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Welcome to the Webinar

EMPOWER: A Community-Based Approach to Improve Care for Women and Newborns Affected by Perinatal Substance Use Disorder

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<http://livewrite-ncc.appspot.com/attend?event=cit001>

Your Webinar Host



Susan Halpin

susan.halpin@umassmed.edu

NNLM NER,
Education & Outreach Coordinator
University of Massachusetts
Medical School
Worcester, Massachusetts



About the National Library of Medicine

Physical library is Bethesda, MD
part of the NIH campus.

Largest biomedical library in the
world

One of the federal government's
largest providers of digital
content

The library is open to everyone

Mission

*Advance the progress of medicine and improve public health
by making biomedical information accessible to everyone.*



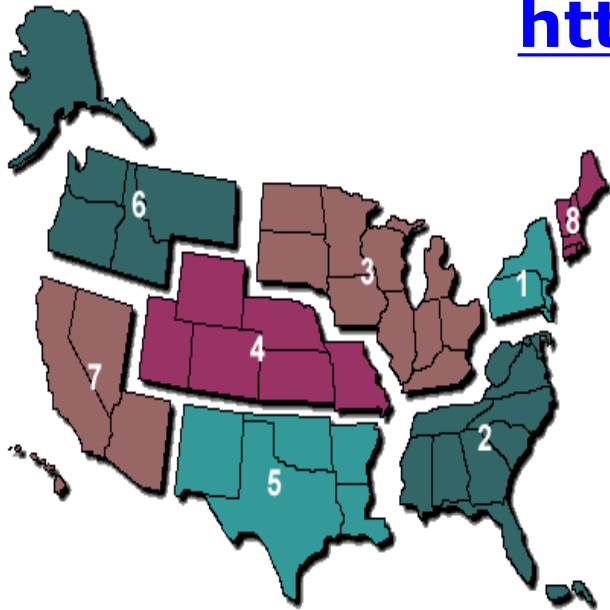
U.S. National Library of Medicine

National Network of Libraries of Medicine

New England Region

NLM Carries Out its Mission Through The National Network of Libraries of Medicine

<https://nnlm.gov/>



- Nationwide network of health sciences libraries, public libraries & information centers
- Each region has a partnership with a regional medical library
- Outreach provided through

Free access to online health & medical resources

Free Training & Professional Development

Grant funding opportunities available for your community



U.S. National Library of Medicine

*National Network of Libraries of Medicine
New England Region*

Substance Use Disorder Resources from the National Library of Medicine (Updated 5.3.18)

- Opiate Addiction and Treatment Information Guide <https://sis.nlm.nih.gov/enviro/addiction.html>
- Disaster Lit® search of [opioid guidelines, reports, factsheets, etc.](#), including:
 - Fentanyl Safety Recommendations for First Responders <https://disasterlit.nlm.nih.gov/record/16121>
 - How HIPAA Allows Doctors to Respond to the Opioid Crisis <https://disasterlit.nlm.nih.gov/record/16093>
 - Preventing Opioid Misuse in the States and Territories: A Public Health Framework for Cross-Sector - - Leadership <https://disasterlit.nlm.nih.gov/record/15995>
- MedlinePlus Opioid Abuse and Addiction <https://medlineplus.gov/opioidabuseandaddiction.html>
Abuso y adicción de opioides <https://medlineplus.gov/spanish/opioidabuseandaddiction.html>
- HealthReach [low-literacy patient materials about opioids, opioid addiction, and opioid treatment](#) (includes documents, videos, and audio)

PHPartners Information Access for the Public Health Workforce <https://phpartners.org/>

PHP Partners aggregates a lot of public health news, some of it involving substance misuse from a public health point of view,

<http://www.pewtrusts.org/en/multimedia/audio/2017/treating-the-opioid-epidemic>.

Partnership for Drug-Free Kids

Heroin, Fentanyl & Other Opioids – A Comprehensive Resource for Families with a Teen or Young Adult Struggling with Opioid Use - <https://bit.ly/2vb6Onm>




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LactMed


<https://www.toxnet.nlm.nih.gov/newtoxnet/lactmed.htm>

 U.S. National Library of Medicine

TOXNET TOXICOLOGY DATA NETWORK


Mobile | Help | FAQs | TOXNET Fact Sheet | Training Manual & Schedule

TOXNET Home > LactMed 

 **LactMed**
A TOXNET DATABASE

Drugs and Lactation Database (LactMed)

SEARCH LACTMED BROWSE LACTMED ADVANCED SEARCH




Search Term Records with ☒ Include Synonyms and CAS Numbers in Search

About LactMed

What is LactMed?
The LactMed® database contains information on drugs and other chemicals to which breastfeeding mothers may be exposed. It includes information on the levels of such substances in breast milk and infant blood, and the possible adverse effects in the nursing infant. Suggested therapeutic alternatives to those drugs are provided, where appropriate. All data are derived from the scientific literature and fully referenced. A peer review panel reviews the data to assure scientific validity and currency.

Updates: LactMed is updated monthly.

Did you know

 **How do I obtain the full TOXNET dataset?**

The following TOXNET datasets are available:
ChemIDplus, CCRIS, GENE-TOX, HSDB, LactMed, and TOXLINE.


For further information visit the [NLM Data Distribution Program](#) from the National Library of Medicine.

[More FAQs](#)

Support

Resources
[User and Medical Advice](#)
[Disclaimer](#)
[LactMed Data Usage/Translation](#)
[LactMed App](#)
[LactMed Record Format](#)
[Database Creation & Peer Review Process](#)
[Help](#)
[Fact Sheet](#)
[Sample Record](#)
[TOXNET FAQ](#)
[Glossary](#)
[Selected References](#)
[About Dietary Supplements](#)
[Breastfeeding Links](#)
[Get LactMed Widget](#)

Contact Us
Email: tehip@tehl.nlm.nih.gov
Telephone: (301) 496-1131
Fax: (301) 480-3537

Environmental Health & Toxicology 

Graphic Medicine Book Club Kit



nnlm.gov/ner/kits

Graphic medicine is the combination of comics and healthcare. Comics help with understanding illness and health.

These kits are available to any organization in New England for free.

How kits work

1. Pick a health comic



Addiction - AIDS - Aging - Cancer - Epilepsy - Grief - LGBTQ - Mental Health - OCD - Veterans

2. You receive a kit in the mail

Kits include:

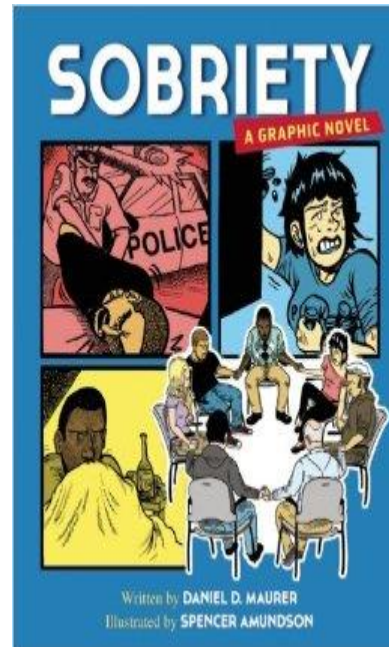
6 Graphic Novels
Discussion guides with questions
Valuable NLM resources on the selected topic



3. Read and learn together!



Offering programming on addiction and recovery? Consider borrowing one of our Graphic Medicine Book Club Kits featuring *Sobriety: A Graphic Novel*!



