

May 18, 2023  
3:00 PM ET

**AIM TAP WEBINAR:**  
**Universal Naloxone:**  
*A Toolkit for your Hospital*

with Janet Perkins MD, Jay Naliboff MD,  
Jessica Bacon CNM, and Nell Tharpe  
MS, CNM, FACNM





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ON MATERNAL HEALTH

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# Before we get started

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# Universal Naloxone: A Toolkit for your Hospital



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# Universal Naloxone: A Toolkit for your Hospital decreasing stigma and perinatal death

# Learning Objectives

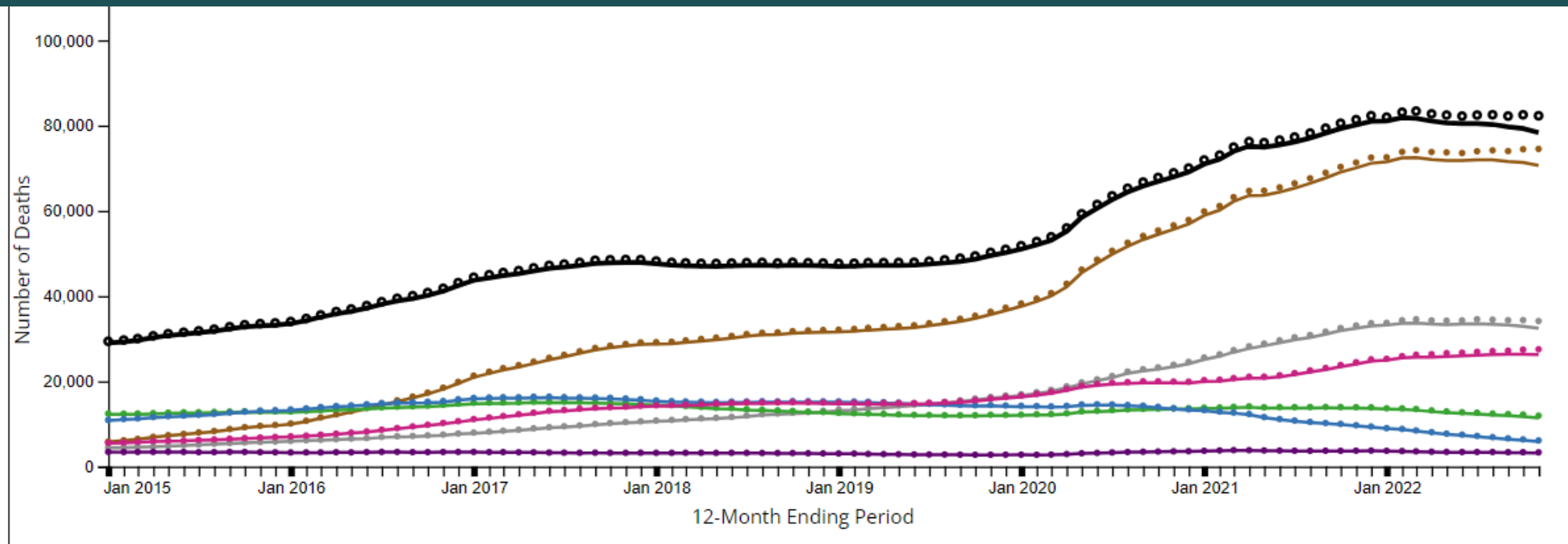
1. Understand the importance naloxone distribution on birthing units plays in reducing peripartum overdose mortality
2. Discuss the importance of provider and staff education on implicit bias and how it reduces harm
3. Provide resources to begin fostering engagement between hospitals and local community health agencies

# How we Started

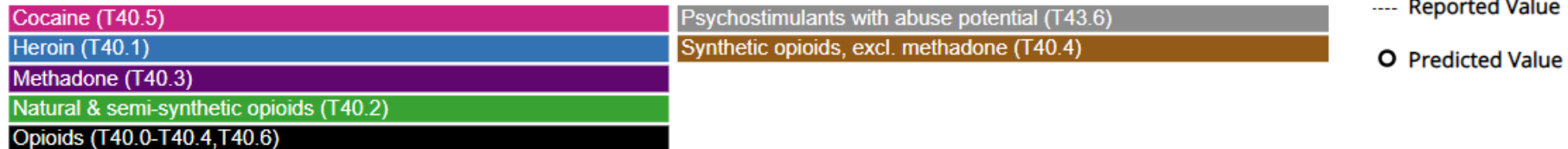
- ▶ Perinatal optimization
- ▶ Health inequities
- ▶ Trauma informed care and anti-bias training
- ▶ Universal...everything!
- ▶ NNEPQIN PCAC
- ▶ NNEPQIN presentation from Maine



