Colorado MOMs (Maternal Overdose Matters) Initiative

Naloxone Take-Home Kits Brief Training

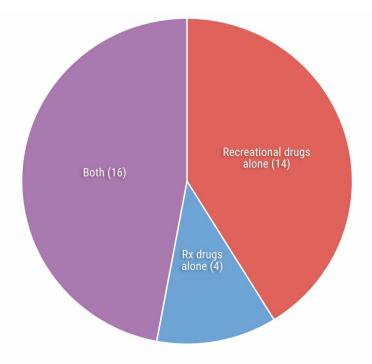






Maternal Death in Colorado

- The maternal death rate in CO nearly doubled from 2008 to 2013, from 24.3 deaths per 100,000 live births to 46.2 deaths.
- Suicides and overdoses are rising in this population, while the death rate from homicide and car crashes is declining.
- 80% of these deaths were determined preventable through better medical care, mental health care or substance-abuse treatment.
- Figure: types of substances used among not pregnant-related deaths found with toxic amounts of substances, CO 2008 2013. n = 34



SOURCE: COLORADO DEPARTMENT OF PUBLIC HEALTH & ENVIRONMENT

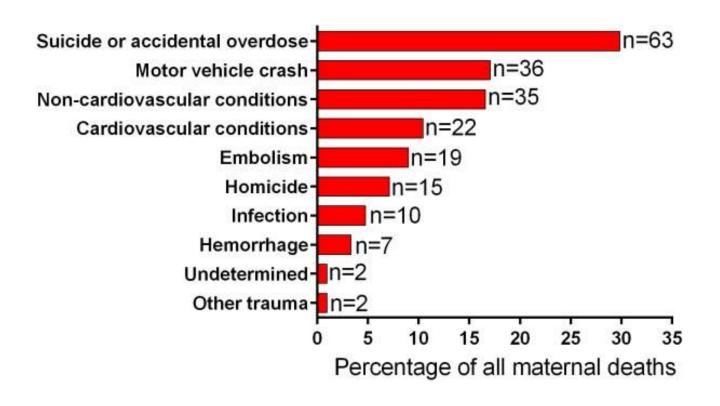
Bardin, L., & Schiffmacher, A. (2017). (rep.). *Understanding Maternal Deaths in Colorado, An Analysis of Mortality from 2008-2013*. Retrieved from

https://www.colorado.gov/pacific/sites/default/files/PF_Maternal_Mortality_Colorado-12-01-17.pdf



Maternal Death in Colorado





- In a 2016 study researchers found that the leading causes of maternal death in CO were suicide and overdose.
- Of the 211 deaths from 2004-2012, 37
 women died from drug overdose and 26 died by suicide.
- Opioids were the most common drug detected

Metz TD, Rovner P, Hoffman MC, Allshouse AA, Beckwith KM, Binswanger IA. Maternal Deaths From Suicide and Overdose in Colorado, 2004-2012. *Obstet Gynecol*. 2016;128(6):1233-1240. doi:10.1097/AOG.00000000001695



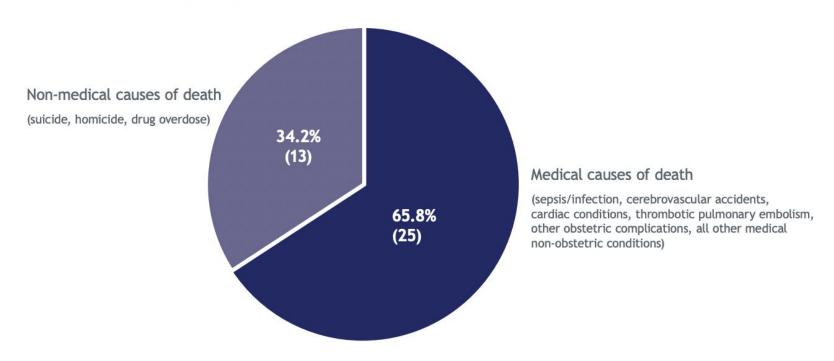
Maternal Death in Colorado



The latest Maternal Mortality Review Committee (MMRC) reported that from 2014 to 2016 there were 94 deaths in Colorado

2nd highest cause of "non-medical" pregnancy-associated death was unintentional drug overdose = 13

Figure 9. Causes of Pregnancy-Related Deaths, Colorado, 2014-2016.





Naloxone Saves Lives



- Naloxone prescriptions are being written, but not often filled
 - One study showed the fill rate for naloxone being <1.0%, even for patients who presented with more than one overdose episode.¹
 - Another suggested that less than 2% of people who had at least one of the main risk factors for opioid overdose had filled a prescription for naloxone. This drug could save their lives, but less than 2% get it.²
- Placing naloxone directly in the hands of at-risk pregnant and postpartum patients and families upon discharge removes the current barriers to treatment



¹ Ruff AL, Seiler K, Brady P, Mark Fendrick A. Naloxone fill rates after opioid overdose. Journal of Addiction Medicine and Therapeutic Science.

