

Session 2: Pregnancy and Postpartum
August 19, 2020

ADVANCING EQUITY

Reproductive Health Services and Considerations
for Women with Substance Use Disorders



THE OHIO STATE UNIVERSITY

COLLEGE OF PUBLIC HEALTH

Presented by

the Center for Public Health Practice and
the Center for Health Outcomes and Policy Evaluation Studies

Thank you to our partners!

Association of Maternal and Child Health Programs

Association of Ohio Health Commissioners

Association of State and Territorial Health Officials

Center for Community Solutions

Harm Reduction Coalition

National Advocates for Pregnant Women

Ohio Association of Community Health Centers

Ohio Department of Health

Ohio Mental Health and Addiction Services

Ohio Perinatal Quality Collaborative

Power to Decide

Technical Information

- Sessions will be recorded and emailed; Slides will be available after
- Participants are automatically muted and video is disabled
- Please enter any questions (and include presenter name if desired) you have into the Q&A function; Our team will be monitoring it
- You can also use the Chat function if you have any difficulties
- For CEUs, you must complete an evaluation that will be emailed after the session is over; Certifications will be sent at the end of the series

Agenda

- David McKenna, MD
 - Premier Health, Miami Valley Hospital, Promise to Hope
- Michael Marcotte, MD
 - TriHealth, HOPE Program
- Hendree Jones, PhD and Elisabeth Johnson, PhD
 - UNC, Horizons
- Vania Rudolf, MD
 - Swedish Medical Center, Chemically Using Pregnant Women's Program



Promise to Hope

Service Overview

David McKenna, M.D.
August 19, 2020

Who we are:

- Promise to Hope is an interdisciplinary team made up of physicians, a registered nurse and a licensed independent social worker
- We work collaboratively to assess our patients needs and provide them with the best care for a healthy pregnancy, delivery and beyond

PTH Physicians:

Medical Director: Christopher Croom, MD
Melanie Glover, MD
David McKenna, MD
Samantha Wiegand, MD



PTH Care Managers:



Geraldyn Luna, MSW-LSW Trish McVey, RN, BSN

Who we serve:

- Pregnant women who are diagnosed with an opiate use disorder
 - Use may include heroin, fentanyl, opiate pain medications (Percocet, oxycontin, etc.)



What we do:

- Care coordination
- Case management
- Advocacy
- Partnership
- Education
- Support



**Hope:
believing
things can
change.**

How we do it:

- Care Coordination
 - Assess patients' biopsychosocial needs as related to addiction recovery and readiness to change.
 - Connect patient to the community recovery agency of their choosing.
 - Coordinate bridge scripting of patient's MAT services.

How we do it:

- Case Management:
 - Weekly case conferences with partner organizations to keep the “pulse” on patient status and needs
 - Make and receive calls to assist patients with eliminating barriers to treatment (Ex: transportation, dental care)

How we do it:



- **Advocacy**
 - We are a voice to speak up for our patients who often are unable to appropriately advocate on their own behalf.
 - Our staff advocates on a local level for patient needs within the systems of: incarceration, healthcare, job and family services, housing, and more.

How we do it:

- Partnership
 - We partner with local recovery agencies to connect our patients to treatment at the level and location they choose.
 - Options: Patients can choose from Inpatient or Outpatient levels of care



Inpatient

- Nova Behavioral Health
 - Closest local option, 28 day program, will transport moms to visit their baby in NICU here at MVH on a limited schedule
- Women's Recovery Center
 - Located in Xenia, 90 day program, Children (under 5 years old, including babies) can live with mom on-site in a home-like setting

Outpatient

- Samaritan Behavioral Health
- TCN
- Recovery Works
 - All local providers require a commitment from the patient at the “intensive outpatient” level of care
 - 3 days per week, 3 hours per session
 - Includes individual & group counseling as well as MAT services



How we do it:

- Education & Support
 - Weekly support group for patients on Tuesday evenings, 6-8pm with speakers on a variety of relevant topics
 - Provide education to patients about addiction, recovery, pregnancy, delivery, NAS, children's services, breastfeeding, etc.
 - Provide education to the greater community through presentations & outreach



Breastfeeding: Breaking Records!