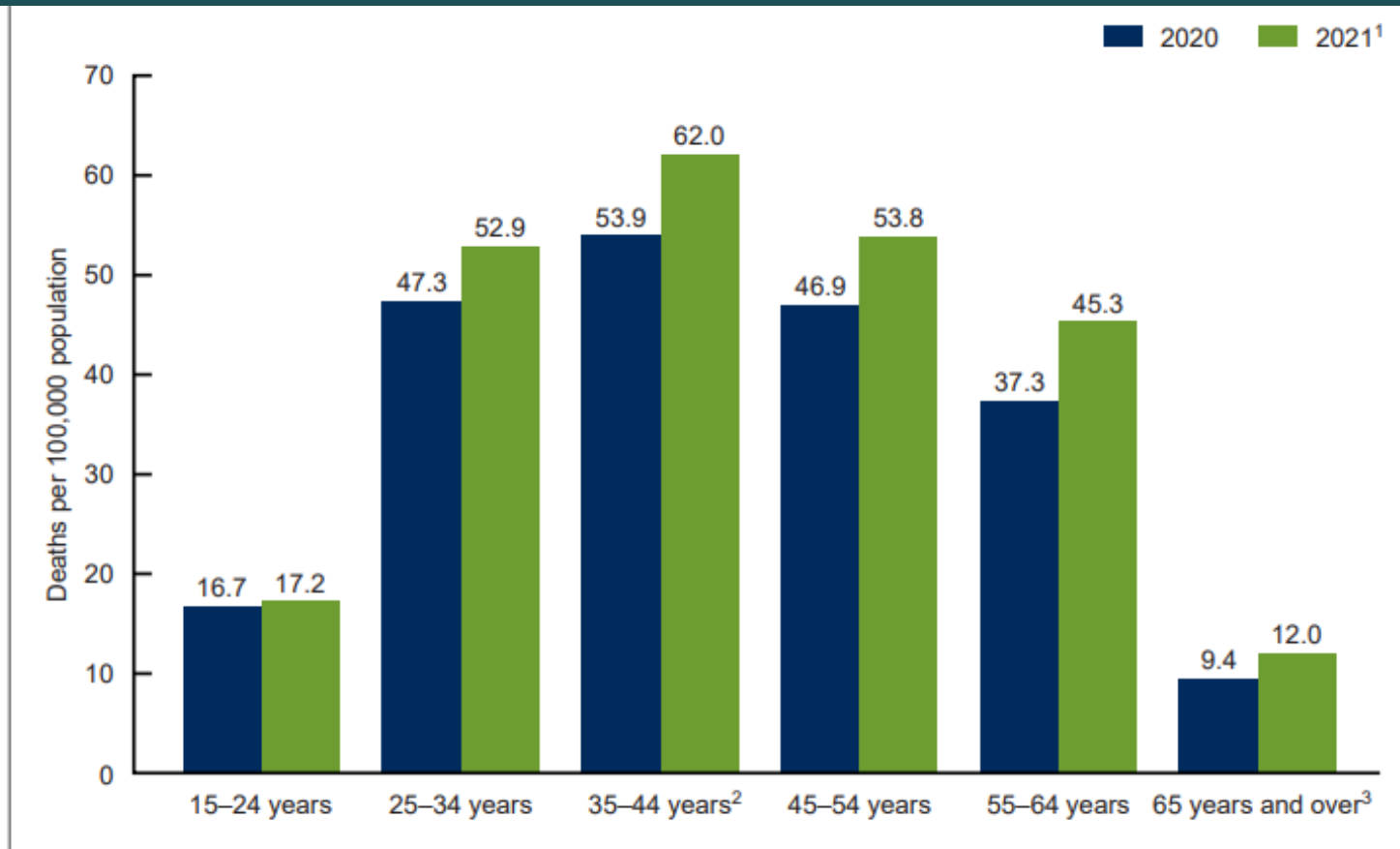
# 12 Month-ending Provisional Number of Drug Overdose Deaths by Drug or Drug Classes: United States



## Legend for Drug or Drug Class



# Rate of Drug Overdose Deaths, by Selected Age Groups 15 and Over: United States, 2020 and 2021



<sup>1</sup>Except for those aged 15–24, rates in 2021 were significantly higher than in 2020 for all age groups,  $p < 0.05$ .

<sup>2</sup>Age group with highest rate in 2020 and 2021,  $p < 0.05$ .

<sup>3</sup>Age group with lowest rate in 2020 and 2021,  $p < 0.05$ .

NOTES: Drug overdose deaths were identified using *International Classification of Diseases, 10th Revision* underlying cause-of-death codes X40–X44, X60–X64, X85, and Y10–Y14. Access data table for Figure 2 at: <https://www.cdc.gov/nchs/data/databriefs/db457-tables.pdf#2>.

SOURCE: National Center for Health Statistics, National Vital Statistics System, Mortality File.

# What's the Harm in More Narcan®?

- ▶ No risk of abuse
- ▶ No effect on individuals without opioids in their system
- ▶ Does not generate physical dependency
- ▶ No neurological or psychological effects or euphoria
- ▶ Negligible risk of harm if misused



Do you do overdose drills on your unit?

Are you prepared to save a life?

# A quantitative and qualitative evaluation of the British Columbia Take Home Naloxone program

Oluwajenyo Banjo MPHc, Despina Tzemis, Diana Al-Qutub, Ashraf Amlani, Sarah Kesselring and Jane A. Buxton

August 21, 2014 2 (3) E153-E161; DOI: <https://doi.org/10.9778/cmajo.20140008>

- An observational study of a naloxone distribution program in British Columbia
- 836 naloxone kits to people who use drugs
- 85 reported overdose reversals
- At least 1:10 kits distributed saved a life
- Secondary distribution  
<https://onlinelibrary.wiley.com/doi/full/10.1111/add.13668>



# Virginia toddler found unresponsive had to be revived with Narcan, police say

Two women were arrested, police said.