^{2019;5(1):001-002} https://www.peertechzpublications.com/articles/JAMTS-5-127.php

² Uofmhealth.org. Accessed April 19, 2021. https://labblog.uofmhealth.org/rounds/drug-could-save-their-lives-but-less-than-2-get-it

CNP Year 2 = Colorado MOMs Initiative

The Colorado Naloxone Project year 1 goal was for all Colorado emergency departments to distribute naloxone to at-risk patients, placing naloxone in patients' hands prior to their departure from the hospital. >100 hospitals signed on, covering 97% of ED visits statewide.

Year 2 focuses on the Colorado MOMs (Maternal Overdose Matters) Initiative. Our goal is for 100% of hospital-based obstetric, labor and delivery, perinatal, and neonatal units to have the ability to dispense naloxone to at-risk pregnant and postpartum patients and families.



CO's CURE Guidelines



Colorado's Opioid Solution: Clinicians United to Resolve the Epidemic

Obstetrics and Gynecology: ACOG 2020 Opioid Prescribing and Treatment Guidelines

CO ACOG Harm reduction recommendations:

- 1. OB/gyn clinicians should **educate their patients** with OUD and those who inject drugs in overdose recognition, prevention, and the use of naloxone.
- OB/gyn clinicians should provide naloxone directly to patients at elevated risk of overdose.
- 3. During the postpartum period, when rates of overdose are elevated, OB/gyn clinicians are positioned and encouraged to ensure that patients with OUD or polysubstance use receive medical and behavioral health care, social and and harm reduction support, **overdose education and naloxone** in order to minimize the risk of overdose.





Who's Eligible

Take-home naloxone kits should be dispensed directly to pregnant and postpartum patients who:

- Are receiving medical care for opioid intoxication or overdose
- ▶ Use any type of illicit substances, including but not limited to fentanyl, heroin, methamphetamine
- ► Have suspected opioid use disorder, including nonmedical opioid use
- ► Are starting methadone or buprenorphine treatment for opioid use disorder
- ► Are prescribed any amount of opioid medication on a chronic basis
- ► Are receiving a new opioid prescription for pain
- ► Have resumed opioid use after a period of abstinence (e.g., following birth of child, a recent release from jail or prison, or a recent discharge from a hospital or drug treatment facility)
- ► Have been exposed to substances in utero or are experiencing neonatal withdrawal syndrome





Naloxone Take-Home Kit

- Located in the automated dispensing machine
- The kit will contain:
 - Naloxone medication product (2)
 - 0.4 mg injectable
 - 4 mg intranasal
 - 8 mg intranasal
 - Patient education handout
 - Institution specific label (optional)

Insert picture of your institution's naloxone take-home kit here





Documentation

- Order for naloxone take-home kit will be entered for patient by provider in CPOE
- Medication will be removed from the ADM and scanned into the eMAR
 - Since medication will be distributed to patient for use at home, change the status of medication to "not administered"
 - Select "take-home medication" or similar explanation as reason medication was not administered in the hospital

Insert picture of your institution's CPOE process and/or eMAR scanning and documentation process here





Patient Education

- Be sure to use the informational handout in the naloxone take-home kit to guide education of patient and family (do not open the sealed naloxone package use the loose sheet provided in the kit)
- Be sure to include the following in your education:
 - Identification of person to administer and importance of educating them on how to administer
 - Risk factors for opioid overdose
 - Prevention of opioid overdose
 - Recognition of opioid overdose
 - Need to call 911 if naloxone take-home kit is administered
 - How to provide rescue breaths
 - Administration of intranasal or injectable naloxone
 - Effects of naloxone on fetus or newborn
 - OUD treatment options for pregnant or postpartum patients







Review instructions with patient

*** Do not open sealed package to demonstrate ****



REMOVE NARCAN Nasal Spray from the kit.

Peel back the tab with the circle to open the NARCAN Nasal Spray.

Hold the NARCAN Nasal Spray with your thumb on the bottom of the plunger and your first and middle fingers on either side of the nozzle.

Gently insert the tip of the nozzle into either nostril.

• Tilt the person's head back and provide support under the neck with your hand. Gently insert the tip of the nozzle into one nostril, until your fingers on either side of the nozzle are against the bottom of the person's nose.

Press the plunger firmly to give the dose of NARCAN Nasal Spray.

• Remove the NARCAN Nasal Spray from the nostril after giving the dose.



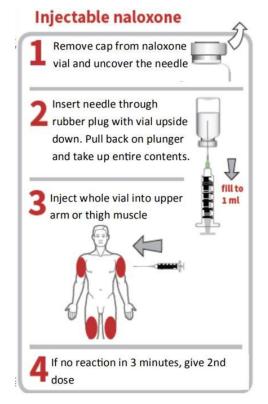


How to Use Naloxone Injectable

Review instructions with patient

*** Do not open sealed package to demonstrate ****









Additional Resources

Links to free educational materials

- Colorado Naloxone Project
- **Colorado Department of Public Health and Environment**
- How to Use Narcan Nasal Spray Video
- Colorado Consortium for Prescription Drug Abuse Prevention, Naloxone Workgroup
- Harm Reduction