75%

Of PTH Moms who are eligible, choose to breastfeed! This is higher than the overall population of 60%!

Infant Disposition:

88

Of moms who are active in recovery with PTH at delivery, 88% are able to take their infant home at discharge, with no Children's Services involvement.



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HOPE Program

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Cincinnati OH

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Helping Opiate Addicted Pregnant Women Evolve (HOPE Program)

- Christy Ganshirt-Certified Nurse Midwife
- Cindy Brunsman-Certified Nurse Midwife
- Sarah Jaeger-Social Work
- Danielle Gentry-Community Health Worker
- Tosha Hill-Social Work and Program Coordinator
- Denise Wagner-Nurse case Manager
- Michael Marcotte-Medical Director



HOPE Program--2016-2019

1907 pregnant women interact with HOPE

772 deliveries (engaging more women each year)

Outcomes (of the 772 deliveries)

86% sober and engaged in MAT treatment at delivery

96% received prenatal care

23 % of newborns with NAS diagnosis

64% parenting at Newborn discharge

52% mothers -- HCV positive

- Postpartum: 16 patients
- Third trimester: 36 patients
- First/Second trimester: 43 patients

Current HOPE Program

Patient-Provider-Partnership

New Paradigm



Motivational Interviewing

- Learn your patient's goals
- Educate about evidence-based best practice
- Allow time for patient to process choices
- Clarify patient's choice
- No preset expectations
- Flexible creativity by provider
- Being willing to begin again

Five Key Elements to Trauma-Informed Care

5 Key Elements to Trauma-Informed Care

In today's world of whole health focus and integrated care, assessing for and effectively treating trauma is key to providing quality care and achieving positive clinical outcomes.



The Five Key Components in Implementing and Maintaining a Trauma-Informed Framework

1. Organizational Assessment

Important to conduct initial/baseline assessment and continue to reassess and use feedback to improve.

2. Paradigm Shift

Practicing in a TIC framework requires a significant paradigm shift from how "we've always done things" and traditional approaches. It's not a one-time implementation

3. Safety

The foundation of the trauma-informed approach and arguably the most important of the foundational principles of TIC is creating a safe environment for those you serve and all who work at your organization.

4. Wellness and Self-Care

The organizational culture needs to be one of overall wellness and self-care, not just of those you serve but all employees and supervisors.

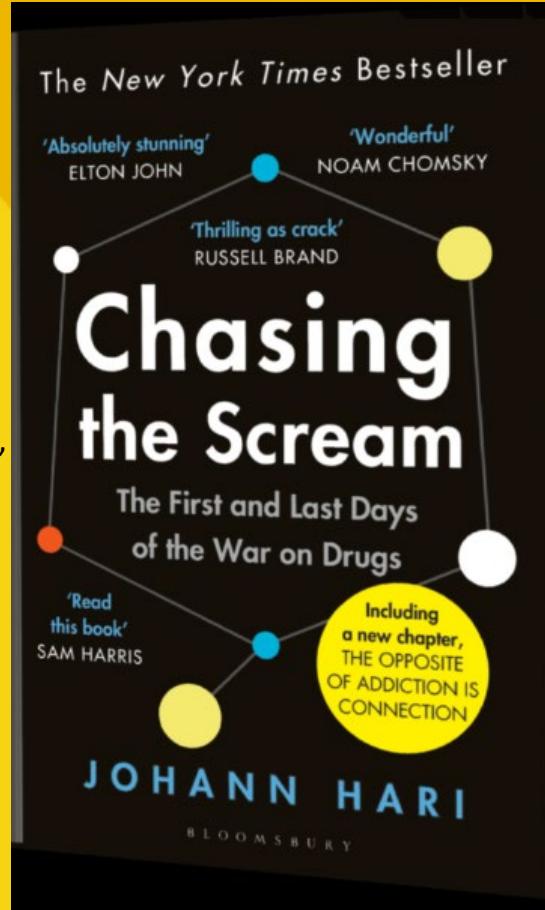
5. Everyone Included

TIC isn't a clinical intervention, it's an approach to every element of your business and involves all staff. If your implementation of TIC involves direct care/clinical staff only, you aren't truly trauma-informed.



