

A Needs Assessment for Bedside Opioid Use Disorder (OUD) Treatment in the NICU: Initial Qualitative Findings

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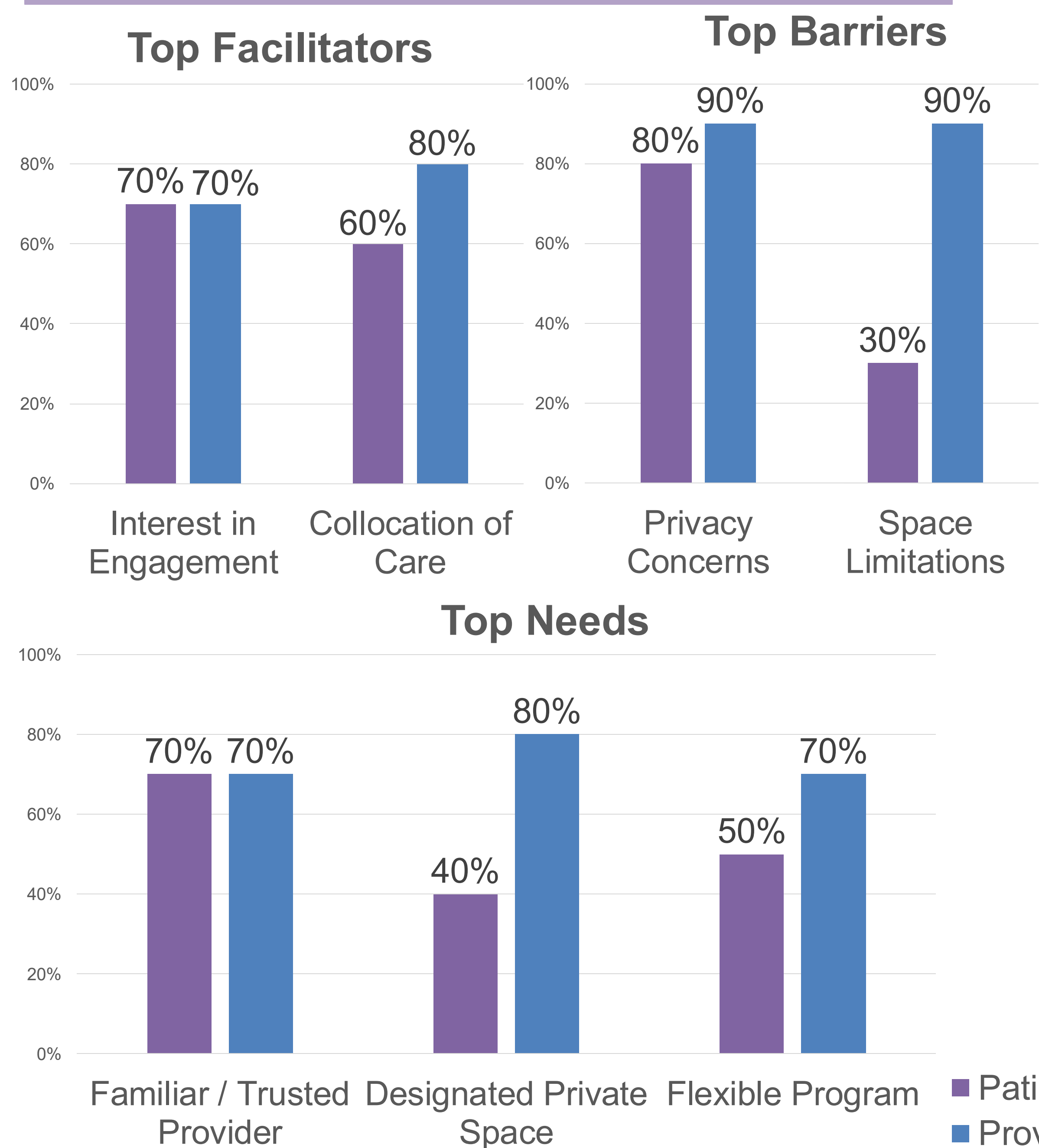
Introduction

