

Healthy Beginnings Project

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Background: In 2012, Calvert County saw a dramatic increase in narcotic addiction. During FY2012 and 2013 our Calvert County Fetal Infant Mortality Reviews (FIMR) had echoed this trend with approximately 90% of the cases reviewed involved pregnant substance abusers and 89% were below 200% of poverty level. Investigation of these cases by a registered nurse revealed a pressing need to improve access to substance abuse services for pregnant women and women of childbearing age. Substance abusing women in Calvert County were much more likely to have late entry into prenatal care or receive no prenatal care. They were less likely to comply with recommended health care measures than non-substance abusers. Contraception post-delivery was virtually nonexistent.

Methods/approach: We engaged key stakeholders by presenting the findings and proposing a comprehensive and uniquely multidisciplinary approach targeted at the low income, substance abusing population in our region entitled "Healthy Beginnings." The program provides pregnant substance abusing women with case management, by a registered nurse, in order to improve pregnancy outcomes by assisting them with earlier entry into prenatal care and coordination of behavioral health services. Components of case management included linkage to obstetric providers, WIC, social services, dental care, health insurance enrollment, and community resources. Access to care was made easier by a one-stop-shop approach with most of these services under one roof. For care provided at other locations, assistance with transportation and coordination of appointments was used to overcome existing barriers. The health department began a Subutex clinic for pregnant women with opiate addictions. The nurse case manager coordinated the Subutex clinic. Nurses working in the program collaborated with neighboring rehabilitative facilities to promote and provide reproductive health services, pregnancy testing, birth control, and sexually transmitted infection screening. Women needing long acting reversible contraceptive (LARC) were transported from the facilities by the nursing staff in order to obtain services at the clinic. Free LARC was offered to high-risk substance using women, as well as women with mental health disorders, homelessness, and lower socioeconomic status. Women who were not considered high risk also received LARC on a sliding scale fee but were not counted.

Results: The project resulted in 190 high risk women receiving LARC. Seventy-five percent of the pregnant women in the program kept 7 or more prenatal visits and the median number of visits kept were 11. Seventy-four percent of the women received Tetanus, Diphtheria, Pertussis Vaccine for Adults (TDAP). Sixty-four percent of the women had a negative toxicology screen at delivery. Only, 16% of the babies born were transferred to a NICU for neonatal abstinence syndrome (NAS) caused by a non-prescribed or illegal substance. Only 9% of the babies born weighed less than 2,500 grams. Seventy-four percent received contraception in the postpartum period.

Conclusion: This program has improved the health outcomes of women with substance use disorders and their babies. With the likely prevention of 19 to 37 cases of NAS, 6 low birth weight babies requiring NICU services, and >100 unintended pregnancies in women with active substance use disorders the program which cost \$250,000 dollars resulted in significant cost savings.