By [Teddy Grant](#)

April 16, 2023, 10:14 PM



[Virginia toddler found unresponsive had to be revived with Narcan, police say - ABC News \(go.com\)](#)



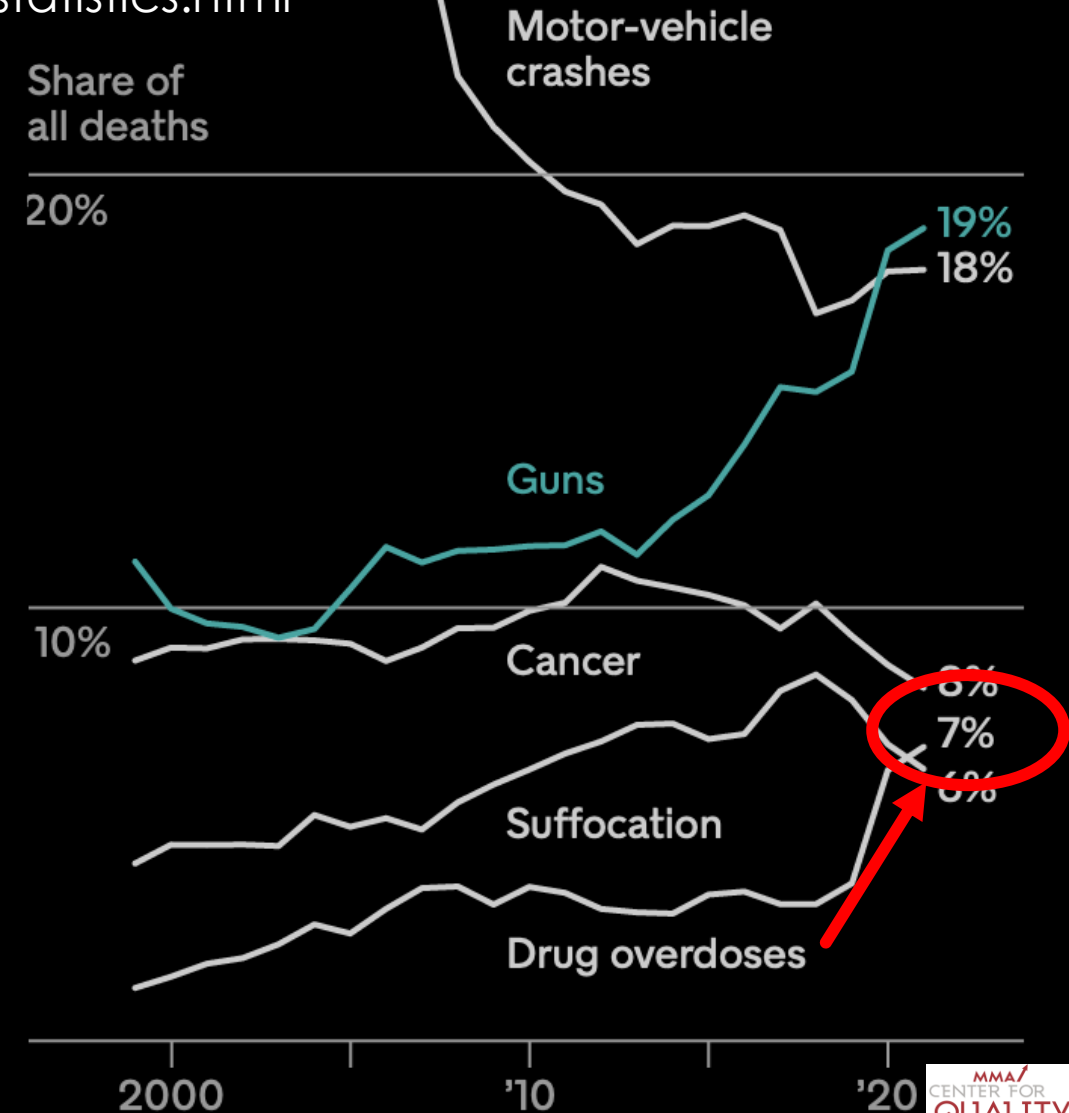
**Mass General Brigham**  
Wentworth-Douglass Hospital

# A Leading Causes of Death for Children 1 Through 18\*

“Fatal drug overdoses are predominantly attributed to opioids. Women of childbearing age are among those at greatest risk, underscoring the need to understand the overlapping risk of fatal poisoning in children.”

Hunter, et al. (2022) An examination of fatal child poisonings in the United States using the National Violent Death Reporting System (NVDRS), 2012–2017. *Clinical Toxicology*, 60:3, 342-347.  
DOI [10.1080/15563650.2021.1955913](https://doi.org/10.1080/15563650.2021.1955913)

\*<https://www.nytimes.com/interactive/2022/12/14/magazine/gun-violence-children-data-statistics.html>



# UNIVERSAL POSTPARTUM NALOXONE : A QUALITY IMPROVEMENT PROJECT TO REDUCE POSTPARTUM MATERNAL MORTALITY

PERINATAL QUALITY COLLABORATIVE FOR MAINE (PQC4ME)  
MAINE MEDICAL ASSOCIATION CENTER FOR QUALITY IMPROVEMENT

JAY NALIBOFF MD, FACOG  
NELL THARPE CNM, MS, FACNM



# Pilot Project Support

- This project was supported by Discretionary Grants from the Maine Health Access Foundation and the Bingham Program; the State of Maine; staff support by the Maine Medical Association Center For Quality Improvement; and by in-kind contributions from the Franklin Community Health Network Healthy Community Coalition.
- We report no commercial support or conflicts of interest.

