCS is to ensure the safety of the baby, DCS strives to keep families together and only places children in out of home care if no other safe options are available. It is also important to know that parents have a voice in making these decisions and that DCS wants to work with parents to create plans to ensure the safety of the baby while remaining in the care of the parents. If a child does need to be placed in out of home care, DCS works to place the child back in the home as quickly as possible while ensuring the safety of the baby.

Dear Postpartum Provider,

This letter is regarding Patient \_\_\_\_\_ DOB \_\_\_\_\_.

- During her hospitalization, your patient was identified being high risk for substance use.
- During her hospitalization, your patient was identified as someone who uses substances of abuse.

Substances of concern include:

Tobacco      Marijuana      Alcohol      Opioids      Cocaine      Other \_\_\_\_\_

- During her hospitalization, your patient was identified as someone who has a substance use disorder.
- Substances of concern include:

Tobacco      Marijuana      Alcohol      Opioids      Cocaine      Other \_\_\_\_\_

- Your patient was informed about the risks of substance use and the benefits to her and her baby of not using substances.
- During her hospitalization, a social work consult was completed.

Social worker: \_\_\_\_\_ Contact: \_\_\_\_\_

- Your patient should be seen for an early postpartum visit 1-2 week after delivery.
- Your patient should be encouraged to breastfeed so long as she is abstinent from substances of abuse (Breastfeeding with tobacco, Buprenorphine and Methadone is permitted).
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- Your patient would benefit from follow up or further evaluation for domestic violence/food insecurity/problems with transportation/getting connected to a mental health professional.

Recommended discussion:

- Your patient is currently using substances of abuse or at high risk of using substances of abuse. It is recommended that the postpartum provider let the patient know that he/she is concerned about how her substance use can affect her health and well-being. Let her know that you want to help her and believe that getting help for her substance use will help her and give her the best chance for success in parenting her children.
- Your patient is currently at some stage of recovery from substance use.

- It is recommended that the postpartum provider ask your patient how treatment is working for her.
- Ask about her personal goals regarding substance use and what aspects of treatment help her.
- The postpartum provider should applaud her effort and success with recovery and ask how the patient is coping to elicit whether she is at risk of relapse or needs additional support or evaluation by a mental health professional.
- Asking about patient's recovery should be part of every future routine checkup.

**Optimal care of women with substance use disorders in the peripartum period requires a multidisciplinary approach that emphasizes respect, compassion, and flexibility. While pregnancy and a new baby are often a significant source of stress, at the same time, this serves as an extraordinary opportunity for women to engage in healthy change. Although there are many challenges, successful identification and treatment of substance use offers a chance to improve the lives of generations to come by helping women deliver and parent healthier children.**

Hospital Contact: \_\_\_\_\_ Date: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

DCS Contact: \_\_\_\_\_ Date: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

# BREASTFEEDING AND SUBSTANCE USE TRAFFIC LIGHT



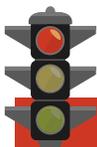
These substances **may continue to be used by the breastfeeding mother**. This mother may continue to breastfeed or provide expressed breast milk with her current diagnosis or condition.

SUBSTANCE OR CONDITION	SPECIAL CONSIDERATIONS
Acetaminophen + oxycodone (Percocet)	When the substance is prescribed. If NAS is observed in the infant, continue to encourage breastfeeding.
Buprenorphine (Subutex)	When the substance is prescribed as part of a treatment program. If NAS is observed in the infant, continue to encourage breastfeeding.
Buprenorphine + Naloxone (Suboxone)	When the substance is prescribed as part of a treatment program. If NAS is observed in the infant, continue to encourage breastfeeding.
Caffeine	Moderate intake. If the infant appears jittery or irritable, reducing caffeine consumption may be advised.
Lorazepam	When the substance is prescribed. If NAS is observed in the infant, continue to encourage breastfeeding.
Methadone	When the substance is prescribed as part of a treatment program. If NAS is observed in the infant, continue to encourage breastfeeding.
Selective Serotonin Reuptake Inhibitors (SSRIs)	Some SSRIs are preferred over others; however, <b>all SSRIs are considered compatible with breastfeeding</b> . Discussion regarding specific SSRIs can occur between the mother and her prescriber. If NAS/toxicity is observed in the infant, continue to encourage breastfeeding.



These substances may continue to be used by the breastfeeding mother **with caution, but it is recommended to reduce or eliminate use**. This mother may continue to breast feed or feed expressed breast milk with the listed diagnosis or condition **under the specified conditions**.

SUBSTANCE OR CONDITION	SPECIAL CONSIDERATIONS
Cannabis	Data is insufficient to determine if maternal cannabis use is safe for the breastfeeding infant. At this time while the mother may continue to breastfeed, <b>it is strongly encouraged that she stops cannabis use</b> .
Hepatitis B	Breastfeeding should not be delayed for the infant to receive the Hep B immunization. In the case of an open wound on the nipple, the mother should temporarily suspend breastfeeding until the wound has healed while pumping to support her milk supply. Contact lactation services for a consultation.
Hepatitis C	In the case of an open wound on the nipple, the mother should temporarily suspend breastfeeding until the wound has healed while pumping to support her milk supply. Contact lactation services for a consultation.
Herpes, inactive or active with no lesions on the breast	When herpes is active with lesions present on the breast, breastfeeding should be suspended until the lesions have resolved. The mother should pump to support her milk supply. Contact lactation services for a consultation.
Nicotine	All mothers should be encouraged to reduce or eliminate nicotine use. Breastfeeding may continue while reducing or eliminating use of nicotine. Recommendations include smoking after, not before, feeding and smoking outside the infant's home.



These substances are **contraindicated** during breastfeeding. This mother **MAY NOT** continue to breastfeed with the listed diagnosis or condition.

SUBSTANCE OR CONDITION	SPECIAL CONSIDERATIONS
Cocaine	Street drugs are contraindicated during breastfeeding. See lactation services for the Academy of Breastfeeding Medicine's recommendations for mothers with cocaine substance use disorder.
Heroin	Street drugs are contraindicated during breastfeeding. Mothers who admit to heroin use during pregnancy should be encouraged to breastfeed during their hospital stay and enter a drug treatment program, but discontinue breastfeeding if they plan to continue heroin use.
HIV	At this time the CDC advises against breastfeeding for HIV+ mothers, even when being treated with anti-retroviral therapy.
Methamphetamine/Misuse of Opioids	Street drugs are contraindicated during breastfeeding. See lactation services for the Academy of Breastfeeding Medicine's recommendations for mothers with cocaine substance use disorder.

\*\*This list is not meant to imply absolute safety of any medication while pregnant or breastfeeding\*\* 5/2020

Adapted by IPQIC with permission from Magland, Eliza RN, IBCLC; Migone, Celina MD; Lembeck, Amy D.

