



Specialized Care of Women and Newborns Affected by Opioids With a CORE Team of Nurses

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ABSTRACT: Staff on a mother–baby unit of a large suburban Level II facility identified the need to provide specialized nursing care to women affected by opioids. The manager of the unit recognized inconsistencies in care and frustration expressed by women and staff. She recruited a CORE (Champion for our Opiate patients using Respectful and Relevant Engagement and Education) group of staff nurses to care for these women. CORE nurses received specialized education and resources and served as the primary nurses for women admitted to the unit with a positive urine drug screening result or a history of drug use during pregnancy. Having a CORE team has brought a consistent approach when providing care to families affected by opioids.

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Substance misuse during pregnancy has come to the forefront as a widespread public health concern in the United States. Approximately 4% of pregnant women use illicit drugs or misuse prescription drugs during pregnancy (Merritt, Jackson, Bunn, & Joyner, 2011). Worley (2014) suggested that this phenomenon is underreported and

estimated that the percentage of pregnant women misusing drugs may be as high as 20%.

Staff from the mother–baby unit of a large suburban Level II facility recognized the need to provide specialized nursing care to drug-affected women. The manager of the unit recognized inconsistencies in care and frustration

CLINICAL IMPLICATIONS

- The opioid crisis has affected women and their nurse caregivers.
- Nurses can become burned out, unsympathetic, and frustrated when caring for drug-affected women.
- Nurses who display an empathetic approach in their care are seen as more understanding and less judgmental by drug-affected women.
- Providing more education and a supportive atmosphere for nurses dedicated to caring for drug-affected women and their newborns is one potential piece in curbing the opioid epidemic.

expressed by women and staff. When nursing leaders conducted rounds that included women who were drug affected, many women stated that they were being treated differently by nurses than women without substance misuse. This perception was validated by literature indicating that health care professionals often display stigmatic attitudes toward women with substance misuse in the perinatal period (Carter, 2002). Often, nurses have a knowledge deficit about substance misuse and addiction, which can lead to expressions of disdain and blaming a woman for her newborn's withdrawal symptoms (Maguire, 2014). Nurses can become burned out, unsympathetic, and frustrated when caring for drug-affected women. The nurses on this mother-baby unit believed there was a need to provide empathetic care and advocacy for this population of women and newborns.

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Implementing the CORE Nursing Team

A literature search was conducted to find evidence-based models of care for postpartum drug-affected women and newborns; however, no evidence was found. Therefore, the nurses worked to develop an innovative model for provision of nursing care by creating and educating a CORE (Champion for our Opiate patients using Respectful and Relevant Engagement and Education) team of staff interested in providing care to this population of women. CORE

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nurses learned about the disease process of addiction and the impact it can have on families. By educating the CORE nurses about addiction, we anticipated there would be a knowledge increase that would foster a more nurturing and less judgmental environment for women and families. CORE nurses took an empathetic approach in promoting health, wellness, and safety for women and newborns and incorporated a family-centered approach to providing care.

Staff nurses who volunteered for CORE received training developed by the unit manager and unit educator. They were trained in the Finnegan assessment, which is a scoring system that lists the physical symptoms most frequently observed in neonates exposed to opiates and produces scores that are used to guide treatment (Finnegan, 1990). Additional training included reading selected journal articles, books, information on non-pharmacologic soothing strategies, and attending conferences on neonatal abstinence syndrome (NAS) and related topics. The goal was to support CORE nurses with information that they could use to form a trusting, nurturing relationship with women so that women would feel capable of caring for their newborns.

After education, the next step was a trial assignment in providing care. Staff nurses and unit management met before implementation of the CORE team to discuss questions including *What is the maximum number of women each CORE nurse could care for?* and *Would that number account for increased acuity due to the amount of time spent with the women?* For example, extra time would be needed to teach Finnegan assessments and to learn to navigate family dynamics that can be associated with this population. As the specifics of the questions were decided by management and the CORE team, it became clear that each team member was enthusiastic and invested in making this a successful undertaking.

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