

Universal Postpartum Naloxone Toolkit



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PQC4ME Universal Postpartum Naloxone Toolkit

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*All individual pieces of this toolkit are available separately for download and customization. Please contact mpfeiffer@mainemed.com for electronic toolkit access.

Universal Postpartum Naloxone Project Summary

The problem of opioid overdose has only worsened over time. Overdose deaths increased 20% in Maine from 2020 to 2021. 13% (1/6) pregnancy associated deaths in 2020 were due to opioid overdose and two thirds of Maine women who died in the first twelve months postpartum were previously identified as substance users.

The Perinatal Quality Collaborative for Maine's (PQC4ME) *Universal Postpartum Naloxone* project has three goals. The first goal is to educate obstetrical providers and nursing staff about implicit bias and harm reduction as they apply to people who use substances.

The second goal is to provide to every postpartum person a home first aid kit containing a digital thermometer, band-aids, a CPR mask, a poison control refrigerator magnet, information on community recovery resources, a suicide hotline card, and a two-dose nasal naloxone kit. The first aid kit is provided to all postpartum people whether or not they have a history of substance use for several reasons. First, those at risk may not have been identified with a substance use disorder prenatally or use may begin postpartum. Second, a family member or friend may need overdose reversal. Third, a child may accidentally ingest a narcotic analgesic brought home from the hospital. Maternal mortality due to overdose almost always occurs between 42 days and one year postpartum and having access to naloxone at home may save a life.

The third goal is to further the relationship between the hospital and hospital providers and community agencies who offer services to people who use or have used substances. These agencies will be ultimately responsible for providing the first aid kits and their contents. Naloxone will be supplied through the hospital pharmacy from the Maine naloxone initiative. The aim of this PQC4ME project is that improved collaboration between community, public health, and recovery resources will improve access to these resources for those individuals in need.



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Questions, please email: MaineMOM@maine.gov.

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Overdose Death Prevention Program Competencies: (Hospital Learning Management System)

1. Describe the concepts of implicit bias and ways to identify it in clinical practice.
2. Describe the concept of harm reduction and its application during naloxone distribution.
3. Describe the risks and prevalence of substance use disorder in postpartum people.
4. Describe the process for client education and naloxone first aid kit provision at your facility.
5. Demonstrate in simulation client education for naloxone administration.

Postpartum Overdose Death Prevention Teaching Tool

Initial Steps:

- Order set is verified
- Data collection tool and Binder is located: _____
- First aid kit is obtained from the storage location: _____
- Naloxone is obtained from the storage location: _____
- Client is greeted and identified

Harm Reduction Principles and Actions:

- Be welcoming and accepting of the client
- Acknowledge that postpartum is a uniquely challenging time for birth parents and the family
- Explain that universal distribution is the goal this project; information collected for the project is anonymous
- Emphasize safe storage of all medications, especially with children in the home
- Review overdose prevention: avoid alcohol and sedating drugs with opioid medications, don't take opioid medication sooner than directed, review your medications with your provider, call your provider if your pain is not well controlled, access local health services if you are affected by postpartum blues or depression
- Review overdose recognition and administration of naloxone
- Document using "smart phrase" such as "harm reduction education given, full/partial first aid kit given"

First Aid Kit Information:

- Both first aid kits and naloxone are provided at no cost and insurance will NOT be billed
- Information about naloxone distribution will be confidential and will not be reported to any agency
- Review benefits of naloxone as part of a family first aid kit
- What is in the first aid kit:
 - Local prevention and treatment resources
 - Regional Options Overdose Liaison Coordinator – website: www.knowyouroptions.me or other State-specific materials
 - Poison Control Magnet
 - Naloxone Magnet
 - Adhesive bandages, gauze, petroleum jelly
 - Printed naloxone use instructions
 - Naloxone
 - Digital thermometer
 - Suicide Hotline information

Postpartum Naloxone Education Objectives:

At the completion of the education session the client will be able to:

- Describe how to prevent accidental overdose when using prescribed opioids

- Describe 3-5 signs and symptoms of opioid overdose
- Describe how to determine if naloxone is needed
- “Teach back” the steps of using naloxone, including calling 911
- Describe the expected responses to naloxone (reversal of overdose, potential for withdrawal, and rebound)
- Describe when a second dose of naloxone is needed (no reaction in 3 minutes or rebound before ambulance arrives)
- Describe why calling 911 is necessary every time overdose is suspected
- **Now that you have naloxone be sure others know where it is and how to use it!**

