

BACKGROUND

- Nationally, fifteen percent of infants are born each year exposed to opioids or other illicit substances
- In the state of Tennessee, a substance exposed infant is born every 10 minutes – a birthrate that is 3 times higher than the national average.
- Addiction in pregnant women contributes to this rate of substance exposed infants born nationally and locally.
- Many mothers battling addiction have experienced some sort of trauma or Adverse Childhood Event (ACE) leaving them with a lack of trust, confidence, security, and poor coping mechanisms including substance abuse.
- A Trauma Informed Approach to caring for the substance exposed mother-infant dyad builds trust, confidence and feelings of safety at the bedside while supporting the mother-infant bond which can positively impact mother's recovery and infant's short and long-term outcomes.
- Nurse leaders have identified unfavorable judgments towards mothers battling addiction and a need for greater understanding of addiction as a disease, ACEs and Trauma Informed Care (TIC) Principles.

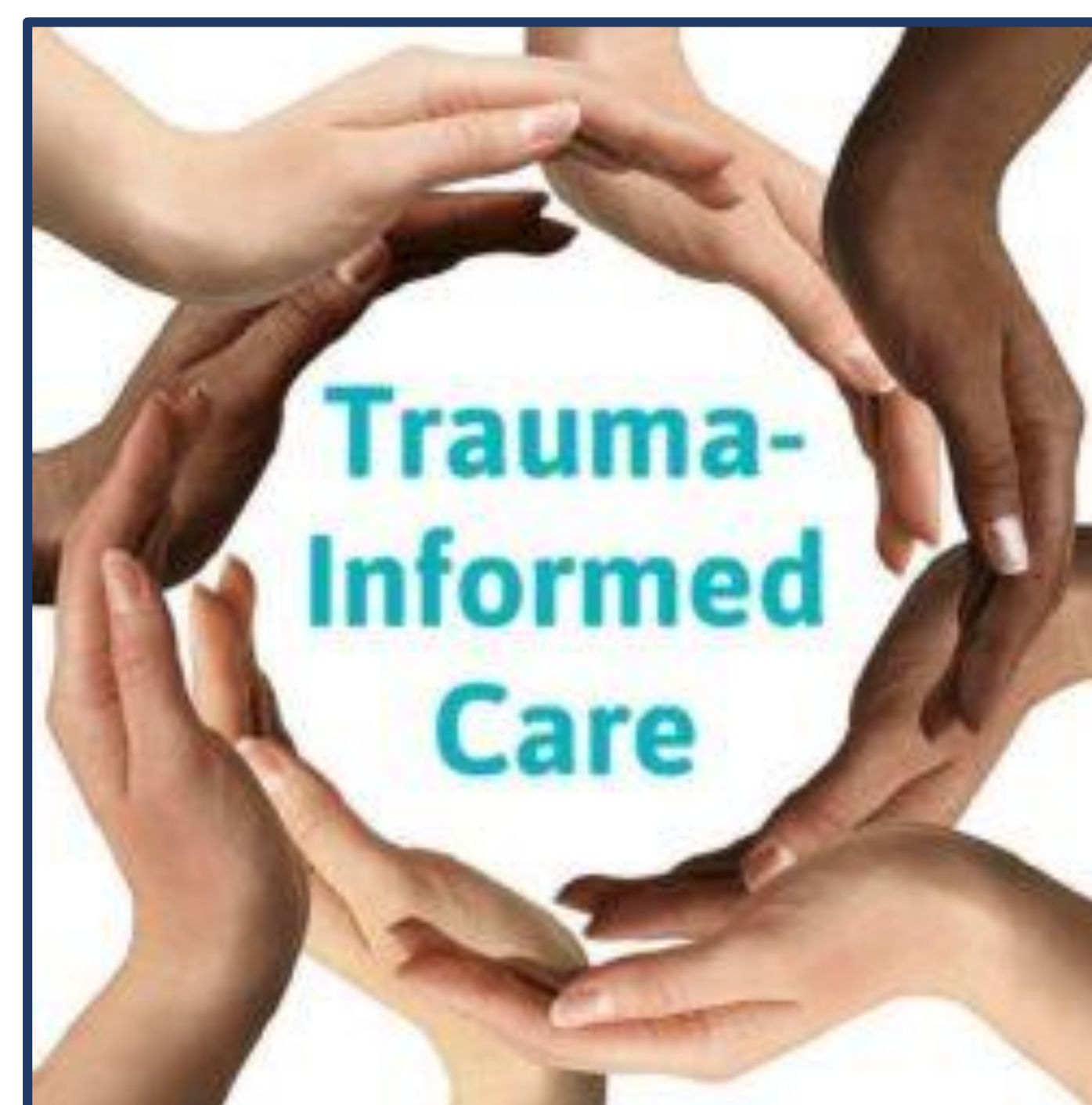


LITERATURE REVIEW

- Nurses may hold unfavorable judgments towards mothers battling addiction. Nurses may assume the role of mother and protector, instead of nurse and advocate, inhibiting a therapeutic relationship at the bedside.
- These unfavorable judgements may drive mothers away from the bedside and negatively impact the bonding experience.
- Lack of bonding with the infant negatively impacts the mother's recovery and the infant's short and long-term outcomes.

AIM

To define nurses' perceptions of caring for the mother-infant dyad and identify any knowledge deficits related to Addiction, ACEs, and Trauma Informed Care principles.



METHODOLOGY

- Pre-survey of Neonatal Intensive Care Unit (NICU) and Pediatric Medical Acute Care nurses' perception of caring for the substance exposed mother-infant dyad with questions regarding nurse confidence, unconscious bias, and understanding of TIC, ACEs and addiction.
- Six months of voluntary education on the topics of TIC, ACEs and addiction
- Post-survey of Neonatal Intensive Care Unit (NICU) and Pediatric Medical Acute Care nurses' perceptions of caring for the substance exposed mother-infant dyad with questions regarding attendance to education opportunities offered.

Next Steps

- Offer voluntary education on TIC, ACEs, and Addiction
- Conduct post-surveys on nurses' perceptions of caring for the substance exposed mother infant dyad
- Identify TIC Champions and volunteers to support implementation of TIC principles
- Propose mandatory TIC education for all staff who care for the substance exposed mother-infant dyad.

Pre-Survey Results

65 Bedside Nurses from the Neonatal Intensive Care Unit, Special Care Nursery, or Pediatric Medical Acute Care responded to the survey.

- 15%** believe it should be easy for pregnant women to stop abusing substances
- 50%** report an in-depth knowledge of addiction
- 25%** report an in-depth knowledge of TIC
- 21%** understand how to use TIC Principles when caring for the substance exposed mother-infant dyad
- 3%** are familiar with ACEs or the ACE study
- 55%** admit it is difficult to remain non-judgmental towards women who use substances during pregnancy
- 69.5%** are aware of bias they carry towards addiction
- 69%** regularly practice empathy when caring for the substance exposed mother-infant dyad
- 68.5%** are confident in providing family-centered care to the substance exposed mother-infant dyad
- 50%** find it rewarding to care for the substance exposed mother-infant dyad

CONCLUSION

- Nurses are unfamiliar with ACEs and TIC principles
- Nurses lack strategies and tools to create a therapeutic non-judgmental relationship with addicted mothers.
- Creation of a voluntary educational offerings is feasible and increase ease of education for nurses.

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