**BRIEF REPORT**

# **Universal Postpartum Naloxone Provision: A Harm Reduction Quality Improvement Project**

Naliboff, Jay A. MD, FACOG; Tharpe, Nell CNM, MS, FACNM

Author Information 

*Journal of Addiction Medicine* ():10.1097/ADM.0000000000001118, December 6, 2022. | DOI:  
10.1097/ADM.0000000000001118

[https://journals.lww.com/journaladdictionmedicine/Abstract/9900/Universal\\_Postpartum\\_Naloxone\\_Provision\\_A\\_Harm.121.aspx](https://journals.lww.com/journaladdictionmedicine/Abstract/9900/Universal_Postpartum_Naloxone_Provision_A_Harm.121.aspx)

# The Aim of the Pilot Project

## ***Three-Pronged Aim:***

### 1. Reduce postpartum maternal mortality due to opioid overdose.

a. The project will increase community access to naloxone by providing a naloxone-containing “first aid kit” to every postpartum person at hospital discharge.

### 2. Reduce implicit bias by healthcare workers.

a. Educating nursing staff and providers about implicit bias and harm reduction strategies to minimize stigma that leads to discrimination against people affected by opioid use.

### 3. Foster relationships between community resource providers and hospitals.

a. Community prevention agencies provide and assemble first aid kits.

# Guiding Principle Is Harm Reduction

- ***Harm reduction focuses on positive change.***
- Working with people without judgement, coercion, discrimination, or requiring that they stop using drugs as a precondition of support.
- Harm reduction when applied to substance use refers to policies, programs and practices that aim to minimize negative health, social and legal impacts associated with drug use, drug policies and drug laws.
- Source: <https://www.hri.global/what-is-harm-reduction>

# Does The Project Conform To This Definition?

- Anti-bias education is a crucial component of harm reduction.
- Universal provision of naloxone aims to prevent overdose deaths without shaming or identifying people who use substances.
- Increasing saturation of naloxone in the community improves the odds of surviving an overdose.
- Facilitating interaction between community prevention agencies and birthing units reduces gaps between hospital and home.
- All of these aspects of the project are consistent with the principles of harm reduction.

# Why Every Postpartum Person?

- It is difficult to predict who might need naloxone.\*
  - In the first five months of 2022, 22.6% of people in Maine who survived reported overdose were given naloxone by a community member.\*\*
- Universal distribution:
  - Increases saturation of naloxone in the community.
  - Avoids stigmatization of people who use drugs.
  - Decreases implicit bias and increases acceptance of all birthing people.
  - Decreases the perceived risk of Child Protective Services involvement when kit is accepted

\* <https://onlinelibrary.wiley.com/doi/abs/10.1111/add.14825>.

\*\* <https://mainedrugdata.org/maine-cumulative-monthly-overdose-report-for-january-through-may-2022/>