“The opposite of Addiction is not sobriety – it’s connection”

- What does this look like in healthcare?
- What does this look like in prenatal care?
- How about a maternity unit?
- An NICU?



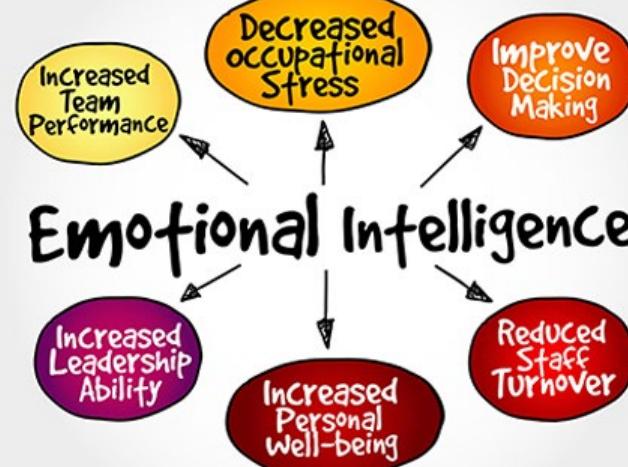


**Relationship Building: Creating Cultures That Build Trust
in Relationships**



Importance of Emotional Intelligence

educba.com



Integrated Physical and Behavioral Health Care for Pregnant and Parenting Women with Substance Use Disorders: The UNC Horizons Program

Elisabeth Johnson, PhD, FNP and Hendrée E Jones, PhD

UNC Horizons, Dept. of Obstetrics & Gynecology, University of North Carolina, Chapel Hill



SCHOOL OF MEDICINE

Obstetrics and Gynecology

[Center for HOPES](#)

Health Outcomes and Policy Evaluation Studies
Substance Use Disorders and Women's Reproductive Health
Learning Series

*Advancing Equity: Reproductive Health Services and Considerations
for Women with Substance Use Disorders 8-19-2020*

Objectives

- Disseminate information about this model including programming that has helped pregnant women, postpartum women and mothers who have a substance use disorder
- Provide data gathered from this program
- Discuss lessons learned and future directions



UNC Horizons: History and Funding

- Early 1990s the NC General Assembly used newly available federal and state substance abuse dollars to fund several gender-specific treatment programs targeting perinatal substance use
- Since 1993 Horizons has treated approximately
 - 5,000 women from all of NC's 100 counties
- First residential site 2001
- Primary sources of funding:
 - Federal and State Block Grants
 - Medicaid
 - State funding for uninsured residents



Who We Serve

- 230 women a year
- Mean age of 29 years
- 100% Medicaid or uninsured
- 50% pregnant
- 55% are Child Protective Service (CPS) involved
- Poly-substance problems
- 77% come from families with substance use disorder issues and 75% with mental illness
- 83% have been arrested at least once (average of 4 arrests)
- 84% have experienced at least one type of interpersonal violence
- 32% have attempted suicide



