



EXCEPTIONAL CARE. WITHOUT EXCEPTION.

The Obstetrics & Gynecology Associates  
Boston Medical Center  
Yawkey Center, 5th floor  
Boston, MA 02118



EXCEPTIONAL CARE. WITHOUT EXCEPTION.



Recovery ♦ Empowerment ♦ Social Services ♦ Prenatal Care ♦  
Education ♦ Community ♦ Treatment

## A Guide for Your Newborn's Care For Infants Exposed to Opioids Before Birth



Revised September 2019

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## Welcome

Welcome to Project RESPECT, where we support recovery during pregnancy and beyond. If you are not currently a Project RESPECT patient, please speak to your doctor, nurse, or social worker about our program!

During pregnancy, your baby was exposed to opioids or other substances, which puts him or her at risk for Neonatal Abstinence Syndrome (NAS). As a parent, you play a key role in your newborn's health. This packet will provide you with information on NAS and on the important role you play in your newborn's health, both during your hospital stay and at home after discharge.

We at Boston Medical Center hope to work together with you to care for and comfort your baby. The information in this handout will help you to learn what to expect when your baby arrives.



## What is Neonatal Abstinence Syndrome (NAS)?

Newborns exposed to opioids during pregnancy may show signs of withdrawal. This is called Neonatal Abstinence Syndrome (NAS). Your baby may need additional support for NAS, including medications, to help make the first days easier.

Most opioid-exposed infants begin to show signs of withdrawal from 1 to 4 days after being born. The time it takes to show symptoms can be different for each baby, and can depend on the following:

- The type of opioid the newborn was exposed to during pregnancy
- If the baby was exposed to other substances during pregnancy, such as other opioids, tobacco, amphetamines, benzodiazepines, or other psychiatric medications including SSRIs
- How big and how old the baby is at birth

After the baby is born, your nurse will collect your baby's urine and stool for testing in the laboratory. The urine test will come back within 24-48 hours; the stool test can take up to two weeks to return.

Massachusetts state law mandates filing of a 51A form with the DCF (Department of Children and Families) if a newborn has been exposed to certain medications, including methadone, Suboxone, and Subutex. Your social worker will notify DCF, file a 51A, assist you with any issues related to DCF, and will continue to provide support to you and your family through your work with DCF.

## What are some signs of NAS?

### Signs of NAS include:

- High-pitched cry / irritability
- Tremors / jitteriness
- Trouble sleeping
- Stuffy nose / sneezing
- Yawning
- Difficulty feeding due to problems sucking
- High muscle tone
- Vomiting / diarrhea
- Poor weight gain
- Fast breathing

## How will my baby be assessed?

The medical team will start observing all opioid-exposed newborns for signs of withdrawal as soon as they are born. We use an NAS observation tool that focuses on 3 key abilities of your baby:

- Eating (including any vomiting or diarrhea)
- Sleeping
- Consolability (how easy it is to calm your baby down)

We will assess these 3 abilities every 4 hours with your help. If your baby is having difficulty eating, sleeping, or consoling, s/he may need medication to help him or her become more comfortable.

## What can I do to help my baby?

- The primary treatment for your baby is **YOU**
- Make every effort possible to be present during your baby's hospital stay
- Loving care eases your baby's NAS symptoms and improves outcomes
- **Prenatal arrangements:**
  - Speak with your residential program to make arrangements to stay in the hospital
  - Arrange for childcare
  - Find a support person to be at the hospital with you during the first week
  - Speak with your social worker for help
- **While in the hospital:**
  - Talk and sing softly to your baby
  - Hold your baby skin-to-skin or swaddled in a blanket as often as possible
  - Reduce noise and light in the room
  - Do not disturb your baby when s/he is asleep
  - Feed your baby whenever s/he is hungry
  - Use a pacifier to help soothe your baby
  - Turn to Channel 3 on the TV for quiet soothing music
  - Remember to call for help if you are too tired to hold your baby



## How does BMC treat NAS?

If your baby is having a hard time eating, sleeping, or consoling, we will first ensure that we are providing optimal comfort measures through holding, feeding, and ensuring a calm environment. If you are not available to hold your baby or need to go for a walk, a trained volunteer may be available to hold your baby as part of our **CALM Program** (page 17).



After optimizing comfort measures for your baby, if s/he is still having difficulty eating, sleeping, or consoling, the team will discuss medication as the next step in his/her treatment plan. Approximately **40%** of newborns with NAS at BMC require medication to ease their symptoms.

At BMC, the first medication given for NAS is methadone, as liquid by mouth on an **“as needed”** basis. Most newborns only require a few doses of methadone, though some babies may require a longer course of medication to ensure their comfort.

The dose of the methadone will be adjusted until your baby is comfortable. Once your baby is stable, we will start to reduce the methadone dose daily as tolerated.