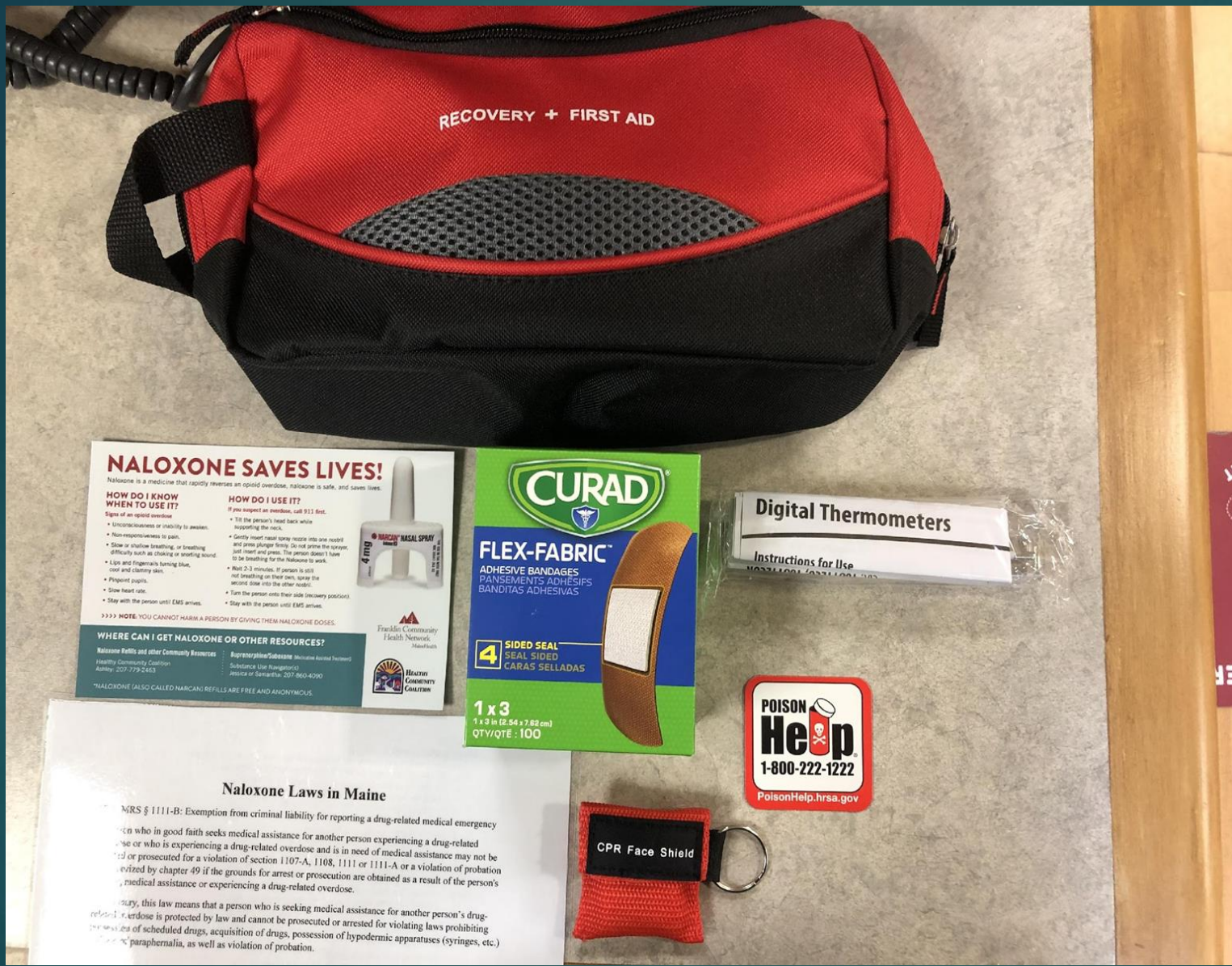


# The Project

- An educational curriculum was developed and placed on the hospital educational platform for completion by prenatal office staff, providers, and hospital birthing unit nursing staff.
- The components of the curriculum include
  - an introduction to the project,
  - modules on implicit bias and harm reduction, and
  - a tutorial on teaching about overdose recognition and naloxone administration.

# The Project

- Nursing staff educated the postpartum person regarding overdose recognition and naloxone administration.
- Every postpartum person was provided a naloxone-containing first aid kit prior to hospital discharge.
- The first aid kit also contained:
  - Supplies for newborn care including a digital thermometer
  - A CPR facemask
  - Naloxone use instruction card
  - Instructions on how to access local recovery resources, and
  - A poison control magnet
- Although postpartum people may decline naloxone; the emphasis is on *providing* the take-home kit and not just offering it.



# The Take-Home First-Aid Kit

**NALOXONE SAVES LIVES!**  
 Naloxone is a medicine that rapidly reverses an opioid overdose. Naloxone is safe, and saves lives.

**HOW DO I KNOW WHEN TO USE IT?**  
 Signs of an opioid overdose:  
 • Unconsciousness or inability to awaken.  
 • Non-responsive to pain.  
 • Slow or shallow breathing, or breathing difficulty such as choking or snoring sound.  
 • Lips and fingernails turning blue, cool and clammy skin.  
 • Pinpoint pupils.  
 • Slow heart rate.  
 • Stay with the person until EMS arrives.

**HOW DO I USE IT?**  
 If you suspect an overdose, call 911 first.  
 • Tilt the person's head back while supporting the neck.  
 • Gently insert nasal spray nozzle into one nostril and press plunger firmly. Do not pump the sprayer, just insert and press. The person doesn't have to be breathing for the naloxone to work.  
 • Wait 2-3 minutes. If person is still not breathing on their own, lower the second dose into the other nostril.  
 • Turn the person onto their side (recovery position).  
 • Stay with the person until EMS arrives.

**NOTE: YOU CANNOT HARM A PERSON BY GIVING THEM NALOXONE DOSES.**

**WHERE CAN I GET NALOXONE OR OTHER RESOURCES?**  
 Naloxone Refills and other Community Resources: Franklin Community Health Network, Healthier Community Coalition, Substance Use Navigation, Justice of Somerville, 207-860-4090.  
 \*NALOXONE (ALSO CALLED NARCAN) REFILLS ARE FREE AND ANONYMOUS.

