

2017 Practice Survey Highlights

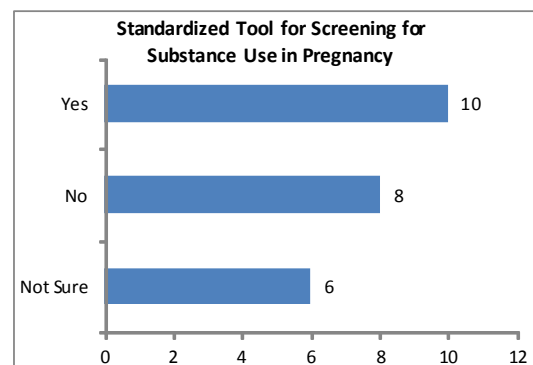
December 2017

PNQIN 2017 Practice Survey

In August 2017, PNQIN surveyed all hospitals (approximately 45) in Massachusetts that care for mothers and newborns about clinical practices around perinatal opioid use and neonatal abstinence syndrome. The questions were designed to be answered by both obstetric and neonatal providers, social workers, nursing and other providers. 27 hospitals responded. A formal analysis of the survey findings is under development and will be posted on our website at www.pnqinma.org. Below are some highlights from the survey that demonstrate the power of this tool to help us understand our practices.

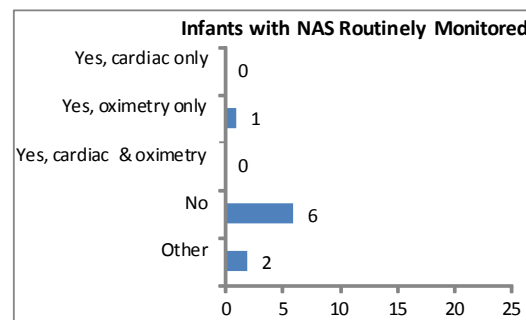
Screening for Opioid Use in Pregnancy and at Delivery

Survey results showed that while the majority of obstetric providers are using a standardized tool to screen for substance use in pregnancy, a significant number do not (see figure). In addition, practices seemed especially variable around screening women without a history of substance use, and with regards to screening for marijuana use. This insight has been particularly useful in informing the work of PNQIN's recent initiative around Opioid Use Disorder in Pregnancy, as many centers are now working towards standardizing approaches to screening for substance use during pregnancy while developing appropriate resources for intervention and referral.



Cardiac Monitoring

This survey also showed that despite significant progress in standardizing practices around the care of the infant with NAS over the past several years, key variations persist. For example, most hospitals continue to monitor infants with NAS with cardiac monitoring, but a substantial minority do not. This may reflect an opportunity to shift the care of more infants with NAS from intensive care settings such as the special care nursery or neonatal intensive care unit to less intensive and more family-friendly nurseries and wards.



Reporting to Department of Children and Families and Referral to Early Intervention

Notable differences in approaches to reporting to DCF and referring to EI were seen. Not all hospitals utilized a standardized tool to determine need for 51A reporting, and criteria for referral of opioid-exposed newborns varied significantly between centers. Anecdotally, hospitals report differing interpretations of DCF and EI guidance around reporting and referrals, speaking to the need for us to standardize this language and our practices.