Model of Care for Women and Children

Medication to Treat Opioid Use Disorder

Trauma and
Addiction
Treatment

Residential
and/or Outpatient
Care

Childcare and
Transportation

Medical Care
OB/GYN
Psychiatry

Vocational
Rehabilitation
Housing
Legal aid

Parenting
Education and
Early
Intervention

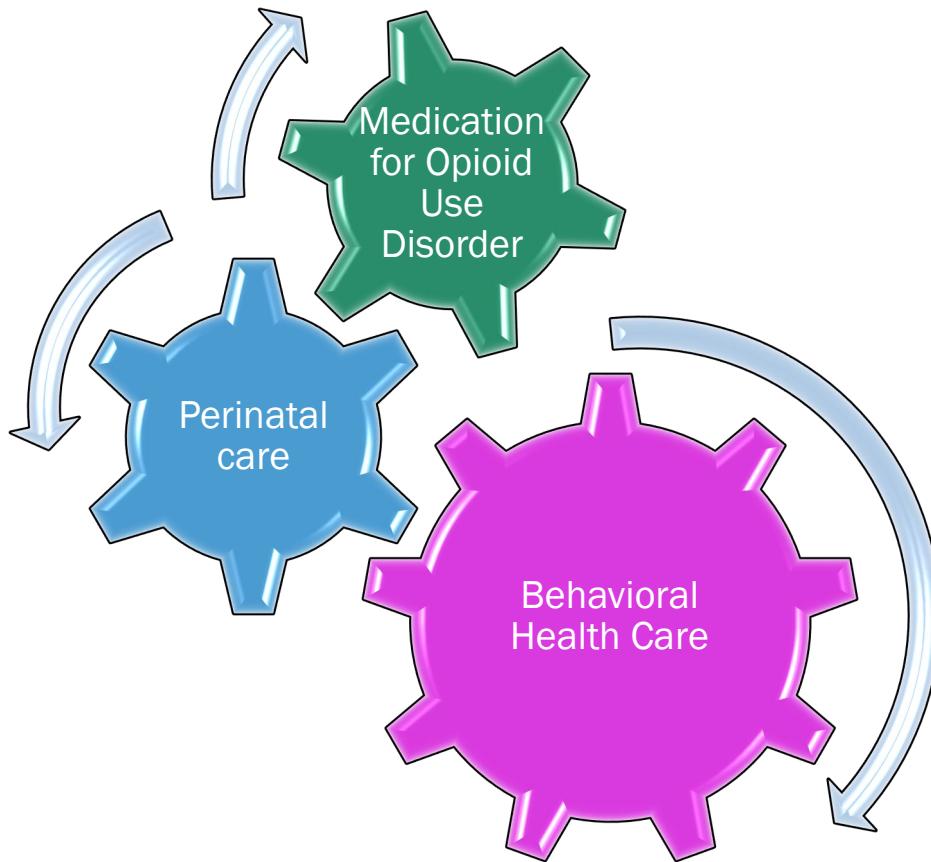


Trauma Responsive Care

Unified Philosophy of Treatment Informed by Social Learning, Relationship and Empowerment Theories

UNC Horizons Program

Medical Care
OB/GYN
Psychiatry



UNC Horizons Program

Residential
and/or Outpatient
Care

Residential Programs

- Average of 9 months then continuing care
- Services:
 - ◆ Attend outpatient groups
 - ◆ Childcare services
 - ◆ Case management
 - ◆ Individual counseling
 - ◆ Urine drug screens
 - ◆ Disease management
 - ◆ Transportation
 - ◆ Peer-support
 - ◆ Parenting/ Family therapy
 - ◆ Crisis contingency plans
 - ◆ OB/GYN and psychiatry

Goals Set with Shared Decision Making:

- ❖ Alcohol and drug abstinence
- ❖ Employment and/or on educational path
- ❖ Resolve or address legal issues
- ❖ Secure housing
- ❖ Positive parenting
- ❖ Physical and mental health

Child

- ❖ Child outcomes are in normal limits

Dyad

- ❖ CPS case resolved with reunification

Health and Wellness in Recovery

SAMHSA's Eight Dimensions of Wellness for everyone to incorporate into their lives.