**CURAD**  
**FLEX-FABRIC**  
 ADHESIVE BANDAGES  
 PANSEMENTS ADHESIFS  
 BANDITAS ADHESIVAS

**4 SIDED SEAL**  
 SEAL SIDED  
 CARAS SELLADAS

**1 x 3**  
 1 x 3 in (2.54 x 7.62 cm)  
 QTY/QTE : 100

**Digital Thermometers**  
 Instructions for Use

**POISON Help**  
 1-800-222-1222  
 PoisonHelp.hrsa.gov

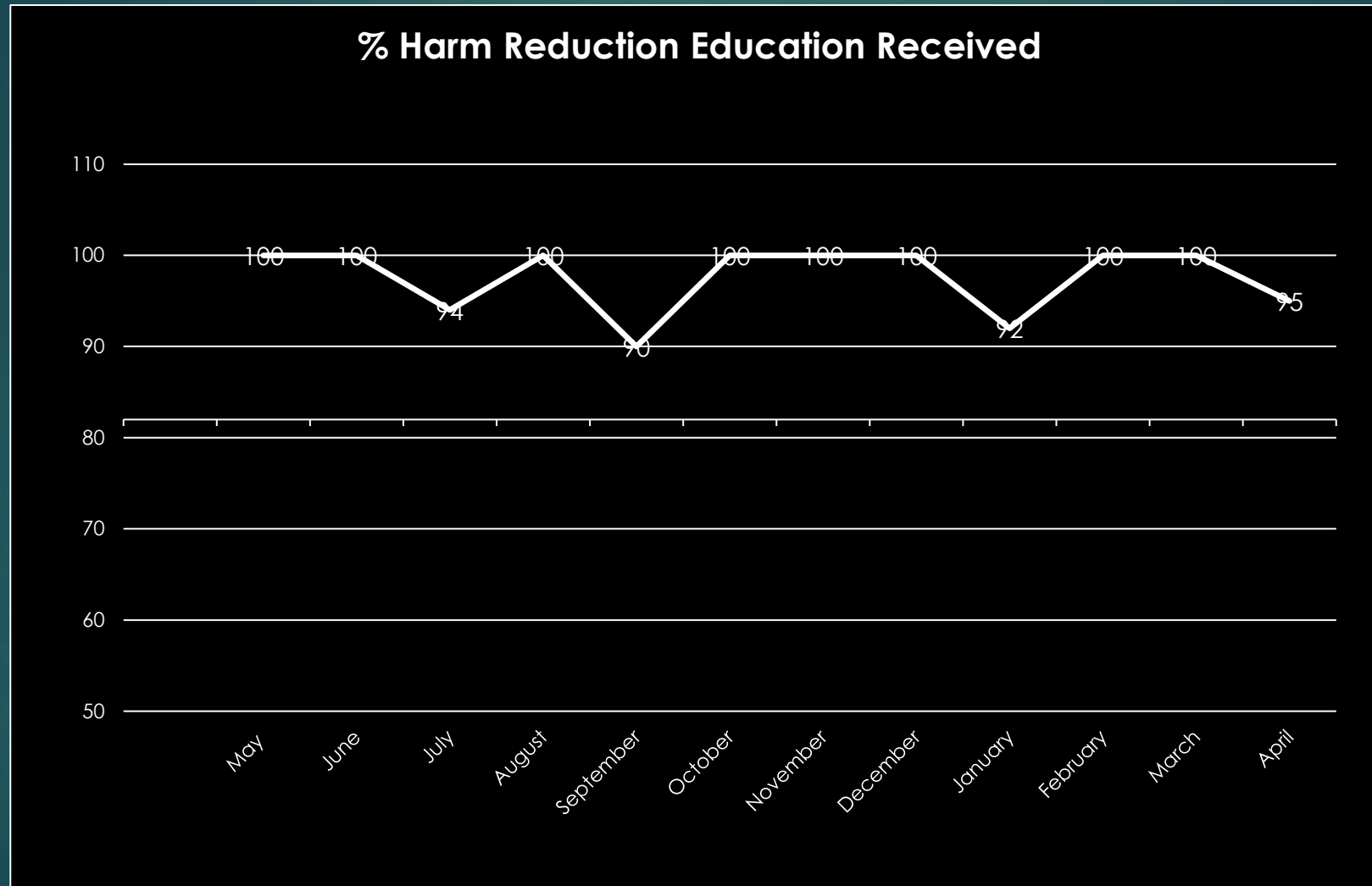
**CPR Face Shield**

**Naloxone Laws in Maine**

**2019 MRS § 1111-B: Exemption from criminal liability for reporting a drug-related medical emergency**  
 A person who in good faith seeks medical assistance for another person experiencing a drug-related overdose and who is experiencing a drug-related overdose and is in need of medical assistance may not be arrested or prosecuted for a violation of section 1107-A, 1108, 1111 or 1111-A or a violation of probation or parole if the grounds for arrest or prosecution are obtained as a result of the person's seeking medical assistance or experiencing a drug-related overdose.

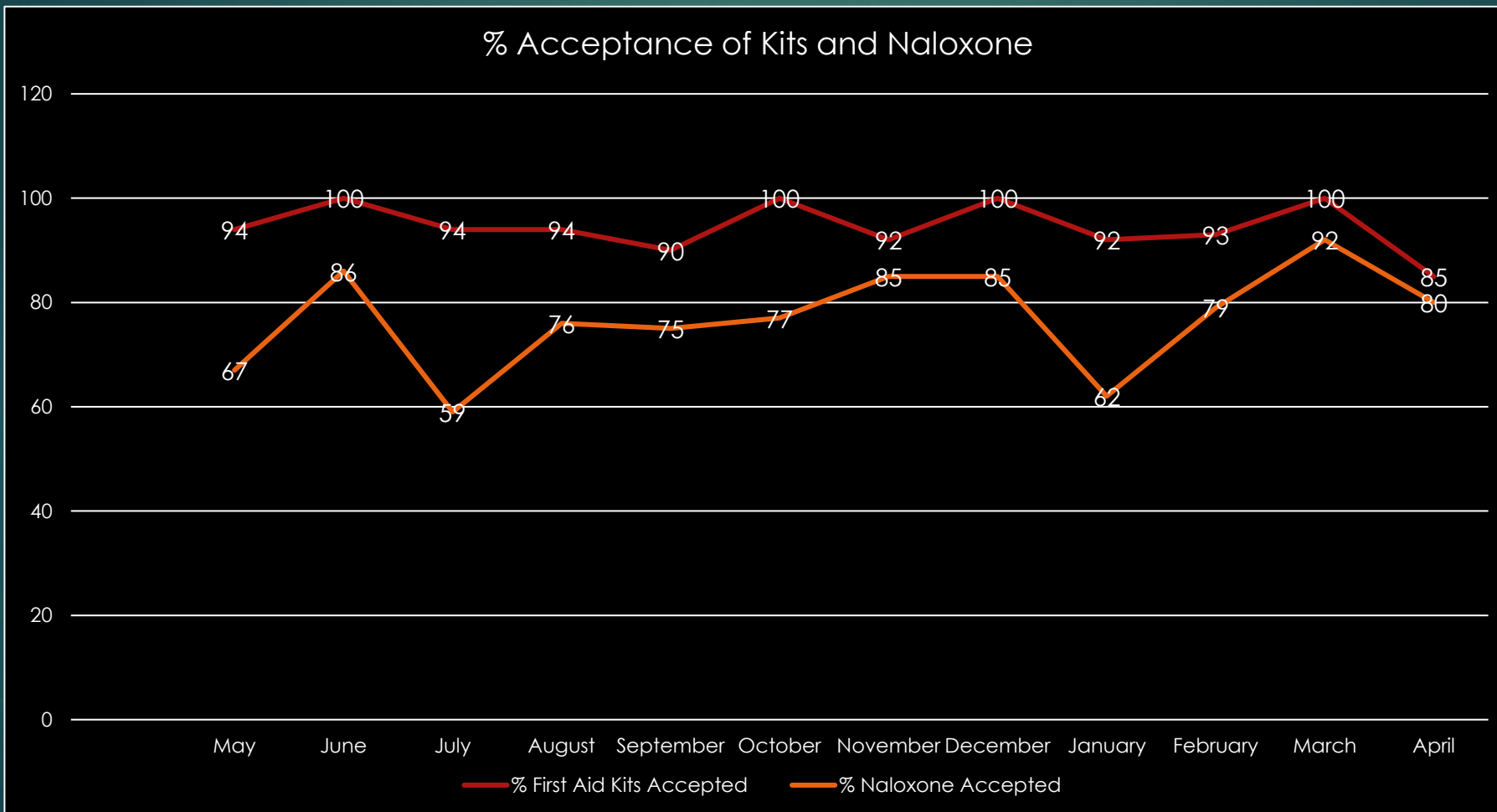
Therefore, this law means that a person who is seeking medical assistance for another person's drug-related overdose is protected by law and cannot be prosecuted or arrested for violating laws prohibiting possession of scheduled drugs, acquisition of drugs, possession of hypodermic apparatuses (syringes, etc.) or possession of paraphernalia, as well as violation of probation.