- The increasing prevalence of pregnant and postpartum individuals affected by opioid use disorder (OUD) in the US is highlighted by the growing number of babies with neonatal opioid withdrawal syndrome (NOWS) after birth.
- Infants born to parents with OUD are often sent to NICUs after birth to manage opioid withdrawal, with their mothers at their bedside during their stay.
- Despite recommendations to integrate maternal mental health in pediatric settings, **no treatment models exist to integrate maternal OUD treatment and referrals into the pediatric care setting.**

Method

- We conducted a **needs assessment** via in-depth qualitative interviews to identify the primary barriers and facilitators to implementing **bedside NICU OUD treatment** and referrals to ongoing outpatient care for postpartum women.
- N= 10 providers, and 10 patients.
- **Rapid analysis** was used to identify themes.

Results



Needs: Familiar / Trusted Provider

"I think a lot of like substance use treatments comes from a place of trust and being able to continually meet them and have it be the same person." – Social Worker 102

Facilitator: Collocation of Care

"I think that would help increase the time that mothers get to spend with their child, especially with both baby and mom needing medical care at that time. The opportunity to sit and stay rather than leaving our children you know." – Patient 103

Needs: Flexible Program

"Create a system by which a patient can check in whenever they wanted because it should be a flexible system. In order to treat a visitor, they need to become a patient. So there needs to be a system by which as soon as the mom comes to the NICU, it creates a patient encounter where by somebody could then see the patient." – Clinician 102

Barrier: Privacy & Needs: Designated Space

"The NICU is a very very not private place. I wouldn't feel comfortable at all unless we were in a separate room. I think there's lots of parents around, there's already a lot of stigma. I know there's a family room to have discussions in or we could go to a different space - Clinician 106

Barrier: Privacy

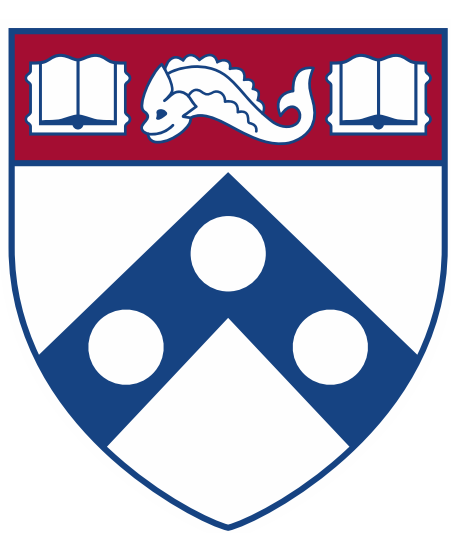
"Some people, including myself, would feel a little uncomfortable with being in a public setting. From what I experienced, all our babies are in one room. It's an open floor plan where you are not going to get that individual privacy. So certain tests and conversations would be very difficult to do and not make a mom uncomfortable." – Patient 104

Discussion

- Providers recognize that a baby's NICU stay presents an opportunity to **initiate** and **maintain** treatment for moms with OUD
- **Co-located care** is a facilitator in itself as it maximizes mother-infant bonding time and minimizes hospital visits, addressing barriers posed by social determinants of health that limit access to OUD care (transportation/childcare).
- Patients and providers alike suggest making use of separate rooms on the NICU floor for discussions and treatment delivery to address **privacy** and **space limitations**.
- Patients place importance on being treated by a **trusted, familiar provider**.
- A **flexible system** is needed to allow for documentation of inpatient and outpatient visits, referrals to outpatient care, and a flexible treatment window and alert system to providers when a mom is awaiting treatment in the NICU.
- 70% of interviewed providers indicated interest in contributing to the treatment of moms in the NICU. Patients also indicated **willingness** to participate with 70% of moms responding "yes" to "Is this something you would try?".

Conclusion

- Co-located maternal OUD treatment seems to be desirable, granted certain conditions are met and patients and providers see its potential.
- **Integrating maternal OUD treatment into the NICU could help mothers access care and improve maternal functioning, while preserving the dyadic bond and maintaining stability for the infant.**
- These initial qualitative findings will be used to design an optimally feasible and acceptable MOUD implementation plan for the NICU setting and to its users.



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