**All babies are different**, and some may not be able to wean daily. In some cases, a second medication may be needed to help babies with their symptoms.

## Where will my baby be during monitoring?

- **When you are on the Mother Baby Unit:**

We want your baby to be with you as much as possible. Your baby will stay with you in your room while you are a patient on the Mother Baby Unit. In some situations, the baby may go to the nursery for closer monitoring.

It is important to know that you (and the baby's other identified caregiver) can only be let in the nursery if you have the **wristband** that matches you to your baby. **This is a strict rule in our hospital- please do not take off your band until the baby leaves the unit.**



- **When you are discharged from the hospital:**

Once you are discharged from the hospital, your baby will be transferred to the **Pediatric Inpatient Unit on Yawkey 5** for continued monitoring and treatment. Each family is provided with one crib side bed, and **one parent is permitted to stay with the infant 24 hours a day**. If both parents are available, plan to trade off shifts spending time with your newborn. It is important that you both get some rest and the rooms are currently too small to accommodate both parents at the same time.

- If at any point your baby needs to be watched more closely, s/he may be transferred to the **Neonatal Intensive Care Unit (NICU)**. If your baby no longer requires increased monitoring, then s/he will be transferred back to the Nursery or Pediatric Inpatient Unit.

## What support services will be available?

- The **social work** team will be available to provide support to your family and to identify local resources for treatment and recovery, formula, food stamps, transportation, childcare, housing, etc.
- **Occupational therapy (OT)** will visit all babies with NAS to assess the baby's muscle tone and motor skills. OT can continue to provide support after discharge in the Baby Steps clinic.
- A **dietitian** and/or **lactation consultant** will be provided to assess your baby's weight gain and assist with breastfeeding and/or bottle feeding. Dietitians can continue to provide support after discharge in the Baby Steps clinic and can provide home-based visits if needed.
- A **peer counselor** is available starting prenatally and continuing postpartum. Please ask your care provider for peer counselor services
- **Trained volunteer cuddlers** may be available to hold your baby as needed (page 17).



## How long will my baby stay in the hospital?

It is BMC Policy that all opioid-exposed infants be monitored **for a minimum of 5-7 days**. Because of this, your baby will stay in the hospital after you are discharged. The length of time your baby will stay in the hospital **is not related** to the amount of opioid medication that was taken during pregnancy.

It is difficult to know how long NAS will last and whether medication will be required for treatment. **The average hospital stay for babies treated with methadone for NAS at Boston Medical Center is 10-14 days.**

It is important to tell your baby's providers about the medications or substances the baby may have been exposed to during pregnancy so that they can select the most appropriate treatment for your baby.

### Your baby may go home if s/he:

- Does not require medication within the first 5-7 days of life. *Some babies require several more days to ensure a safe discharge.*
- Is feeding well
- Has an appropriate weight
- Has been weaned off of methadone for 24-48 hours
- Maintains stable breathing, heart rate, and temperature
- Has an established home plan with a social worker's help
- Has scheduled outpatient primary care and specialist follow-up appointments
- Has a complete **Newborn Checklist**, which includes a hearing test, hepatitis B vaccine, critical congenital heart disease screening, newborn screening and bilirubin blood test, and a circumcision (for males) if desired



## What form of feeding is safest for my baby?

Your baby's clinicians will review BMC's breastfeeding guidelines with you to determine if breastfeeding is safe for you and your baby. Breast milk is the best form of nutrition for human infants, but formula is a safe feeding option for mothers who choose not to or cannot breastfeed. Whether your baby is breastfeeding or formula feeding, s/he will be evaluated by an occupational therapist and dietitian to help you develop a feeding plan for your family.

### **Breastfeeding:**

Breastfeeding may lessen the severity of your baby's NAS symptoms and shorten the length of his/her hospital stay. If you are eligible to breastfeed and choose to do so, your nurses and our team of lactation consultants will assist you with breastfeeding during your hospital stay.

Your baby should breastfeed on demand, at least 8-12 times in a 24-hour period. If your baby has difficulty latching, a breast pump may be recommended. Your Project RESPECT provider can help you obtain a personal use breast pump prior to your baby's birth. After the baby is born, breast pumps are available on the Mother/Baby Unit for you to use during your hospital stay.

Most prescribed medications, including methadone, Subutex, and Suboxone, are safe for breastfeeding. Your baby's clinicians will review your prescribed medications to establish their breastfeeding safety.

**Breastfeeding while taking illicit substances, drinking alcohol, or misusing prescription medications can be harmful to your baby.** If you have a relapse, immediately stop providing breast milk to your baby (use formula) and contact your Project RESPECT provider for further assistance.

