

## BACKGROUND

- Opioids are a classification of drug that is derived from opium or a synthetic version. Examples of common opioids include: codeine, demerol, dilaudid, fentanyl, heroin, hydrocodone, methadone, morphine, oxycodone, and tramadol.
- The Opioid Epidemic refers to the growing number of deaths and hospitalizations from opioids, including prescription and illicit drugs.
- Opioid users include women of child-bearing age. 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.
- Substance exposed infants may develop Neonatal Abstinence Syndrome (NAS), a medical diagnosis with symptoms including excessive crying, tremors, inconsolability, feeding difficulty, vomiting, and diarrhea.
- Transition from monitoring and treating substance exposed infants from the Neonatal Intensive Care Unit (NICU) to the Pediatric Medical Acute Care (PMAC) floors has facilitated mothers rooming-in with their substance exposed infants during the entire hospitalization.



- Many mothers battling addiction have experienced some sort of trauma or Adverse Childhood Event (ACE). This can contribute the absence of trust, confidence, and feelings of safety and acceptance at the bedside among mothers of substance exposed infants.
- Despite prenatal education about what to expect after delivery, there is still lack of trust and connection, and poor communication between bedside nurses and mothers of substance exposed infants.
- Nurse leaders have identified a need for greater understanding of addiction as a disease and Trauma Informed Care (TIC) Principles.
- To improve professional relationships and levels of trust with the mothers nurses must:
  - become more informed about the disease process of addiction
  - apply the fundamentals of Trauma Informed Care to their bedside practice

## AIM



To determine if a Trauma Informed Care and Addiction education program will improve relationships between nurses and mothers of substance exposed infants.



## 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.
- Nurses educated about TIC, ACEs, and addiction are much more likely to:
  - establish effective, therapeutic relationships at the bedside
  - create a safe environment for the mother to care for and bond with her baby
  - maintain resilience while providing compassionate care to this population
- Increasing family involvement in symptom monitoring and management of substance exposed infants in a family centered way decreases length of stay and the cost of care for substance exposed infants.

## METHODOLOGY

- Needs assessment
- Trauma Informed Care education development
  - Program curriculum
- Recruit volunteers
  - NAS Champions
  - Nursing staff
- Conduct training sessions
- Pre / Post survey

## NEXT STEPS

- Develop
  - Trauma Informed Care curriculum
  - Evaluation tools

- Recruit volunteers



- Conduct training sessions

- Evaluate (pre / post)
  - Nurse confidence
  - Unconscious bias
  - Lessons learned
  - Impact on nursing practice



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## CONTACT INFORMATION

Lyndsay Taulbee, BSN, RN                      lyndsay.j.taulbee@vumc.org

Annette Smith, MSN, RN                      annette.m.alexandrea@vumc.org

Stephanie Abbu, DNP, RN, CNML                      stephanie.n.abbu@vumc.org