Postpartum Naloxone Use Education Instructions:

- Review signs and symptoms of overdose (handout)
- Identify when naloxone is indicated (check for responsiveness)
- Demonstrate administration of naloxone (follow handout and demonstrate with naloxone simulator)
- Position the overdose victim and call 911, stay with the person
- What to expect after the first dose of naloxone; may need multiple doses
- When a second dose might be needed: persistent or return to unresponsiveness
- The kit will be provided with or without the naloxone per client preference
- Invite questions
- Document “smart phrase” in EHR

Data Collection Tool Key

1. Column One: Client Initials and Room Number - Clients who are admitted, give birth, and discharged will be entered on the data sheet (each hospital will decide on frequency of sampling of all discharges: minimum of one week per month during project)
2. Column Two: Date Harm Reduction education is provided. Initials of the RN who provides the education
3. Column Three: Harm Reduction Discussed: Universal distribution strategy, safe storage of med, prevention of accidental child poisoning
 - a. YES = All pertinent points discussed
 - b. NO = Not offered by nursing staff or postponed by client without nursing follow-up
 - c. Declined = Client declined after subject was raised
4. Column Four: First Aid Kit provided
5. Column Five: Naloxone use instruction and demonstration, return demonstration
6. Column Six: Naloxone accepted and placed in first aid kit
7. Column Seven: Naloxone lot number and expiration date recorded
8. Column Eight: Reasons naloxone is declined, provide additional information in the comments section
9. Column Nine: Comments: Any comments to expand on information collected or client responses

Data Steps:

- Enter data on the PQC4ME Project data collection tool
- Data collection begins 1 month prior to project intervention launch date to determine baseline data
- Log any questions that came up; reach out prn for an ad hoc meeting
- Participate in the monthly project support meetings
- Document in EHR and MAR per naloxone distribution policy
- Submit monthly PQC4ME Project data to project consultant by the 5th of the month

Postpartum Survey at 6-week Follow-Up Visit:

- Work with nursing staff, medical assistants, and providers to make them aware of the Universal Postpartum Naloxone Toolkit Postpartum Survey Poster.
- Hang posters in exam rooms, triage room, or other visible spot that every postpartum patient will pass through.

- Remind patients to use the QR code to take the quick survey during their visit. It may be useful to include this item in any pre-visit planning.

DON'T FORGET TO COMPLETE THE DATA LOG FOR EACH PERSON WHO HAS A BABY AT YOUR FACILITY!!!

Project Data Collection Tool

Hospital: _____

Month/Year: _____

Client Initials and Room Number	Date & RN Initials	Harm Reduction Discussed	Naloxone Use Instructions	First Aid Kit & Resources Given	Naloxone Provided	Naloxone Lot Number and Exp. Date	Reason naloxone is declined	Comments
	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Declined	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Declined	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Declined	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Declined		<input type="checkbox"/> Already has it <input type="checkbox"/> Doesn't want it <input type="checkbox"/> Other	
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	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Declined	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Declined	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Declined	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Declined		<input type="checkbox"/> Already has it <input type="checkbox"/> Doesn't want it <input type="checkbox"/> Other	

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Data Steps:

- Enter data on the PQC4ME Project data collection tool
- Collect baseline data 1 month prior to project intervention launch date to establish baseline
- Log any questions that came up; reach out prn for an ad hoc meeting
- Participate in the monthly project support meetings
- Document in EHR and MAR per hospital naloxone distribution policy
- Submit monthly PQC4ME Project data as agreed to with the project consultant by the 5th of the month

THANK YOU FOR HELPING TO SAVE LIVES IN YOUR COMMUNITY

Naloxone Distribution Policy Template

SUBJECT: Maternal Harm Reduction and Naloxone Education Policy

POLICY NUMBER:

RESPONSIBILITY:

EFFECTIVE DATE:

AUTHORIZATION:

I PURPOSE: To establish a policy and procedure for Standing Orders initiated by the prescribing provider to initiate universal harm reduction education and access to naloxone kits to all postpartum clients prior to discharge.

II POLICY: To decrease risk of opioid overdose in the postpartum period, every maternity client will be provided harm reduction education and given a naloxone starter kit at discharge per the routine postpartum order set.