## What form of feeding is safest for my baby?

### **Bottle Feeding:**

- Babies with NAS can have loose stools and gassiness. If your baby is formula feeding, s/he will start with a lactose-free formula called **Similac Sensitive**.
- Once your baby reaches his/her birthweight and no longer shows NAS symptoms, s/he will be changed to **Similac Advance**, a standard formula.
- If you are formula feeding, the goal is for your baby to be feeding every 3-4 hours and to be taking in larger amounts each day.

### **Caloric Needs**

- Your baby will be weighed daily in the hospital. It is normal for full term babies to lose weight after birth. Your baby should reach his /her birthweight by the first 1-2 weeks of life.
- If your baby is not gaining enough weight, the calories of his/her feeds will be increased. Your baby's dietitian will recommend appropriate calories and monitor his/her growth closely.
- If your baby is born premature or has trouble with eating, s/he may need a feeding tube to help him/her grow.

### **Preparation for Discharge and Follow-Up**

- If calories are increased during your baby's hospital stay and s/he is growing well, they will continue this plan at home. If s/he is growing too quickly, the calories may be lowered. Your baby's nurse will provide you with teaching on how to make feeds at home.
- Any changes to formula and calories will depend on your baby's progress and may be done either before or after discharge.

## Will my baby have problems after leaving the hospital?

The symptoms of NAS may continue for a while, but over time they will get better. Your baby will be discharged when s/he is at a low risk for serious problems at home.

Once at home, your baby may continue to experience the following:

- Difficulty with latching during breastfeeding and/or difficulty feeding from a bottle
- Slow weight gain
- Poor sleeping patterns
- Tight muscles and tremors
- Fussiness

*If you're ever concerned about continuing symptoms at home, contact your baby's primary care provider.*



## Caring for yourself and your baby after discharge

### • Home Environment:

- Continue to feed and settle your baby in a quiet room without noise and disturbances.
- To reduce the risk of second-hand smoke exposure, remember to wash your hands, change your clothes, and tie back your hair after smoking cigarettes.

### • Safe Sleep

- To reduce the risk of Sudden Infant Death Syndrome (SIDS), **always place your baby on his/her back for sleep** in a separate sleep area with a firm mattress (safety-approved bassinet, crib, or portable play area).
- Remove all loose bedding, crib bumpers, toys, and soft objects from the sleep area.

### • Baby's Temperament and Behaviors:

- Your baby's cries may be very irritating at times. Never hold anything over his/her mouth or nose in hopes that it will stop the crying.
- Gentle rocking and swaying may soothe your baby but be careful to **never shake your baby**. Shaken Baby Syndrome can cause irreversible brain damage and even death.
- If your baby is making you feel stressed, put your baby down in a safe sleep position, and take a break somewhere else in the house. It is better to get some distance from the baby if you are becoming severely stressed.
- **Remember, it is okay to call a friend or a family member if you need to rest or need help caring for your baby.**



## Caring for yourself and your baby after discharge

### Follow-up Visits:

Make sure to keep track of all the follow-up visits scheduled by the medical team for yourself and your baby before discharge.

- The **SOFAR Clinic** (page 14) is BMC's medical home for substance-exposed newborns. SOFAR will help provide you and your baby with coordinated primary care services.
- You will have 3 postpartum follow-up visits with your **Project RESPECT** provider (page 16).
- All babies treated for NAS will have a follow-up visit scheduled in the **Baby Steps** clinic (page 15).
- Due to an increased risk (10-15%) for eye problems such as strabismus (when the eyes aren't aligned properly) among babies affected by NAS, your baby will be seen by a pediatric eye doctor at 4-6 months for a **routine eye exam**.



## What is the SOFAR clinic?

**SOFAR** was established to coordinate your infant's primary care with any additional care that you may need as a new mom, minimizing the required number of doctor's visits. For mothers in recovery and their babies, SOFAR provides a medical home with a supportive team that you can trust.



### Services for infants and children

- Primary care
- Infectious disease care
- Care coordination of early intervention services
- Social work support
- Developmental follow up

### Services for mothers

- Care coordination through the Grayken Center for Addiction
- CATALYST clinic (for adolescents and young adults)
- Links to outside resources and social services
- Referrals for Hep C care, primary care, mental health care, and Office Based Addiction Treatment (OBAT)

**For more information, please contact Kristen Reed at 617 414 5988**

## Why is it important to attend the Baby Steps clinic at BMC?

All infants treated for NAS will be followed by the **Baby Steps** clinic, which cares for infants with NAS and other health problems. It is important to attend scheduled Baby Steps appointments because:

### The pediatrician will:

- Check your baby's growth and development to make sure s/he is on track.
- Monitor any medications your baby is taking.

### The occupational therapist will:

- Make sure your baby is learning how to use his/her body, arms and legs.