From the publisher.. "Through rich illustration and narrative, *Sobriety: A Graphic Novel* offers an inside look into recovery from the perspectives of five Twelve Step group members, each with a unique set of addictions, philosophies, struggles, and successes while working the Steps."

To Request a Kit: www.nlm.gov/ner/kits

For Questions or Further Information, Contact
Sarah Levin-Lederer at
Sarah.LevinLederer@umassmed.edu



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New England Region

Your Webinar Presenter



Linda Jablonski, RNC, MSN

Assistant Nurse Manager, The Birthplace,
Baystate Medical Center

Co-Chair Franklin County Perinatal Support Coalition

EMPOWER

*A Community-Based Approach to Improve Care for
Women and Newborns Affected by
Perinatal Substance Use Disorder*



***Linda Jablonski RNC, MSN
Assistant Nurse Manager, The Birthplace;
Co-Chair Franklin County Perinatal Support Coalition***

Disclosures

I have no actual or potential conflict of interest in relation to this program/ presentation



Objectives

Participants will:

- *Recognize how prenatal opioid exposure affects the health and wellness of women and their newborns.*
- *Identify effective strategies to address barriers to care for women and newborns affected by Perinatal Substance Use Disorder and Neonatal Abstinence Syndrome*
- *Understand the benefits of utilizing a comprehensive, community based approach to improve outcomes.*



Terminology

SUD – Substance Use Disorder

SEN – Substance Exposed Newborn

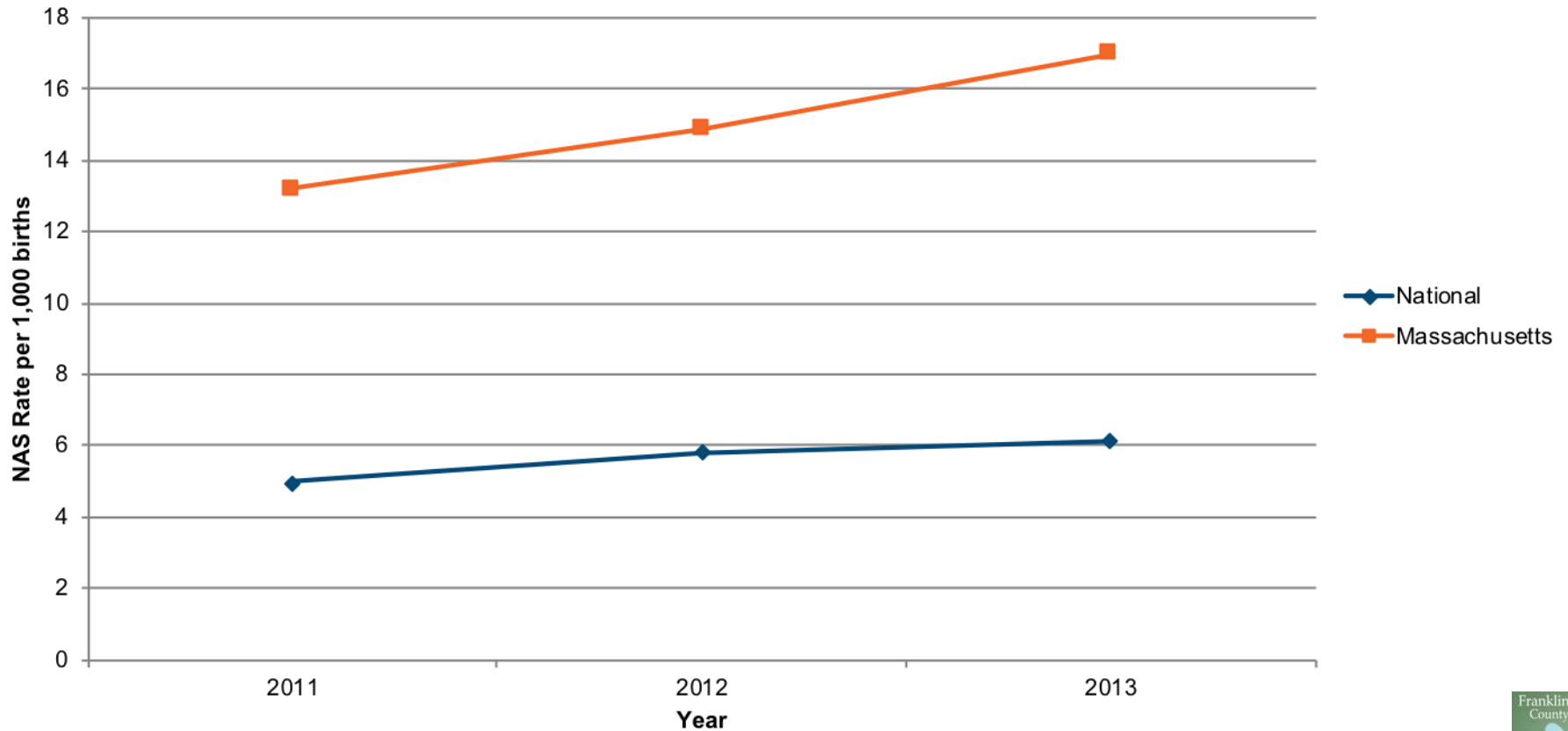
NAS – Neonatal Abstinence
Syndrome

MAT – Medication Assisted
Treatment



Perinatal Substance Use

National vs. Massachusetts trends in NAS births (2011-2013)



Source: HPC analysis of Center for Health Information and Analysis, Inpatient Discharge Database 2011-2015

Notes: NAS discharges were identified using ICD-9-CM diagnosis code 779.5 (drug withdrawal syndrome in a newborn).



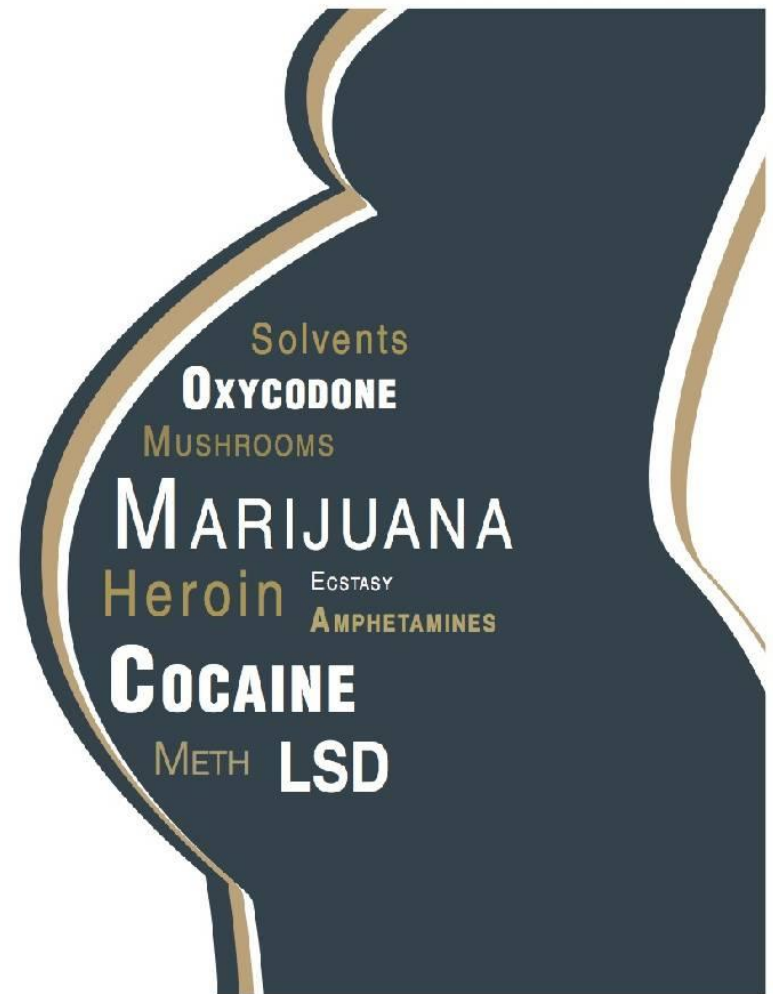
Perinatal Substance Use

Risks to Mother:

- Miscarriage
- Limited Prenatal Care
- Preterm birth
- Placental abruption

Risks to Baby

- Growth Restriction
- Low birth weight
- NAS
- Potential long term effects



Medication Assisted Treatment

- ❖ ACOG Recommendation
- ❖ Stabilizes serum opioid levels
- ❖ Reducing harm to fetus
- ❖ Reduction in illicit drug use
- ❖ Reduces risk of infectious disease
- ❖ Relapse prevention
- ❖ Adherence to prenatal care
- ❖ Improved neonatal outcomes
- ❖ In combination with behavioral therapy

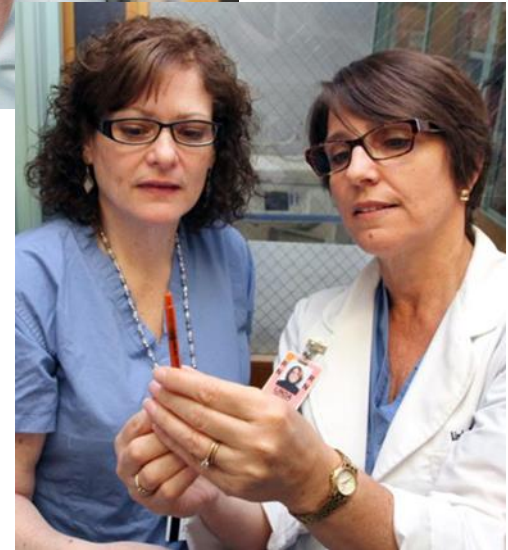


Substance Abuse and Mental Health Administration. Clinical Guidance for Treating Pregnant and Parenting Women With Opioid Use Disorder and Their Infants. HHS Publication No. (SMA) 18-5054. Rockville JD: SAMHSA, 2018



Neonatal Abstinence Syndrome

- SEN vs NAS
- Symptoms
- Diagnosis
- Treatment
- NAS ≠ Addiction



Prior, J. et.al 2015, "The Opioid Epidemic and Neonatal Abstinence Syndrome
A review of the Continuum of care" ArchDis Child Fetal Neonatal ED
Doi:10.1136/archdischild-2015-310045

Neonatal Abstinence Syndrome

- Breastfeeding
- Non-pharmacologic treatment
- Long Term Outcomes

Logan, B, Brown, M, Hayes, M. 2013 "Neonatal Abstinence Syndrome: Treatment and Pediatric Outcomes. Clinical Obstetrics and Gynecology Volume 56, Number 1, 186-192.



Our Community



450 deliveries a year
91% White 5% Hispanic
50% Mass Health
Community Involvement



Our Mission



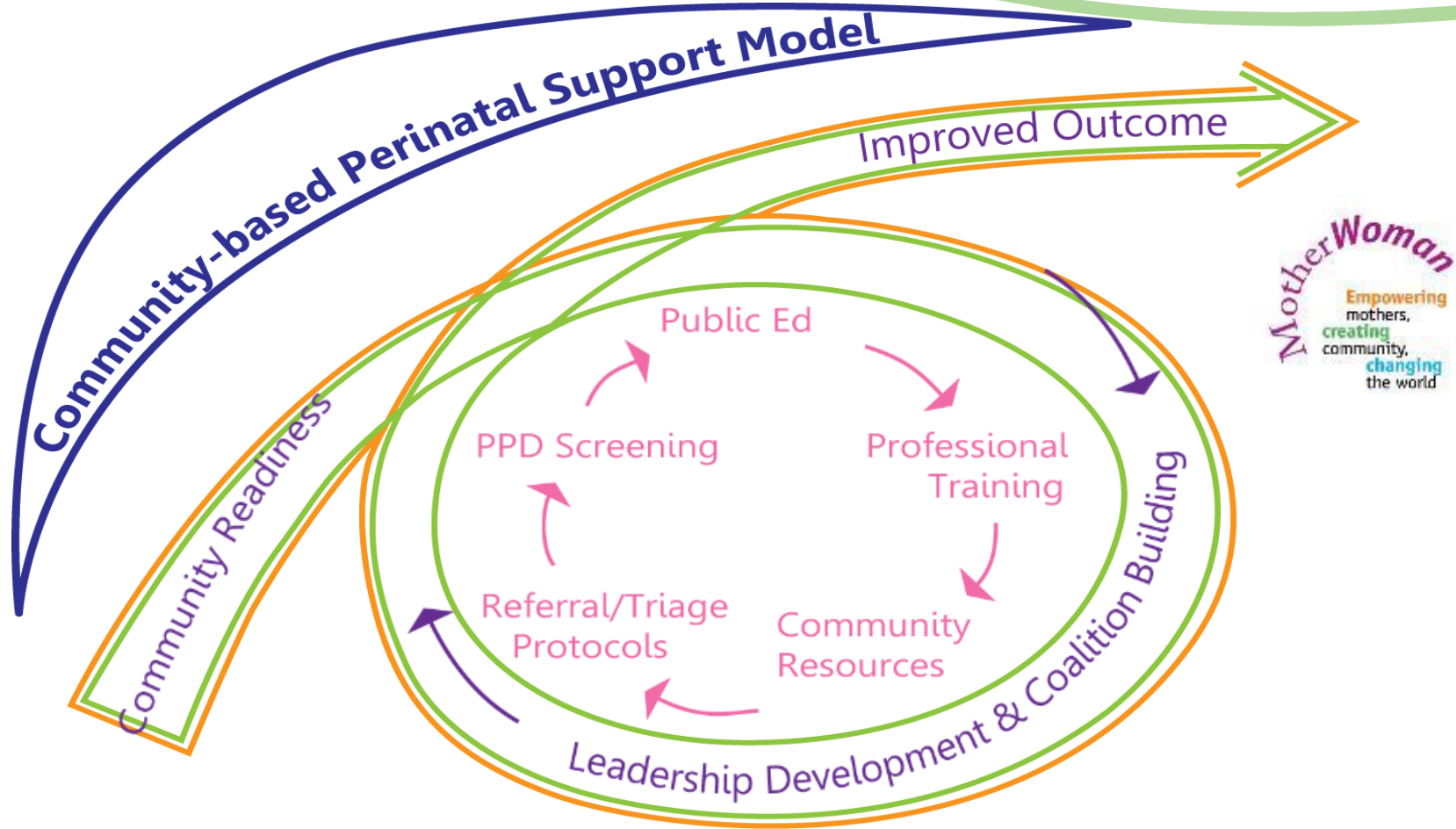
“To systematically evaluate and implement measures to improve the quality, safety and effectiveness of nursing practice for women and newborns.”