II DEFINITIONS:

- A. Automated pharmacy systems (i.e., Pyxis): mechanical systems relative to the storage, packaging, labeling, dispensing or distribution of medications.
- B. Naloxone: An FDA approved opioid antagonist that negates or neutralizes, in whole or in part, the pharmacologic effects of an opioid in the body.
- C. Prescribing Provider: A health care provider (CNM, CM, DO, MD, NP, or PA), licensed in the State of Maine or other participating State and who is authorized to initiate the standing order to distribute naloxone to postpartum people before discharge.
- D. Staff/Provider Harm Reduction Education: An educational program offered to maternity unit staff to develop competency in providing opioid-related harm reduction and naloxone education.
- E. Universal Client Harm Reduction Program: An interactive program provided to all postpartum birth parents to reduce the stigma of accepting naloxone as part of a home first aid kit.

III RESPONSIBILITIES OF THE PRESCRIBING PROVIDER

- A. Prescribing Providers and their office staff shall attend harm reduction education and introduce all prenatal clients to the Universal Harm Reduction Program.
- B. The Prescribing Provider shall be responsible for initiating the necessary standing order that authorizes universal harm reduction education, offering and distribution of the naloxone.

IV STAFF/PROVIDER HARM REDUCTION EDUCATION

- A. Hospital nurse educator shall be responsible to:
 - a. Ensure harm reduction materials are available to all prenatal and birthing staff and providers via the current learning platform
 - b. Include harm reduction education in the onboarding of new birthing unit staff and providers
 - c. Evaluate to ensure that harm reduction competencies have been met by staff
 - d. Provide behavioral and didactic education to birthing unit clinical staff on:
 - i. Purpose of universal harm reduction education and naloxone distribution
 - ii. Implicit bias awareness and stigma reduction
 - iii. Risk factors for opioid overdose
 - iv. Opioid overdose prevention strategies
 - v. Signs of an overdose
 - vi. Steps in responding to an overdose (calling 911, etc.)

- vii. Information on naloxone HCl
- viii. How to administer naloxone
- ix. Proper storage and expiration of naloxone product distributed
- x. Expectations for associated documentation (record of distribution in the electronic health record [EHR], etc.)

V PROVIDING CLIENT HARM REDUCTION AND NALOXONE EDUCATION:

- A. Birthing unit clinical staff will educate postpartum clients on harm reduction and the use of naloxone for the reversal of opioid overdose before discharge.
 - a. The educational program components will include:
 - i. Purpose of universal harm reduction education and naloxone distribution
 - ii. Reducing risk related to opioids
 - iii. Recognizing signs and symptoms of overdose
 - iv. Administration of naloxone; calling 911
 - v. Naloxone storage, carrying, and administration
- C. Upon completion of the educational component, naloxone may be distributed to postpartum clients
- D. As with other health activities individuals may accept or decline participation in this program

VI ELIGIBILITY CRITERIA: Universal harm reduction education and naloxone is available for all postpartum birthing parents. This includes all parents who give birth at or are transferred into the facility.

VII QUALITY ASSURANCE

- a. All birthing unit clinical staff shall receive mandatory training that covers the aforementioned topics before distributing naloxone.
- b. Periodic observation of birthing unit clinical staff providing an overdose prevention education training may be performed and feedback will be provided if needed.
- c. A log of individuals receiving naloxone may be maintained per facility policy for use during notification in the event a medication recall occurs.

VIII NALOXONE KITS

- A. The naloxone will be received from local or state agency naloxone distribution inventory or purchased by the facility, under the license of the inpatient hospital pharmacy in accordance with current drug procurement policies.
- B. Naloxone will be stored within the pharmacy and maternity unit according to the current medication storage policy.
- C. The contents of the naloxone kits shall be distributed in accordance with the Prescribing Provider's standing order.
- D. Nursing staff may distribute take-home naloxone kits to postpartum people in accordance with the Maine State Board of Nursing Advisory Ruling 2022-01. For other States, please check with your State Board of Nursing.
- E. Injectable or nasal naloxone may be distributed depending on cost and availability.

IX DATA COLLECTION AND RECORD KEEPING

- A. All data collection requirements will be met as outlined by legal requirements.
- B. During the QI project related to universal naloxone distribution, data on client education and distribution of first aid kits and naloxone will be recorded using the PQC4ME data collection tool per project guidance.