These dimensions are:

- Emotional
- Environmental
- Financial
- Intellectual
- Occupational
- Physical
- Social
- Spiritual

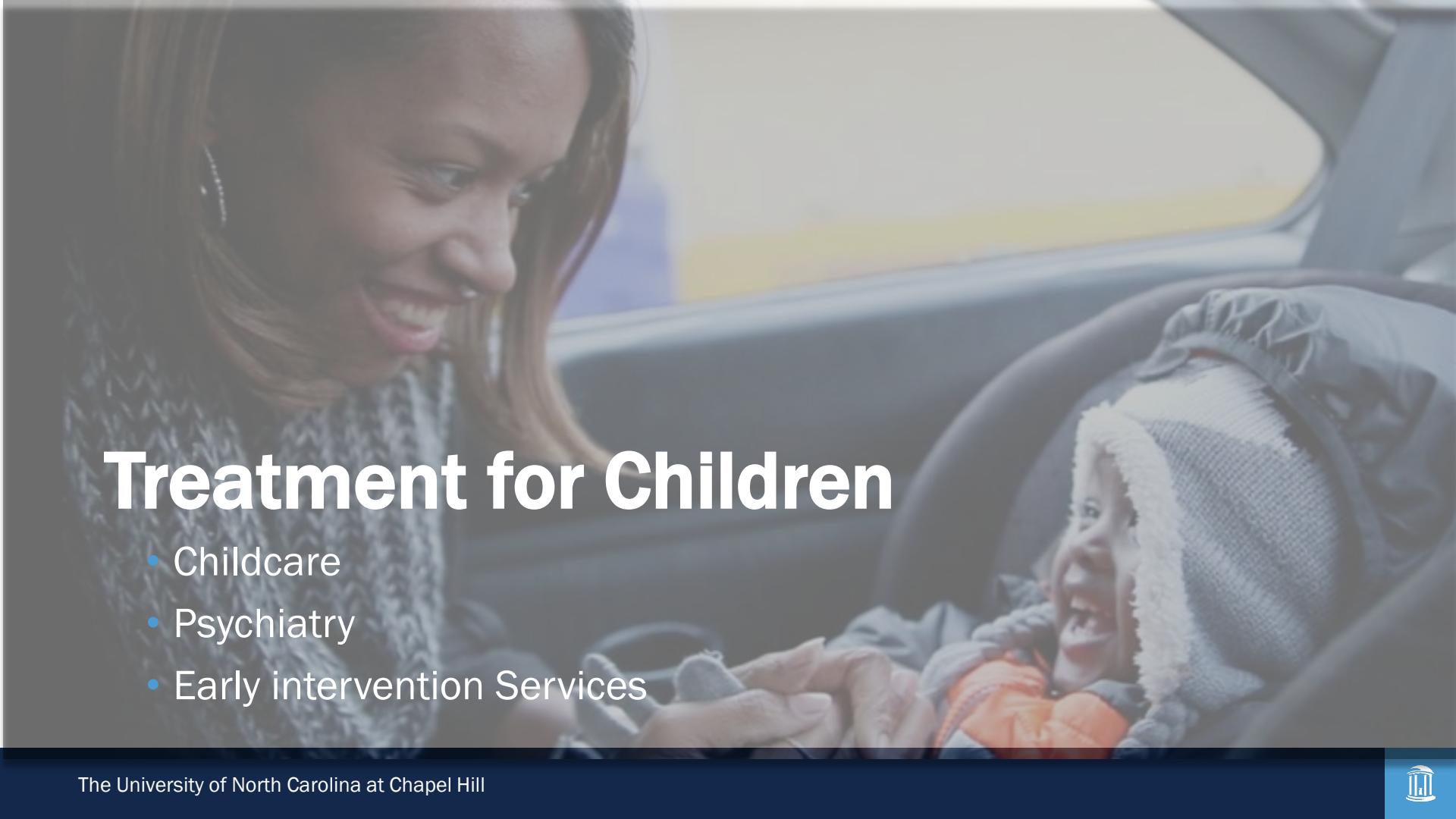


Evidence-Based Curricula



- ❖ **Beyond Anger and Violence**
- ❖ **Beyond Trauma**
- ❖ **CENAPS model of relapse prevention**
- ❖ **Circle of Security**
- ❖ **Dialectical Behavior Therapy (DBT)**
- ❖ **Helping Women Recover**
- ❖ **The Matrix Model (modified for women)**
- ❖ **Nurturing Parenting Program**
- ❖ **A Woman's Way Through
the 12 Steps**

Plus CBT, MI, CPP, CM etc.