# Harm Reduction Education Received



Percentage of Postpartum People Receiving Harm Reduction Education:  
**Cumulative total 97% (192/197)**

# First Aid Kit and Naloxone Acceptance(%)



**Percentage of Postpartum People Accepting the First Aid Kit and Accepting Naloxone Cumulative Totals:**

- **Kit-94%**  
(186/197)
- **Naloxone 76%**  
(150/197)

# Challenges Encountered

- Pilot Planning Phase
  - Evolution from initial plan
  - Project funding
  - Curriculum development
  - Nursing scope of practice rules
  - Community reactions
- Implementation Phase
  - Incomplete data sheets
  - “Data collection fatigue”
  - Staff and provider turnover (50% turnover of Birthing Unit staff due to burnout, retirement, and vaccine mandate)

# Requirements for Success

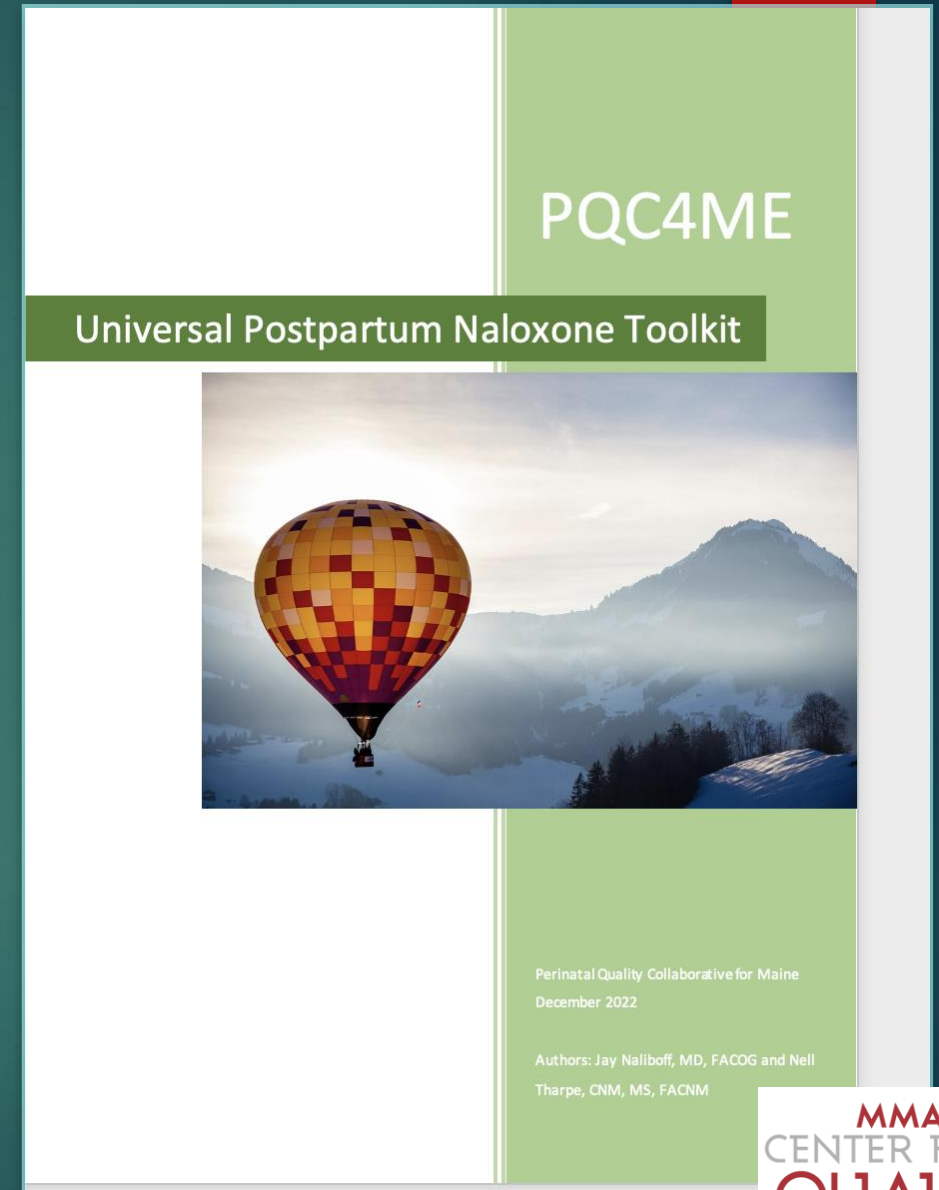
- Buy in from providers, nursing staff, hospital administration.
- Strong in-house champions.
- Stable supply of naloxone with no cost to people in Maine.
- Frequent communication with project champions and project leadership.
- Preparation by office staff at prenatal visits so that people aren't surprised to be offered naloxone at discharge.
- Ongoing support, problem-solving, and feedback about results.

