

Overview

Norton Healthcare serves the Louisville and Southern Indiana market. Its 373-bed Norton Women's & Children's Hospital includes a maternal-fetal medicine program and Level III neonatal intensive care unit. Recognizing that the country was in the grips of an opioid epidemic, the health system launched the [Norton Maternal Opiate and Substance Treatment \(MOST\) Program](#) in 2015. The program aims to provide specially designed treatment to pregnant women with substance use disorder (SUD). At the time, these patients often felt neglected by health care systems and obstetricians (OBs), and other specialists were reluctant to treat a pregnant woman with SUD.

"The patient was stuck in a vicious cycle," said Jonathan W. Weeks, M.D., maternal-fetal medicine specialist and medical director of the Norton MOST Program. "And these patients have decreased capacity to endure frustration."

The Norton MOST Program employs a single point of care approach so patients can easily access addiction and OB services simultaneously. Patients are first assessed in the office or emergency department to see if they meet the program's criteria (e.g., pregnant, willing to enter treatment and will experience/is experiencing withdrawal symptoms) and determine if a hospital admission is needed.

Eligible patients are admitted to the hospital for an average of two to three days. The admission enables patients to receive care from an addiction medicine specialist at a single location and removes the hassle to travel to alternate sites of care. This single point-of-care approach improved Norton Healthcare's ability to screen patients, stabilize them with medication-assisted treatment and perform obstetrical evaluations.



Dr. Jonathan W. Weeks, maternal-fetal medicine specialist and medical director of the Norton MOST Program.

Norton Healthcare worked to destigmatize SUD by integrating MOST Program patients into a regular OB practice. Norton Healthcare also trained obstetrics teams in the treatment of SUD, ensuring patients are treated with respect and dignity.

"Our intense education of care providers enabled them to understand the disease and change the way they care for patients," said Charlotte Ipsan, DNP, chief administrative officer of Norton Women's & Children's Hospital.

Physicians, nurses and others who may have been skeptical became more open to accepting patients with SUD. Several surrounding hospitals, hearing about the Norton MOST Program's success in reducing neonatal abstinence syndrome (NAS), reached out to ask for training so they could initiate similar programs.

The Norton MOST Program plugged in to community resources to address issues often associated with addiction, such as homelessness. Initially, a licensed social worker provided individual counseling to clients, but due to COVID-19, the program began offering group counseling both in person and via Zoom. These interactions have enhanced the recovery journey of these patients.

Impact

Since its launch, the Norton MOST Program has admitted around 100 women annually for substance use treatment. In that population, Norton Healthcare experienced a 41% decrease in the number of babies admitted to the NICU for NAS. "That's a huge win," Ipsan said.

Norton Healthcare also has experienced cultural changes around how care providers interact with pregnant women with SUD. The Norton MOST Program demonstrated that caregivers with expertise in obstetrics also can provide high-quality treatment to pregnant women with SUD.

Lessons learned

Norton Healthcare has seen first-hand the importance of early counseling. When initiated soon after the patient arrives, it tends to quickly improve her frame of mind, making her less anxious and more open to treatment. Norton Healthcare now employs licensed clinical social workers who concentrate on homelessness, psychological or psychiatric scarring and related problems that often accompany SUD. It has started on-site group counseling (now supplemented by Zoom meetings), which have enhanced patients' progress in recovery.

Caregivers note that having a small baby while trying to get housing, go to meetings and come to grips with medical and psychiatric issues related to SUD is much more difficult. Therefore, the Norton MOST Program counsels women to avoid a future pregnancy while working toward recovery. Providers learned to emphasize contraception early on when the patient was in the hospital for the baby's delivery, rather than later in outpatient visits.

Future goals

"Even though patients have substance use disorders, they really do have strong maternal instincts. If you give them some sort of a lifeline, they'll grab on. What we've learned is that moms have significant others whom we don't have a program for," Weeks said.

Norton Healthcare would like to expand its SUD treatment and support programs to include fathers/partners, so that both parents can be treated during the pregnancy and one to two years in tandem after pregnancy. Newborns also would be included in this setting, where neonatal specialists can monitor childhood development and provide proper interventions.

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