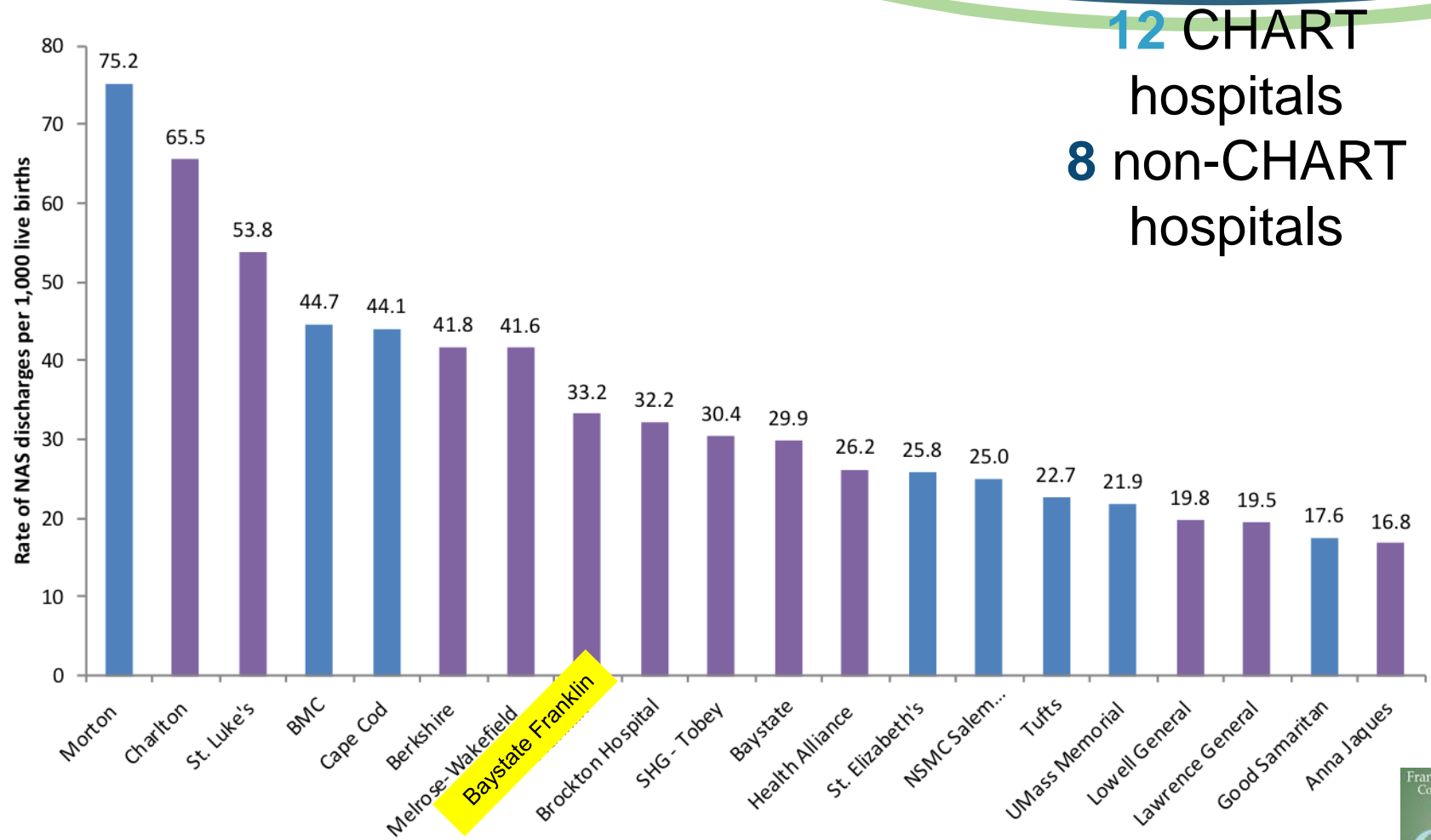
“To create a comprehensive safety net for all mothers during the perinatal period in order to support optimal perinatal emotional health.”



Community Based Support Model



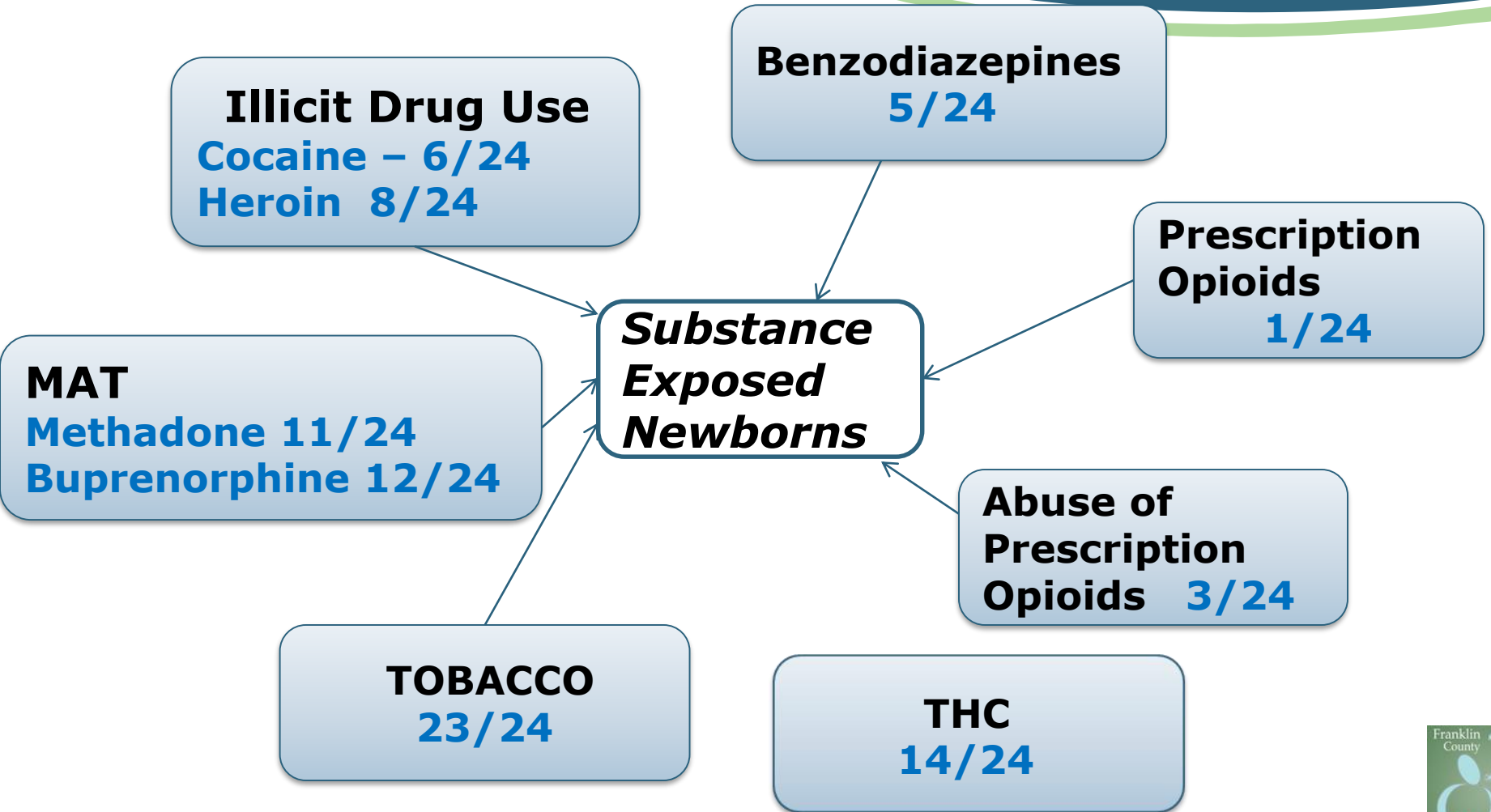
MA hospitals with highest rate of NAS in 2015



Source: HPC analysis of Center for Health Information and Analysis, Inpatient Discharge Database 2015

Notes: NAS discharges were identified using ICD-9-CM diagnosis code 779.5 (drug withdrawal syndrome in a newborn). Only includes hospitals with 12 or more NAS discharges.