A close-up photograph of a woman with long brown hair and a pearl necklace, smiling warmly at a young child. The child, wearing a grey hooded jacket, is seated in a car seat, looking back at her with a joyful expression. The background is slightly blurred, showing the interior of a vehicle.

Treatment for Children

- Childcare
- Psychiatry
- Early intervention Services



UNC Horizons Program: Early Intervention and Therapeutic Services for Children

Parenting
Education and
Early
Intervention

- All children receive age-appropriate mental health and social/emotional assessments; and individual, group, and/or family therapy as needed
- All children screened for speech and language, occupational therapy, physical therapy, dental, hearing and vision and referred for developmental evaluations
- About 90% of the residential children ages 0-5 qualify for and receive early intervention services



UNC Horizons Postnatal Protocol

- Visit from child therapist within first week of delivery, even if in NICU
- Focus on infant strengths, learning infant cues (Hug Your Baby)
- Continue on going parent education (twice per week)
- At 6 weeks: Referrals for developmental assessments (Early Intervention) including Speech/Language, Occupational Therapy, Physical Therapy, and Social-Emotional Assessment
- Support Dyad: Weekly Child Parent Psychotherapy (CPP)



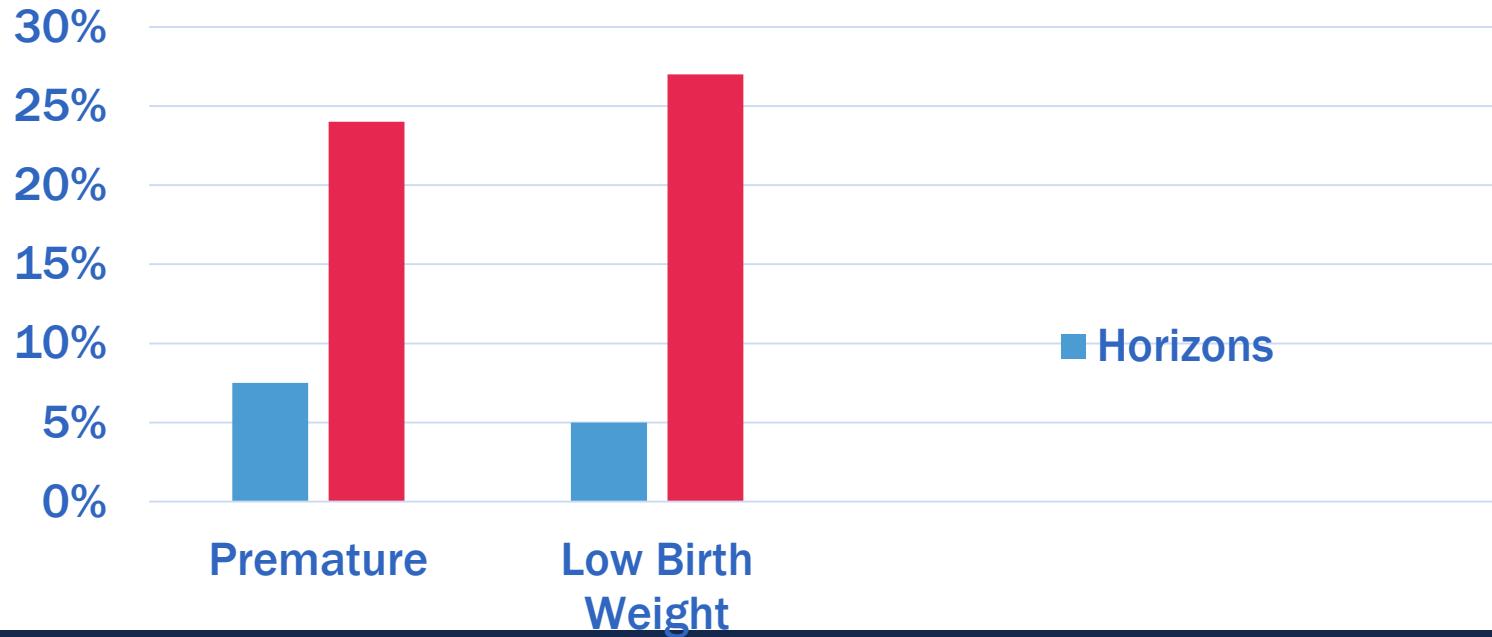
Measuring Success



- ❖ Personal Treatment Goals
- ❖ Substance Abstinence
- ❖ Housing and Employment
- ❖ GED/Education
- ❖ CPS Case Status
- ❖ Legal status
- ❖ Birth Outcomes
- ❖ Parenting knowledge
- ❖ Coping Skills and Perceived Stress
- ❖ Client Satisfaction
- ❖ Child outcomes

Measuring Success

Birth Outcomes: Horizons vs. Untreated Drug-Exposed



Graduate Family Outcomes

- 77% of RESIDENTIAL WOMEN HAD A JOB WHEN THEY LEFT
- 95% of residential families MAINTAINED OR IMPROVED CPS CASE STATUS



Estimated Cost Savings



UNC Horizons saves North Carolina an estimated \$3,366,815 every year



Horizons Around the World



Looking Back and Looking Forward

Lessons Learned

- Mothers and children need strength-based support
- Your language choice matters
- Pictures and visuals matter
- Help tell stories of recovery and success