X SAFE STORAGE OF NALOXONE SUPPLIES AND PROGRAM RECORDS

- A. Pharmacy shall ensure that all naloxone kits are securely stored at each program site at controlled room temperature (59-77 F°, with exposure to up to 104 F° without product failure) and protected from light.

- B. Only authorized clinical staff will have access to the supply of naloxone at each site.
- C. The naloxone inventory shall be regularly assessed to ensure that kits have not expired or are not close to expiration.

XI DEVELOPED BY: Perinatal Quality Collaborative for Maine (PQC4ME) – open to modification and adaptation to suit each birthing facility.

Community Agency Checklist

Project: The PQC4ME Universal Postpartum Naloxone Distribution Project is a partnership between community agencies that provide overdose prevention and recovery resources, and birthing hospitals. The role of the community agency is to coordinate and assemble the take-home first aid kits and then transport them to the birthing unit for distribution. Naloxone is added to the kits in the hospital and is not part of the community agency's responsibility.

Project Prework

- Review project and determine whether it meets agency mission and community needs
- Cultivate community liaisons as Community Champions
- Receive kit contents vendor information and funding from PQC4ME
- Create plan to purchase, receive, and store kit contents
- Explore options for funding kits and contents after project ends (approx. 1 yr.)
- Attend PQC4ME Naloxone Project Meetings & connect with Birthing Unit Champions
- Provide feedback to the PQC4ME re: concerns & suggestions
- Initiate communication and collaboration with Birthing Unit leadership

Project Implementation

- Assemble kits and include local prevention and recovery resources
- Work with Birthing Unit on frequency and method of kit transport
- Transport kits at planned intervals to maintain baseline stock
- Attend monthly PQC4ME Naloxone Project Meetings
- Participate in real-time problem-solving with project leadership
- Maintain communication and collaboration with Birthing Unit contact(s)

Project Sustainability

- Communicate with Birthing Unit contact(s) re: anticipated annual birth numbers
- Implement options for funding kits contents for sustainability
- Purchase additional kits before PQC4ME supply is depleted
- Maintain communication and collaboration with Birthing Unit contact(s)

Kit Assembly Checklist for Community Agencies

Kit Bag and Contents:

- Kit bag
- CPR mask
- Digital thermometer
- Poison control magnet
- Suicide prevention hotline information
- Local prevention resource information
- National Maternal Mental Health Hotline information (available here: <https://mchb.hrsa.gov/national-maternal-mental-health-hotline/order>)
- Adhesive bandages
- Other family safety information per local agency/hospital agreements (list for future reference)
- _____
- _____
- _____
- _____

Frequently Asked Questions

Q: Why is community distribution of naloxone important?

A: Community distribution of naloxone occurs in many locations and for many populations in Maine. Community distribution is the best way to have naloxone available for community members to initially treat symptoms of overdose.

Q: Why is naloxone being distributed to postpartum people?

A: Pregnancy and postpartum are times when healthcare is commonly accessed. Universal postpartum distribution provides an opportunity to increase awareness of opioid overdose signs and symptoms and how to help when overdose occurs, and the value of naloxone as part of a family first aid kit.

Q: Can a nurse hand the take home naloxone kit directly to the postpartum person?

A: The Maine State Board of Nursing Advisory Ruling # 2022-01 states that “Board believes that it is within the scope of practice of both RNs, and LPNs as delegated by RNs, to physically hand naloxone hydrochloride that has been pre-labeled and pre-packaged by a pharmacist to postpartum patients prescribed naloxone hydrochloride as part of the PQC4ME QI project”.

Q: What should the client do if the naloxone expires without being used?

A: The dose kit may be returned to the resource agency documented in the first aid kit and exchanged for a new kit.

Q: What happens if a child accidentally self-administers naloxone?

A: There are no harmful effects of accidentally administered naloxone.

Q: Do I have to call DHHS if a client accepts naloxone?

A: No. The intent of the project is to offer naloxone to everyone. Giving out the first aid kit does not change in any way the criteria for involving DHHS with a family.

Q: What do I do if I have concerns about the welfare of the baby?

A: You should follow standard policies at your institution for contacting DHHS with concerns.

Q: What happens if the family initially accepts the naloxone but then leaves it in the room at discharge?

A: You should follow your institutional policies regarding unopened and unused medication.

Q: Where should I document that the harm reduction education has been done and that the first aid kit with or without naloxone has been given?