### The nutritionist will:

- Make sure your baby is feeding well and meeting his/her nutritional needs.

### The family advocate will:

- Make sure you have all of the resources you need to successfully care for your new baby (i.e. formula, food stamps, housing etc.)

**For a Baby Steps taxi voucher, call 617-414-4841 ex 2.**



Baby Steps will not take the place of your baby's regular pediatrician. **Please be sure to continue seeing your baby's primary care provider for routine visits and immunizations.** Please ask staff for a Baby Steps brochure to learn more.

## Why is it important to continue seeing your doctor in Project RESPECT?

After delivery, it is important to have postpartum follow-up visits with your provider in Project RESPECT. These visits ensure that you are healthy and receiving the resources you need to care for yourself and your baby. Your three initial follow-up visits will take place in the weeks following delivery:

- **1 week after delivery:** Your OB/GYN provider will check to make sure you are recovering well from childbirth.
- **3 weeks after delivery:** You will meet with a Project RESPECT clinician to be sure you have the support and resources you need.
- **5 weeks after delivery:** You will meet with a Project RESPECT clinician to make a long-term plan for health and recovery.

If you need to see a RESPECT provider before your next scheduled appointment, call (617) 414-6376 or walk into the RESPECT clinic on a Monday, Tuesday, Thursday, or Friday or the days specified by your OB/GYN provider.

Please ask staff for a RESPECT postpartum brochure to learn more. These three stops will put you on the road to health and recovery after delivery!





Having a newborn can be exhausting, particularly in the first week, and new mothers often need additional support. Boston Medical Center (BMC) has a program called **“Cuddling Assists in Lowering Maternal and Infant Stress” (CALM)**. The goal is to help support you in keeping your baby as comfortable as possible while he or she is in the hospital.

**CALM** provides **specially trained volunteer cuddlers** to hold babies affected by NAS. This service will be available to you on the **Mother Baby Unit, Neonatal Intensive Care Unit (NICU), and Pediatrics Unit from 4:00 in the morning until midnight** if you are not able to hold your baby due to reasons such as your own healthcare appointments, wanting to take a walk or get dinner, or catching up on needed sleep.



**Please ask your baby's care provider if you are interested in this service**



## What other services are available to my family?

Here are a few more services from which you and your baby may benefit after discharge. A project coordinator or your baby's discharge appointment scheduler will be reaching out to describe these options before your baby is discharged from the hospital.

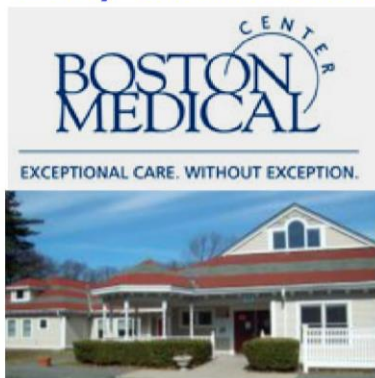
### Massachusetts Early Intervention (EI)

- A state program for families who may need additional support and evaluation from experts to make sure your baby is developing well.
- If you are interested in EI, your baby's follow-up appointment coordinator will find a center close to your home. You will be contacted by your assigned service center within a few weeks.
- EI can help your child:
  - Develop positive social-emotional skills (build relationships)
  - Gain knowledge and skills (learn)
  - Use appropriate behaviors to meet their needs (develop independence)

### Supporting Parents and Resilient Kids (SPARK):

- SPARK is a BMC program located in Mattapan that provides educational and clinical support to parents and babies who have faced developmental or other life challenges. Please see page 19 for more details.

## Early Childhood Care at The SPARK Center



Supporting  
Parents  
And  
Resilient  
Kids



The SPARK Center is a unique program of Boston Medical Center, located on a beautiful park-like campus at 255 River St., in Mattapan. It is easy to get to on public transportation. It has free parking

and other transportation resources.

Our staff are skilled early educators, nurses, parent support counselors, and developmental specialists in Early Intervention for infant and toddlers.



SPARK has over 25 years of experience providing excellence in center-based care to very young children. We are licensed by the Massachusetts Department of Early Education and Care, and accredited by the National Association of Education of the Young Child. Our staff are employed by Boston Medical Center, BU School of Medicine, and Boston Children's Hospital.

SPARK offers a range of on-site services to support you and your baby including:

- Nutrition interventions
- Medical care coordination
- Childcare – full and part time
- Early Intervention - *SPARKles* program
- Family support
- Parent education and guidance
- Neurodevelopmental evaluations
- Fun family events

The SPARK Center  
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255 River St.  
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Phone: 617-414-0502  
Fax: 617-534-2057  
[www.bmc.org/SPARK](http://www.bmc.org/SPARK)



Please call or email our Referral Coordinator today to arrange a tour, and explore what SPARK can offer you and your baby.



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