Intrauterine Substance Exposure



Collaborative Approach

Best Practice

- ❖ Coordinated, Multisystem approach
- ❖ Collaborative planning
- ❖ Service implementation
- ❖ Advance planning for safe care
- ❖ Comprehensive Framework



SAMHSA A Collaborative Approach to the Treatment of Pregnant Women with Opioid Use Disorders. HHS Publication No. (SMA) XX-XXX. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2016. Available at: <http://samhsa.gov>



Our Approach

Address barriers to care:

- **Individual barriers**
 - Decrease Stigma
 - Improve access to care
 - Recovery Support
- **Provider Barriers**
 - Training
 - Screening and Referral
 - Standardized protocols
- **System Barriers**
 - Care Coordination
 - Communication



Byatt, N. et.al 2013 General Hospital Psychiatry, Volume 35, Issue 6, Pages 598-604, Patient's views on depression care in obstetric settings: how do they compare to the views of perinatal health care professionals?



Individual Barriers

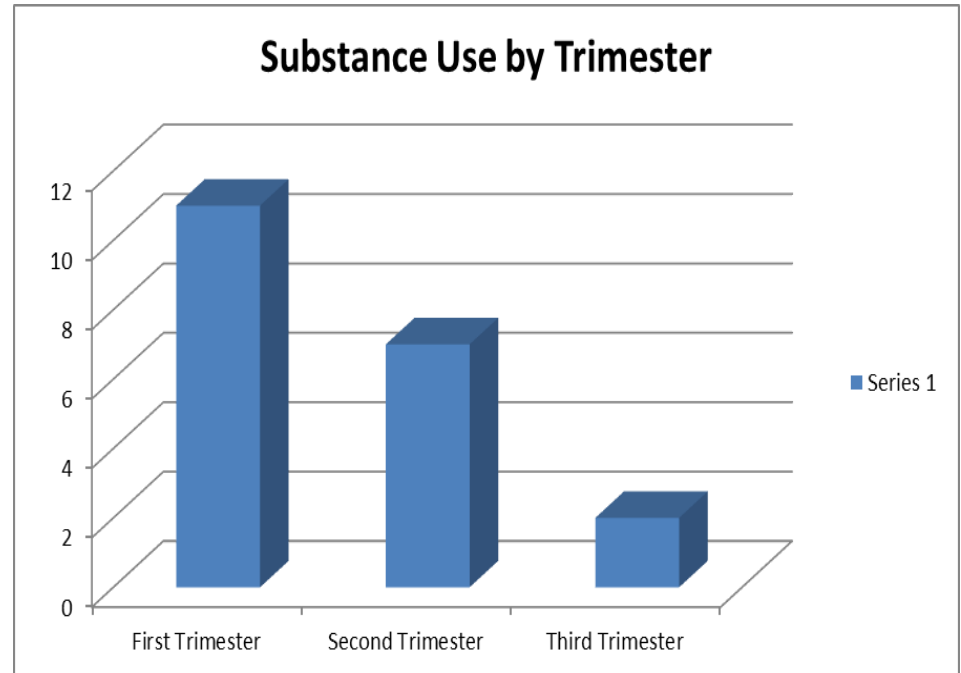
- ❖ Addiction
- ❖ Co-Existing Mental Health Diagnosis
 - Anxiety Depression
 - ADHD
- ❖ Fear and Stigma
- ❖ Guilt and Shame
- ❖ Family History
- ❖ PTSD
- ❖ Economic Insecurity



Pregnancy as Motivation

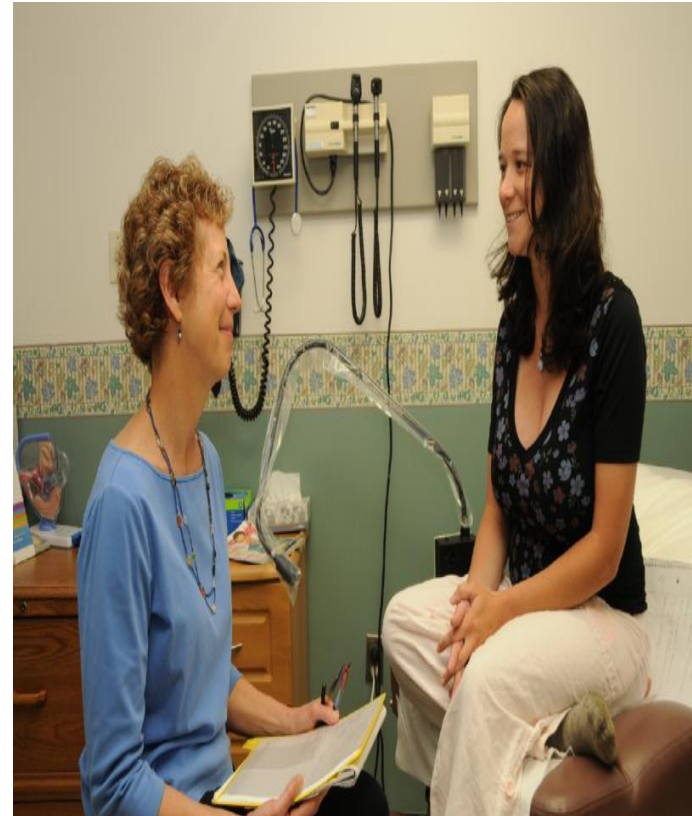
Motivation:
Seek Treatment
Intensify Treatment

- 80% decrease in use from 1st trimester to 3rd trimester



Provider Barriers

- ❖ Training Needs
 - SUD, Addiction
 - Trauma Informed Care
 - SBIRT
- ❖ Screening Tool
- ❖ Referral Process
- ❖ Protocols
- ❖ Work Flow
- ❖ EMR
- ❖ Reimbursement



Systems Barriers to Care

- ❖ Silos
- ❖ Competition
- ❖ Lack of Referral System
- ❖ Collaboration
- ❖ Coordination
- ❖ Communication
- ❖ Release of Information



Our Coalition Partners



**EARLY CHILDHOOD MENTAL HEALTH ROUNDTABLE
OF FRANKLIN AND HAMPSHIRE COUNTIES**



Our Solution: EMPOWER

***Engaging
Mothers for
Positive
Outcomes
With
Early
Referrals***



Overcoming Provider Barriers:

Health Survey

Our health can be affected by emotional problems, alcohol, tobacco, drug use, and violence. Our health may also be affected when those same problems are present in people close to us. Please take the time to consider the following questions carefully.