A: You should follow your institutional policies regarding documentation. Some facilities have created a “smart phrase” such as “harm reduction education provided, full/partial first aid kit given”. This information should also be recorded on the project data sheet.

Q: Can naloxone be used on a small child or infant?

A: Yes, there are no age restrictions. Follow the usual steps.

Q: Do I need to document the naloxone in the MAR?

A: The state of Maine views naloxone as a community resource and does not require individual documentation. You should follow your institution’s policies for documentation of universal naloxone distribution.

Q: What if the person asks me if they can give their naloxone to someone else once they get home?

A: The state of Maine encourages community distribution of naloxone. A person may give their kit to someone else at their discretion.

Q: What if I just don’t feel comfortable discussing naloxone with a postpartum person?

A: Reach out to another nurse, the nurse in charge, or the nurse manager to help you. People are usually very receptive to these conversations and practicing with another nurse might make you more comfortable.

Training Resources for Staff

Three training resources in the form of narrated presentations are available as part of the toolkit:

1. Maternal Naloxone Project Introduction for Hospitals:

Universal Maternal Overdose Prevention
Jay Naliboff, MD

Available on YouTube: <https://www.youtube.com/watch?v=Lp30rqUCrHk>

2. Bias and Harm Reduction Training for Hospital Clinicians:

Recognizing Bias and Its Impact: Improving Postnatal Overdose Prevention.
Eric Haram, LADC

Available on YouTube: <https://youtu.be/TmBVYSbRo7k>

3. How to Use Naloxone:

Teaching Clients About Naloxone
Nell Tharpe, CNM

Available on YouTube: https://youtu.be/on_1v9pZncc

Please email mpfeiffer@mainemed.com to receive the training modules

Scripting for OB Office Staff Naloxone Discussions

Prenatal Visits:

First Discussion: I'd like to tell you about a service that we are providing for everyone who has a baby at our hospital. Have you heard of naloxone or Narcan? Y/N.

Naloxone is a medication that is used to reverse opioid overdose and can save peoples' lives. All postpartum parents receive a "first aid kit" that has naloxone in it to take home from the hospital. We believe that naloxone should be in every home, just like Tylenol or ibuprofen. There is no cost to you for the first aid kit. Here is some information on naloxone and we can discuss it again at another visit. If you have any questions you can call us or ask the doctor or midwife at your visit.

Second Discussion: Do you remember me or one of the other staff talking to you about the postpartum first aid kit with naloxone (Narcan)? Do you have any questions about it I can answer? I think it's great to have naloxone at home. You never know when you might save someone's life.

6-week Postpartum Visit:

Do you remember taking a postpartum first aid kit home with you after your delivery? We're asking everyone who took one home to fill out a very brief survey to help us understand if the first aid kit and education about Narcan were helpful. It only takes about 3 minutes to complete, you can just scan this QR code on the poster. Thank you so much!

Scripting for Birthing Unit Clinical Staff

The office staff and providers have probably told you about our family first aid kit. (Y/N). Do you have any questions about it? As you know we are giving a first aid kit with naloxone (Narcan) to everyone who has a baby here. We think it's very important that more households have naloxone handy to save lives in case of a drug overdose. Naloxone could be used if a child accidentally takes an opioid pain pill and overdoses or if a visitor or friend has accidentally overdosed. There is also information in the kit about some of the recovery services in the area.

There won't be any prescription to fill at a pharmacy and because there is no charge, there won't be a bill to your insurance company either.

Agrees: That's great! Let me review with you what to do if you see someone who has overdosed and how to use naloxone to reverse the effects of opioid drugs.

No: That's OK but I'd love to hear why. By having naloxone on hand you just might save someone's life. I'm happy to talk some more about it any time before you go home.

Clinical staff fills out data sheet for each delivering person and returns it to binder.

Universal Postpartum Naloxone Project Information for Pregnant People

Congratulations on your pregnancy! We know that you and your providers are working hard so that you have a healthy baby and a great birthing experience.

Your hospital is participating in a program to educate all new parents about using a medicine called naloxone (Narcan) to treat people overdosing on opioid drugs. Naloxone saves lives by reversing the deadly effect of these drugs that makes people stop breathing. The birthing unit nurses will give you a take-home first aid kit with naloxone. They will also talk with you about how to know if someone is having an overdose and how to give naloxone to save their life.

