



Talking to Moms: A 5-Step Guide to Successful Conversations

Naloxone and Opioid Safety Education for Pregnant and Postpartum Patients and Families

One: Establish a rapport with the mom and family.

- ▶ Foster trust by eliminating judgment. Make the patient's and baby's health and safety the #1 priority.
- ▶ Don't use stigmatizing language. [Learn More About Stigmatizing Language](#)
- ▶ **Example Dialogue:** "As your nurse, I am worried about you, your risk of accidentally overdosing, and **the well-being of you and your baby**. I want to make sure that you and your family are safe and have the medicines needed to reverse an overdose. Just so you know, I always carry naloxone too."

Two: Ensure the mom and family can recognize an overdose.

- ▶ Is the patient/family familiar with signs of an overdose?
- ▶ Use an educational handout to reinforce overdose knowledge.
- ▶ **Example Dialogue:** "Would you know how to recognize an overdose?" [Allow the patient or family to answer. Provide information, and correct beliefs that may be factually incorrect]. "The biggest mistake we see is people thinking that a person is simply sleeping and that they just need time to sleep it off, put them in a cold shower, etc—that is how some people die, and it's important that if you're ever in doubt, you try to wake a person up."

Three: Educate the mom and family on how to use naloxone and that it is safe for baby too.

- ▶ Show them a naloxone take-home kit and go through associated instructions.
- ▶ Use an educational handout to reinforce knowledge. Emphasize that naloxone is safe for mom and baby and when breast feeding*.
- ▶ **Example Dialogue:** "Let's go through how to use the naloxone kit we are giving you so you can ask any questions and gain some experience. And just to emphasize, administering **naloxone is safe for both you and your baby**."

Four: Emphasize the importance of calling 911.

- ▶ Suspicion of an overdose and/or naloxone is administered = a medical emergency.
- ▶ The patient should ALWAYS be seen in the emergency department (ED).
- ▶ **Example Dialogue:** "A big mistake we see is that after naloxone is given, 911 is not called. There are many opioids that require repeat doses of naloxone over many hours. Once there is an overdose event, you should always call 911 and receive further care. Colorado has Good Samaritan Laws that protect the person from criminal prosecution who administers the naloxone, and calls 911."

Five: Discuss follow-up and offer further help.

- ▶ Screen for opioid use disorder (OUD). If OUD is identified, either initiate buprenorphine in the hospital or offer the ability to return to the ED once the patient is ready for treatment.
- ▶ Identify an outpatient treatment program or provider for follow-up appointment within 48 to 72 hours.
- ▶ **Example Dialogue:** "Opioid use disorder is a treatable disease. The naloxone that we are providing can help save your life and your baby's life, but the better long-term treatment is to start you on medications like buprenorphine or methadone and get you into treatment. We provide buprenorphine in our hospital, and whenever you are ready, we can help get you started on treatment. In fact, **pregnant and postpartum patients are prioritized when accessing treatment!**"

*Do not recommend breastfeeding in cases of non-prescribed opioid use.