# Follow-up and Next Steps

- Pilot data collection ended April 2022.
  - Since pilot ended 89% of postpartum people have taken home the first-aid kit,
  - 73% also took home Naloxone.
- Project expanded to two other Maine hospitals.
- Suicide prevention resources now included in kit.
- Online toolkit created to facilitate further expansion.
- Postpartum Participant Survey via Survey Monkey.

# PQC4ME Universal Postpartum Naloxone Project Toolkit

- Project guide & checklists
- Educational modules
- Sample policy
- Scripting for clinical staff
- Public relations materials
- Project FAQs
- Data & naloxone tracking sheets
- <https://www.mainemed.com/maternal-perinatal-and-child-health-improvement>



# Toolkit Contents

[Universal Postpartum Naloxone Project Summary](#)  
[Project Guide for Hospitals](#)  
[Project Data Collection Tool](#)  
[Inventory Tracking Form](#)  
[Naloxone Distribution Policy Template](#)  
[Community Agency Checklist](#)  
[Frequently Asked Questions](#)  
[Training Resources for Staff](#)  
[Introduction for Hospitals](#)  
[Scripting for OB Office Staff Naloxone Discussions](#)  
[Scripting for Birthing Unit Clinical Staff](#)  
[Patient Handout Template](#)  
[Press Release Template for External Media Outlets](#)  
[Press Release Template for Hospital Newsletter](#)  
[Press Release Template for Hospital Communication](#)  
[Sample Poster MAP Information](#)  
[Sample Poster Opioid Overdose Card](#)  
[Sample Poster Who Might Need Naloxone](#)  
[Sample Poster Naloxone First Aid Kit](#)

Harm Reduction Education:  
contact Mariah Pfeiffer  
at [mpfeiffer@mainemed.com](mailto:mpfeiffer@mainemed.com) for a  
compressed file  
Teaching About Naloxone:  
contact Mariah Pfeiffer  
at [mpfeiffer@mainemed.com](mailto:mpfeiffer@mainemed.com) for a  
compressed file



# Over The Counter Naloxone

## Will It Make A Difference?

- Potential to increase community saturation.
- Cost may make it unaffordable for people who need it most.
- Cost to pharmacy + markup will bring price close to \$100.\*
- May not be covered by insurance if OTC.
- Stigma remains.

\*<https://www.nytimes.com/2023/03/28/health/narcan-otc-price.html>



# Project Replication in NH

\$9.74 per person: Canvas bag with Band-aids<sup>®</sup>, digital thermometer, CPR mask

Free!: poison control magnets, general home safety guide (lead, plants, carbon monoxide), suicide and PPD prevention pamphlet

Naloxone: \$47 per person



# FUNDING SOURCES

Facility: Foundation

State: DHHS, Legislative

Federal: SAMHSA

Community: Civic, Doorway,  
other harm reduction  
facilities



**Mass General Brigham**  
Wentworth-Douglass Hospital

# Other Options for Distribution

- ▶ California-Naloxone Distribution Project  
[https://www.dhcs.ca.gov/individuals/Pages/Naloxone\\_Distribution\\_Project.aspx](https://www.dhcs.ca.gov/individuals/Pages/Naloxone_Distribution_Project.aspx)
- ▶ For those with no health insurance or limited resources [Next Distro: Free Naloxone Access for Impacted Communities — NEXT Distro](#)
- ▶ On-line Naloxone finder-[National Community-Based Naloxone Finder - Google My Maps](#)
- ▶ Prescribing on discharge-often free or covered by insurance

# QUESTIONS?

MAINE PROJECT CONTACTS:

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[nelltharpe.cnm@gmail.com](mailto:nelltharpe.cnm@gmail.com)

NEW HAMPSHIRE PROJECT CONTACTS:

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[Janet.perkins@wdhospital.org](mailto:Janet.perkins@wdhospital.org)





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*Options for How to Start  
Making Progress*

June 15, 2023  
at 3 PM ET

Renée Byfield MS, RN, FNP, C-EFM,  
Debra Bingham DrPH, RN, FAAN,  
& Amy Ushry MPH, BSN, RN, CCM

## How to Develop Policy to Sustain Quality Improvement Initiatives

July 20, 2023  
at 3 PM ET

TBA



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will be emailed  
to all attendees  
once ready

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