We give everyone the first aid kits with naloxone because this public health problem effects everyone – it's hard to know when you or someone you know might need naloxone. A family member could need it, a child might accidentally take a pain pill containing an opioid drug, or you could come across someone in a store who has overdosed. Recently, at a fair, a person's life was saved when a bystander gave them naloxone.

We hope you will take home this medication and first aid kit as part of our community effort to save lives.

Jay Naliboff MD
Nell Tharpe CNM
PQC4ME

Press Release Template for External Media Outlets

Local Hospital Addresses Opioid Overdose Crisis

The birthing unit at _____ hospital will be starting a new program providing a take-home First Aid Kit containing naloxone to everyone who gives birth. The hospital joins a statewide effort to prevent opioid overdose deaths through community naloxone distribution.

Naloxone, otherwise known as Narcan, is a medication which reverses the effects of opioids such as heroin, oxycontin, fentanyl, and other narcotics. People who stop breathing due to these drugs can be saved if naloxone is given soon enough followed by emergency care.

Postpartum represents an opportunity for education about drug overdose and emergency treatment with naloxone. The program provides overdose education and the naloxone-containing First Aid Kit to all people who give birth at the hospital. It prepares postpartum people to recognize and safely initiate emergency treatment of overdose in the community while waiting for EMS to arrive.

Naloxone is a safe medication that can be part of every family First Aid Kit. You never know when someone may need it. An overdose can happen to all sorts of people:

- Those taking prescription opioid pain relievers
- Accidental child poisoning with opioids or buprenorphine
- People with substance use disorder

Naloxone is safe to give to anyone who is found unconscious or unresponsive. Naloxone will not harm people with other conditions. Calling 911 for an ambulance is essential before giving naloxone.

Preventing overdose deaths takes a community effort.

For more information about this program at _____ hospital contact:

Press Release Template for Hospital Newsletter

<INSERT HOSPITAL NAME HERE> and <INSERT COMMUNITY AGENCY NAME HERE> and have joined with the Perinatal Quality Collaborative for Maine (PQC4ME) in an innovative quality improvement project to reduce postpartum overdose deaths.

Overdose deaths continue to be a tragedy in every community in Maine. The postpartum period is an especially stressful time for families. Half of overdose deaths that occur in the year after giving birth happen in people who have not been identified as using drugs. Those also at risk can include family members or friends, or a child who accidentally takes a prescribed opioid. Providing every postpartum person with a take-home first aid kit with naloxone (Narcan®) can save lives.

The take-home first aid kits are provided by <PUT COMMUNITY AGENCY NAME HERE> and include first aid supplies, a digital thermometer, a poison control magnet, mental health resources, and information on local recovery resources. Naloxone, provided at no cost in Maine, is added to the kits in the hospital. Acceptance of the kit is confidential.

As part of this project, Birthing Unit nurses open space to talk with families about signs of overdose and how to give someone naloxone, as well as discussing local community resources. Most importantly, learning the signs of overdose and having naloxone as part of a family first-aid kit increases the chance that naloxone is given promptly when signs of overdose occur.

Hospitals should be welcoming to *all* birthing parents and work towards improving the health of families. It is up to us as a community to help prevent overdose deaths. We recognize that no one can predict who may overdose. Increasing community awareness of symptoms of overdose and how to give naloxone through a universal program can improve care and save lives. We hope this project is a step toward that goal.

The mission of the Perinatal Quality Collaborative for Maine is to identify opportunities and projects that positively affect family health. The PQC4ME brings together people with an interest in improving the experience and outcomes of families during pregnancy, birth and the first year of childhood. In addition to expert perinatal clinicians who represent the range of choices and care options, the PQC4ME welcomes anyone interested in improving care and outcomes. For more information about the PQC4ME contact Mariah Pfeiffer RN at mpfeiffer@mainemed.com.

For more information about the project at <INSERT HOSPITAL NAME HERE> please contact <INSERT LOCAL CONTACT INFORMATION HERE>.

Press Release Template for Internal Hospital Communication

<INSERT HOSPITAL NAME HERE> and <INSERT COMMUNITY AGENCY NAME HERE> and have joined with the Perinatal Quality Collaborative for Maine (PQC4ME) in an innovative quality improvement project to reduce postpartum overdose deaths.

