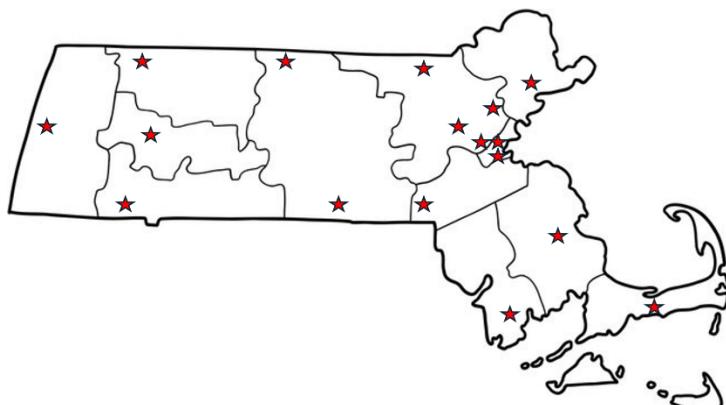


PNQIN POP Fall Practice Survey Results and Trends over Time

Participating hospitals: 16 of the 48 birthing hospitals in Massachusetts responded to the survey in October 2024.

Baystate Franklin	Lowell General Hospital
Baystate Medical	Mass General Hospital
Berkshire Medical	Milford Regional
Boston Medical Center	Mount Auburn
Cape Cod Hospital	Salem Hospital
Cooley Dickinson	Southcoast (Charlton)
Emerson Hospital	Southcoast (St. Luke's)
Heywood Hospital	Southcoast (Tobey)
	Winchester Hospital



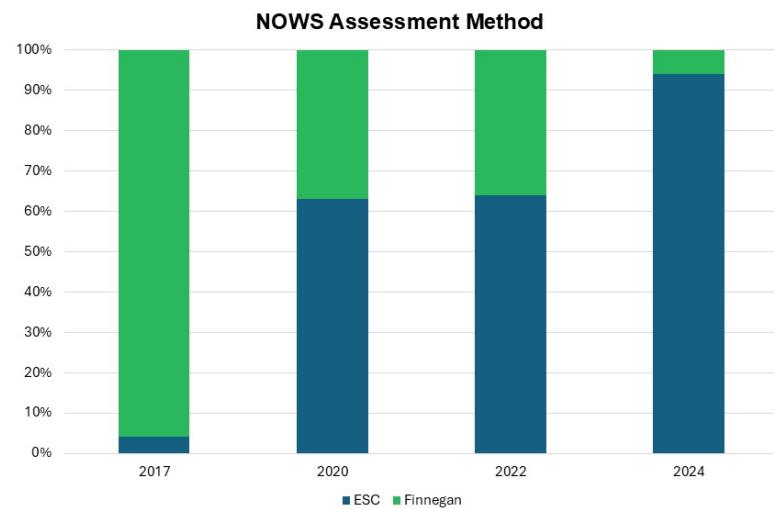
Current practices related to medication for opioid use disorder (MOUD) for pregnant people:

- The most common MOUD offered at hospitals included methadone (15 of 16), sublingual buprenorphine (15 of 16), and sublingual buprenorphine-naloxone (11 of 16)
- Most hospitals had no preference between sublingual buprenorphine formulations
- 5 hospitals offer extended-release buprenorphine formulations and 6 offer naltrexone
- 7 hospitals offer inpatient titration onto MOUD during pregnancy

Neonatal Opioid Withdrawal (NOWS) Care Practices:

Eat, Sleep, Console (ESC) Assessment Tool:

- The ESC Care Tool was introduced to PNQIN POP in 2017 through a series of training workshops & an online toolkit
- ESC utilization increased from **4%** in 2017, to **63%-64%** in 2020 and 2022, to **94%** in 2024

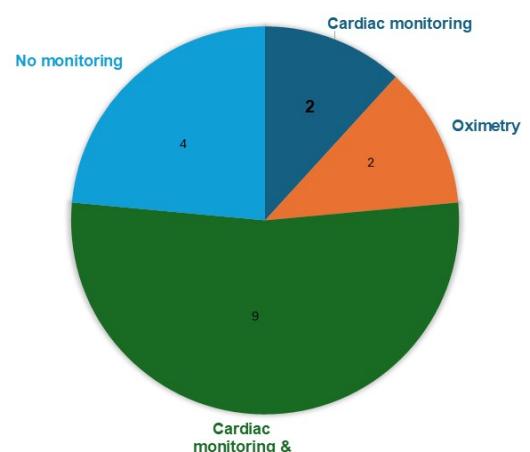


NOWS Pharmacologic Treatment:

- Morphine remains the most utilized first-line medication (15 of 16 hospitals)
- 11 centers utilize Phenobarbital and 7 Clonidine as adjunctive agents

Cardiac monitoring during NOWS pharmacologic treatment:

- Cardiac monitoring practices still vary significantly between hospitals
- 4 of 16 hospitals reported using no monitoring



Rooming-in capacity after birthing person discharge:

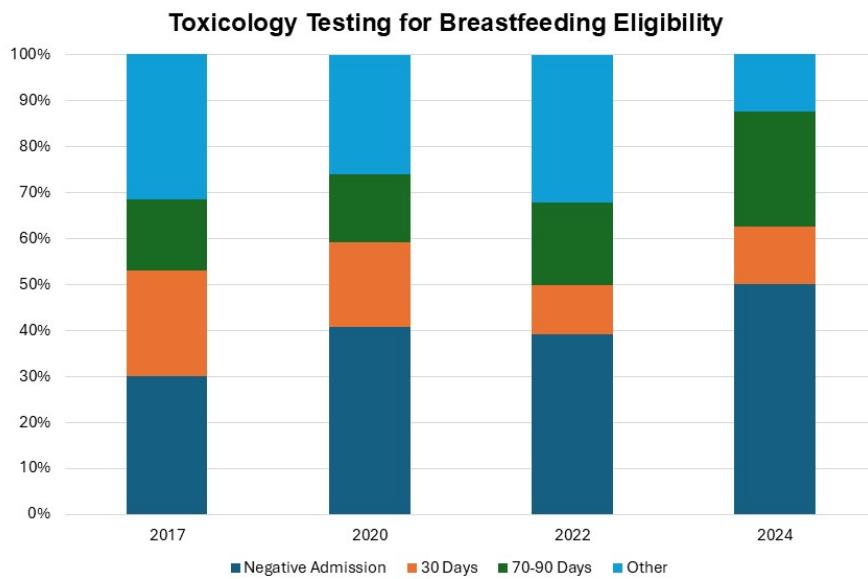
- 12 of 16 hospitals reported that rooming-in was “always” available
- Locations of care vary between Pediatric Units, Special Care Nurseries, NICUs, and Postpartum Units

As needed “PRN” versus standing opioids for NOWS:

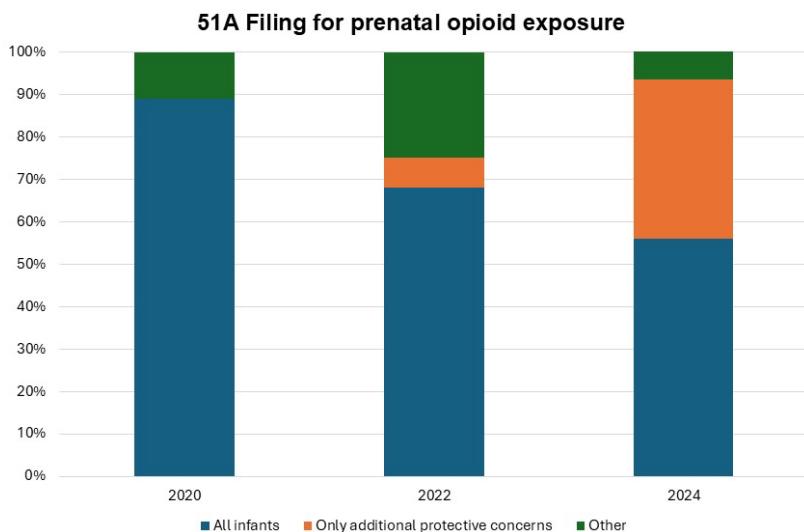
- PRN utilization for NOWS increased from 29% in 2020, to 36% 2022, to 50% in 2024

Breastfeeding eligibility criteria:

- Criteria used to determine breastfeeding eligibility included prenatal care adequacy (n=10), SUD program (n=13), toxicology testing in pregnancy (n=10), toxicology testing on Labor & Delivery (n=14), and neonatal toxicology testing (n=7)
- **The Academy of Breastfeeding Medicine (ABM) published new guidelines for breastfeeding in the setting of substance use in 2023** (Harris M, et al, *Breastfeeding Med*, 2023; PMID: 37856658)
- Consistent with the ABM recommendations, the percentage of hospitals utilizing a “negative on admission” toxicology approach increased from **30%** in 2017 to **40%** in 2020-2022 to **50%** in 2024.



51A filing practices for infants with prenatal opioid exposure:



- 51A filing practices to the Department of Children and Families have changed over time, with nearly all (**89%**) hospitals reporting filing a 51A on all opioid-exposed newborns in 2020, compared to only **56%** in 2024.
 - **38%** of hospitals in 2024 reported only filing a 51A for opioid-exposed newborns with additional protective concerns
 - Additional criteria used by some hospitals to determine 51A filing include non-prescribed drug use, a NOWS diagnosis, and/or NOWS pharmacologic treatment

Family Care Plan Completion:

- 12 of 16 hospitals reported that all pregnant individuals had a Family Care Plan (previously Plan of Safe Care) by the time of delivery
- Social workers (n=13), OB providers (n=6), nurses (n=5), peer recovery specialists (n=6), and outside programs (n=9) were involved in creating Family Care Plans

Questions: Note that this does not represent data from all birthing hospitals in Massachusetts with 16-28 hospitals responding to each of the surveys. For questions about this survey, contact Elisha.Wachman@bmc.org.