	Yes	No
Do any of your parents have a problem with alcohol or other drug use?		
Do any of your friends have a problem with alcohol or other drug use?		
Does your partner have a problem with alcohol or other drug use?		
In the past, have you had difficulties in your life due to alcohol or other drugs, including prescription medications?		
If yes, please list any substances that apply.		
Have you smoked in the past 3 months ?		
If yes, what have you smoked?		
How much do you smoke each day?		
In the past month , Did you drink any alcohol or use any drugs?		
If so, please list the alcohol or substance used.		
If so, how many days per month?		
How many drinks do you have on any given day?		

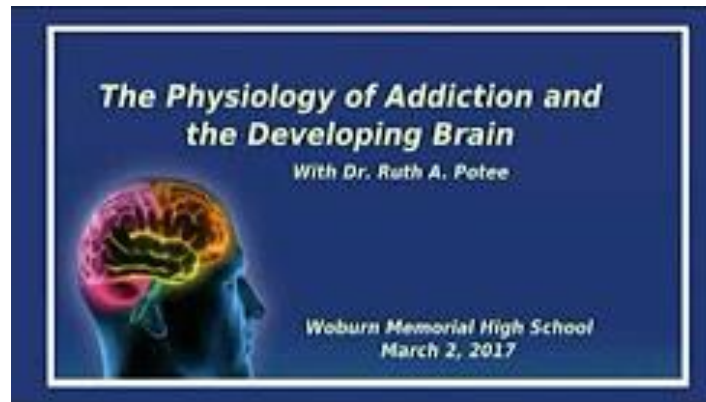
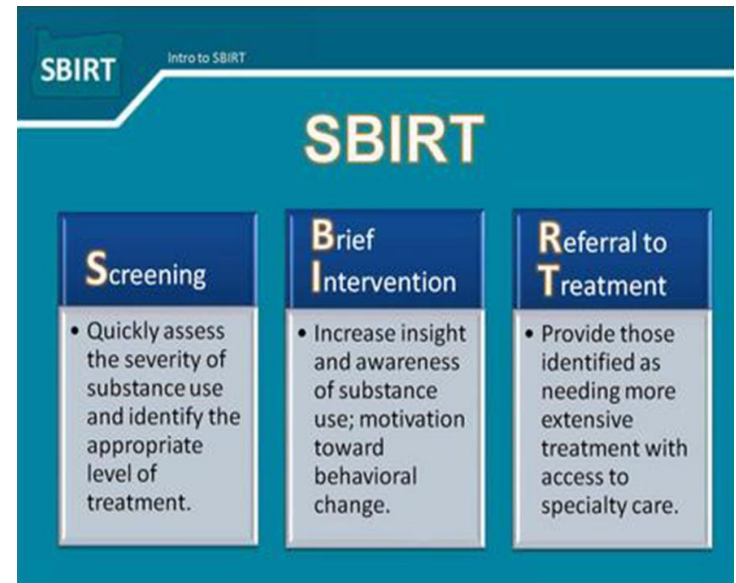
Overcoming Provider Barriers:

Screening Question	Provider Response	Pt Education	Resources to offer
Smoked Cigarettes in the past 3 months	State medical concern Assess current use, readiness for change.	Encourage cessation and counsel that decreasing the # of cigarettes is also beneficial Handouts: Mother to Baby Fact Sheet: Cigarette Smoking and Pregnancy	Resources on handout: Handout: "Every Woman Wants a Healthy Baby" Mass Smoker's Helpline: 1-800-784-8669. Make smoking history: www.makesmokinghistory.org www.helppregnantsmokersquit.org
Parents/Friends/ Partner with Alcohol use	Review current risk, Assess impact on current pregnancy & support system	Review importance of network of support, addressing stress acknowledging trauma, connecting with resources.	Al Anon handout To Find Local meetings in Northampton, Amherst, Greenfield call: 413-548-5589 http://www.valleyanon.org/ Local Resources: LEARN TO COPE – a support group for people with family members that are addicted to opiates, alcohol or other drugs Call 508-738-5148 www.learn2Cope.org Other support groups available locally – RECOVER Project Flyer 774-5489
Parents/ Friends/ Partner with Drug Use	Review current risk, Assess impact on current pregnancy & support system	Review importance of network of support, addressing stress acknowledging trauma, connecting with resources.	Local Resource: LEARN TO COPE – a support group for people with family members that are addicted to opiates, alcohol or other drugs Call 508-738-5148 www.learn2Cope.org Other support groups available locally – RECOVER Project Flyer 774-5489 Narcotics Anonymous support groups – search on-line for locations: http://www.nerna.org/meetings/search/area ; http://www.nar-anon.org/find-a-meeting/#groupspublic/?view_7_page=1
Pt with past alcohol / drug/ use/ abuse (Currently in Medication Assisted Treatment : Methadone, Buprenorphine)	Acknowledge her success and good decision to keep herself and her baby healthy	Promote regular prenatal care, importance of staying in MAT Handout: "Every Woman Wants a Healthy Baby"	Schedule Pregnancy Plan visit with Linda Jablonski (Handout) Review Franklin County Resource and Referral Guide for local referral options Local Resources: RECOVER Project Flyer 774-5489 (Support groups, Nurturing Families classes available)

Overcoming Provider Barriers:

Training

- ❖ SU & PSU
- ❖ Motivational Interviewing
- ❖ SBIRT
- ❖ Trauma Informed Care
- ❖ Buprenorphine Certification



Overcoming System Barriers

- ❖ Community Conversation
- ❖ Collaboration
- ❖ Monthly Meetings
- ❖ Case Studies
- ❖ Trainings
- ❖ Relationships