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The PQC4ME Universal Postpartum Naloxone Project has three objectives: the first is educating nursing staff and providers about harm reduction and implicit bias. The second, is giving postpartum people a take-home first aid kit containing naloxone along with tips on identifying overdose and giving naloxone to reverse opioid overdose. Third, is building stronger relationships between birthing units and local agencies that provide overdose prevention and recovery resources to the community.

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Ongoing evaluation of the project occurs during monthly project meetings, and families can share their experience with the project at their postpartum visits. While acceptance of the first aid kit is confidential, the PQC4ME notes the overall number of kits provided.

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**NALOXONE
SAVES LIVES.**

NALOXONE NASAL SPRAY

NALOXONE HCl

**Naloxone is a safe medication
that reverses opioid overdoses.**

For Help or More Information Call:

RECOGNIZING AND RESPONDING TO OPIOID OVERDOSE

HOW DO I KNOW IF SOMEONE IS OVERDOSING?

If someone takes more opioids than their body can handle, they can pass out, stop breathing and die. An opioid overdose can take minutes or even hours to occur. A person who is experiencing an overdose may have the following symptoms:

- Not breathing
- Snoring deeply
- Turning blue
- Central nervous system problems i.e. confusion, nausea, vomiting, etc.
- Not responding

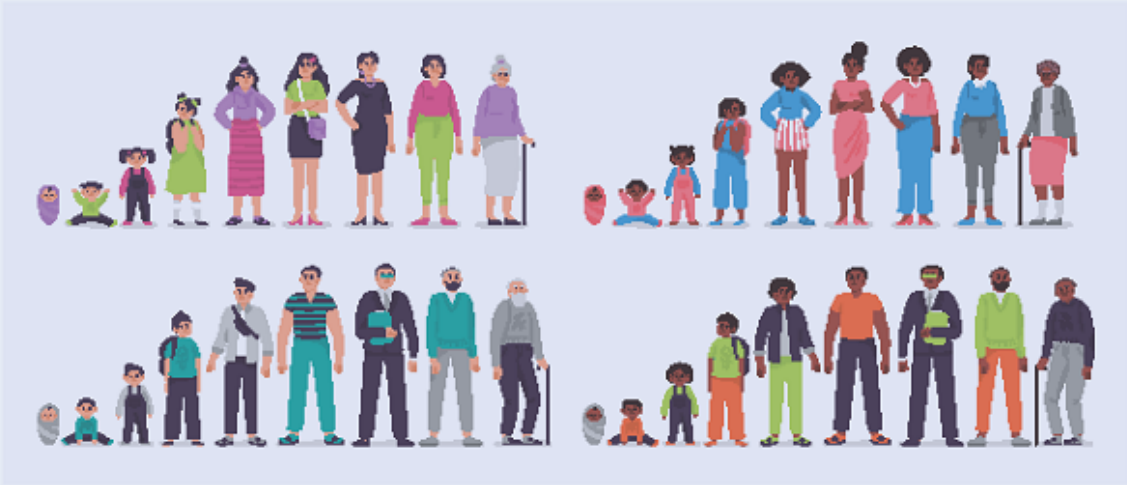


HOW TO RESPOND TO AN OPIOID OVERDOSE

1. Try to wake the person up by yelling their name and rubbing the middle of their chest with your knuckles (sternum rub).
2. Call 9-1-1. Indicate the person has stopped breathing or is struggling to breathe. Stay with the person until emergency medical services (EMS) arrives.
3. Make sure nothing is in the person's mouth that could be blocking their breathing. If breathing stops or slows, begin rescue breathing as follows:
 - First Step: Tilt their head back, lift chin, pinch nose shut.
 - Second Step: Give 1 slow breath every 5 seconds. Blow enough air into their lungs to make their chest rise.
4. Use naloxone and continue rescue breathing at one breath every 5 seconds.
5. If the person begins to breathe on their own, put them on their side.
6. If the person doesn't respond after 3 minutes, an additional dose of naloxone should be used.
7. Following naloxone administration, the person may be disoriented or possibly combative as they gain consciousness.



Who Might Need Naloxone?



Anyone!



Upgrade your
first aid kit.



Get
naloxone!



Opioid overdose deaths are reduced
by half in communities providing
access to naloxone.

For more information contact:

DID YOU TAKE HOME A POSTPARTUM FIRST AID KIT AFTER YOUR DELIVERY?

WE WANT

YOUR

FEEDBACK!

**SCAN HERE FOR OUR
QUICK, ANONYMOUS
SURVEY:**