Overcoming System Barriers

Recovery Coach



Franklin County Perinatal Support Coalition

*Promoting health and wellness
for women, parents and families*



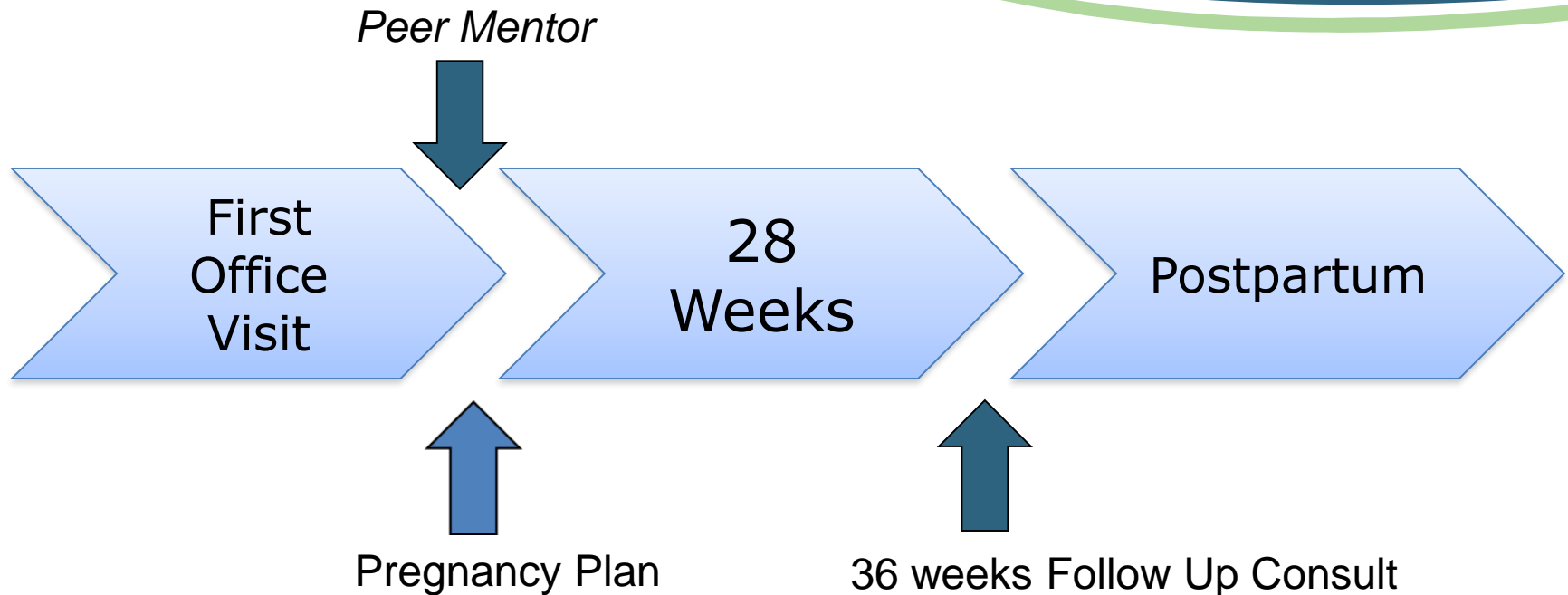
Resource and Referral Guide

FOR IMMEDIATE SUPPORT
CALL CRISIS SERVICES OF FRANKLIN COUNTY
(413) 774-5411 (800) 562-0112

- 24 hour support
- All insurance and un-insured patients are accepted
- It's a good time to call if you:
 - are concerned about your safety or the safety of your child(ren)
 - are afraid to be alone
 - or have not slept in over 48 hours



Screening Timeline



*2012 Circular Letter 13-5-586 Commonwealth of Massachusetts Department of Public Health
"Guidelines for Community Standard for Maternal/Newborn Screening for Alcohol/ Substance
Use"*

*2012 ACOG Committee Opinion # 524 "Opioid Abuse, Dependence and Addiction in
Pregnancy"*



Overcoming Patient Barriers

Pregnancy Plan Visits

- ❖ Fear and Stigma
- ❖ Stories
- ❖ Education
- ❖ DCF Information
- ❖ Referrals



Overcoming Patient Barriers

- ❖ Rooming in
- ❖ Non Pharmacologic Care
- ❖ Infant Care
- ❖ Cuddler Program
- ❖ Empowerment



Overcoming Patient Barriers

MY PHYSICAL NEEDS

Housing:

Comments:

Food:

Finances:

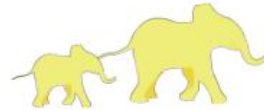
Transportation:

Car Seat:

Diapers:

WIC:

Other: _____



PREGNANCY AND HOSPITALIZATION

☐ Schedule a Pregnancy Plan appointment at the Birthplace with Linda Jablonski, RN
413-773-2001

☐ Date of Appointment: _____

Your prenatal appointment will include:

- Information about substance use and pregnancy and resources available to you and your family
- Information about healthy pregnancy and prenatal care.
- Childbirth class options
- What to expect during your birth and hospital stay
- A tour of the Birthplace
- A review of your preferences for your birth and birth plan
- Options available to help you manage pain during your hospitalization
- The benefits of Breastfeeding your baby
- Guidelines for Rooming-in with your baby
- Mandatory reporting and the role of DCF

- A review of Neonatal Abstinence Syndrome: what it is, how it is diagnosed and treated, and the important role mom's have in caring for their babies
- Information about Safe Sleep for your baby
- Making a plan for a possible extended hospital stay

Comments:

Pregnancy Plan



Congratulations on your pregnancy!

The purpose of this pregnancy plan is to support you in your goal for a healthy pregnancy and a healthy baby. Pregnancy is an ideal time for women to make good choices about their health and surround themselves with a team of people that will support them and connect them to the resources they need.

This plan will develop throughout your pregnancy as you explore the services offered by local health care providers and consider which resources would work best for you. When you are ready, and with your permission, this document will be shared with all the members of the team that you create so we can be sure that you have all the resources you need.

Name: _____
Maiden Name: _____

Due Date: _____
Date of Birth: _____

MY STORY:

My Address:

People who live with me:

My History of Substance Use:

Current Use:

Current Medications:

I have participated in writing this pregnancy plan, have reviewed it and give permission for it to be submitted by Baystate Franklin Medical Center to the Department of Children and Families when filing the 51A report.

Name: _____ Date: _____

Pregnancy Plan Created by: Linda Jablonski, RNC, MSN • Designed by: Brian Cook, Calm Computing

Pregnancy Plan

TEAM MEMBERS: MY FAMILY AND FRIENDS

Family Members

Name: _____
Relationship: _____
Phone Number: _____

Name: _____
Relationship: _____
Phone Number: _____

Name: _____
Relationship: _____
Phone Number: _____

Name: _____
Relationship: _____
Phone Number: _____

*Indicate which family and friends you wish to list as a reference for DCF to contact.

Friends

Name: _____
Phone Number: _____

Name: _____
Phone Number: _____

Name: _____
Phone Number: _____

Peer Coach

Name: _____
Phone Number: _____

DCF Case Worker

Name: _____
Phone Number: _____



TEAM MEMBERS: HEALTHCARE PROVIDERS

Primary Care Physician:

Name: _____
Phone Number: _____
Release of information signed: ☐
Letter of support: ☐

Primary OB/ CNM Provider:

Pioneer Women's Health
48 Sanderson St
Greenfield MA 01301
413-773-4400
Release of information signed: ☐
Letter of support: ☐

Pediatrician:

Name: _____
Address: _____
Phone Number: _____
Release of information signed: ☐
Letter of support: ☐

MEDICATION ASSISTED TREATMENT PROGRAMS

Clean Slate
One Arch Place
6 Arch Street, 3rd Floor
Greenfield MA 01301
413-341-1787

Counselor: _____
Release of information signed: ☐
Letter of support: ☐

Healthcare Resource Center

177 Shelburne Rd
Greenfield MA 01301
413-746-0051

Counselor: _____
Release of information signed: ☐
Letter of support: ☐

COMMUNITY RESOURCES

RECOVER PROJECT

Peer to Peer Recovery Support
413-774-5489

The Salasin Programs

Nurturing Families Parenting Series
Family Support 413-774-4307
Family Support Worker _____
Release of information signed: ☐

Community Action Programs

413-475-1555
Healthy Families, Early Head Start
Home Visitor: _____
Release of information signed: ☐

Parent Child Development Center

Early Head Start
Home Visitor: _____
Release of information signed: ☐

NELCWIT

413-772-0806 or 888-249-0806

It Takes a Village (Hill town residents)

Mothers Groups, Home Visits
Home Visitor: _____
Release of information signed: ☐

Montague Catholic Social Ministries

413-863-4804
Family Life Support
Release of information signed: ☐

REACH

Early Intervention Ages 0-3
413-665-8717
Home Visitor: _____
Release of information signed: ☐

Criterion-Riverway Early Intervention

413-475-3340
Home Visitor: _____
Release of information signed: ☐

TEAM MEMBERS: MENTAL HEALTH PROVIDERS

Clinical and Support Options - Greenfield

1 Arch Place, Greenfield MA 01301
413-774-1000
Therapist/Clinician: _____
Release of information signed: ☐

Clinical and Support Options - Athol

491 Main St, Athol MA 01331
978-249-9490
Therapist/Clinician: _____
Release of information signed: ☐

Center for Human Development - Greenfield

489 Bernardston Road, Greenfield MA 01301
413-774-6252
Therapist/ Clinician: _____
Release of information signed: ☐

Center for Human Development - Orange

131 West Main St Suite 101
Orange MA 01364
978-544-2148
Therapist/Clinician: _____
Release of information signed: ☐

Service Net

55 Federal St. Greenfield MA 01301
413-772-2935
Therapist/Clinician: _____
Release of information signed: ☐

Other:



Pilot Study

- ❖ Retrospective Chart Review
- ❖ Quasi-experimental Design
- ❖ N=38
- ❖ 38 medical records women with SUD
- ❖ 19 cases: participated in EMPOWER (6/1/15-1/31/16)
- ❖ 19 randomly selected historical controls prior to EMPOWER (6/1/12 – 5/31/15)

(Paterno, Jablonski, Klepacki, & Friedmann 2018)



Pilot Study

Maternal Outcomes

- ❖ Initiation of breastfeeding
- ❖ Continuation of breastfeeding
- ❖ Initiation of contraception
- ❖ Prenatal and postpartum depression
- ❖ Number of referrals

Neonatal Outcomes

- ❖ Pre-term birth
- ❖ Birth weight
- ❖ Length of Hospital stay
- ❖ Diagnosis of NAS

(Paterno, Jablonski, Klepacki, & Friedmann 2018)



Maternal Outcomes

Breastfeeding Initiation

	Not EMPOWER n = 19	EMPOWER n = 19	Total n
Initiated breastfeeding			
Yes	14	18	32
No	5	1	6
Breastfeeding at discharge			
Yes	14	17	31
No	5	2	7

Continuation of Breastfeeding at Hospital Discharge (among those who initiated breastfeeding)

	Not EMPOWER n = 14	EMPOWER n = 17	Total n
Full continuation of breastfeeding	6	12	18
Partial continuation of breastfeeding	8	5	13

(Paterno, Jablonski, Klepacki, & Friedmann 2018)

Maternal Outcomes

Prenatal Community Referrals

	Not EMPOWER n = 19	EMPOWER n = 19	Total n
Any prenatal referral			
Yes	11	17	28
No	8	2	10
Recovery coach			
Yes	0	14	14
No	19	5	24
Residential treatment/detox			
Yes	0	3	3
No	19	16	35
Mental health provider			
Yes	1	4	5
No	18	15	33
EI/REACH			
Yes	0	3	3
No	19	16	35

(Paterno, Jablonski, Klepacki, & Friedmann 2018)

Newborn Outcomes

Newborn Outcomes

		Not EMPOWER n = 19	EMPOWER n = 19	Total n
Diagnosed with NAS	Yes	6	11	17
	No	12	8	20
Preterm birth	Yes	2	1	3
	No	17	18	25

Newborn Outcomes

	Not EMPOWER n = 19 Mean (SD)	EMPOWER n = 19 Mean(SD)
Gestational age at birth (weeks)	39.2 (1.5)	39.3 (1.6)
Birthweight	2963 (533)	3367 (605)
Length of Hospital Stay	7.0 (6.4)	11.4 (8.6)

Opportunities

- ❖ Postpartum Support
 - Early Intervention
 - Infant Massage
- ❖ Case Management
- ❖ Individual Care Collaboration
- ❖ Support Groups
- ❖ Doula Program
- ❖ Prenatal classes
- ❖ Follow up for moms and babies
- ❖ Re-visit our scope



Keys to Success

- ❖ Focus on Patient Experience
- ❖ Lived Experience Expertise
- ❖ Community Based Model
- ❖ Grass Roots
- ❖ Leadership
- ❖ Strategic Positions
- ❖ Addressing Barriers

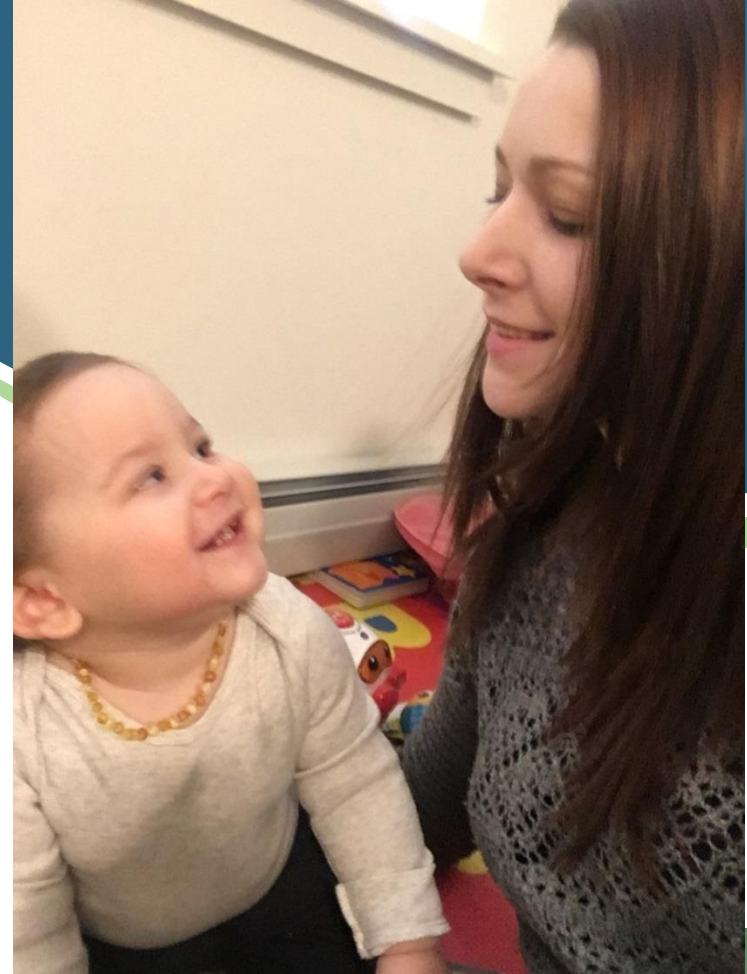


Questions

Contact Information

Linda Jablonski RNC, MSN
Assistant Nurse Manager
The Birthplace
Baystate Franklin Medical Center
Co-Chair Franklin County Perinatal
Support Coalition

Linda.jablonski@baystatehealth.org





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**You must complete the webinar evaluation to
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3. Click My Learning on the blue bar near the top of the MEDLIB-ED home page.
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Upcoming Webinar

Just Talk About It: Using Mental Health Education to Prevent & Treat Substance Use Disorder **June 12, 2018 3PM-4PM**

Carl Antisell, Speaker/Director of Strategic Communications and Information Services for Minding Your Mind

***Registration link <http://bit.ly/2HCKCVp>**

Carl Antisell from the Minding Your Mind (<http://mindingyourmind.org>) organization will share the story of his journey through addiction to recovery. Carl will discuss what to look for as warning signs of potential mental health issues such as stress, anxiety, depression and crisis. Learn to look beyond the stigma associated with mental health, and use strategies with students, friends and family to address signs of difficulty using vocabulary that invites engagement, empathy, care and respect.