- Consider mother and child not mother vs. child
- Be familiar with toolkits like ACOG's on state legislation regarding *Pregnant Women & Prescription Drug Abuse, Dependence and Addiction*

The Future

- Continue to increase Tobacco cessation support
- Advocate for compassionate care mother and child NAS hospital policies
- Ensure post-partum and life span care
- Continue to work towards eliminating stigma and discrimination against women with substance use disorders





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OVERCOMING STIGMA WITH COMPASSION + CARING

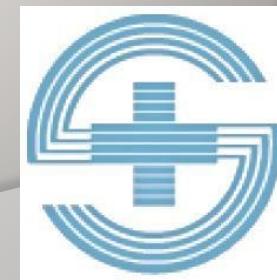
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No Disclosures



Objectives

- Substance use disorder in pregnant and parenting women
- Stigma and opportunities
- Ways to promote compassion and caring for patients and providers

Stigma

- Discrimination and Prejudice
- Mark of disgrace or infamy with SUD
- Negative attitudes, perceptions

Punishment

Immoral, unethical and cruel to punish women for the chronic illness of substance use disorder

Women, SUD and Stigma - *terrifying*

- A social process which can reinforce relations of power and control
- Leads to status loss and discrimination for the stigmatized
- Leads to stereotypes, labeling

- Link and Phelan

Fear, Discrimination, and Barriers to Care

Fear: being judged, harming baby, losing custody of their children, legal repercussions/ incarceration

Discrimination: pregnant women with SUD are the most likely group to be discriminated against and treated harshly for their substance use

Barriers to care: shame, lack of resources, bias, funds/insurance, sober support, transportation, childcare, criminalization, punishment

Alternatives to Punishment?



Alternatives to Punishment?

- *Overcoming stigma*: bias, language, trauma-informed care
- *Access to care*: Compassionate longitudinal and comprehensive value-based care (perinatal care, mental health + SUD treatment)
- *Provider support and wellness*: education, wellness

Provider bias – words matter

Terminology to use

- Substance use disorder
- A person with substance use disorder, drug use
- Person in recovery
- Positive drug screen
- A woman with SUD
- A baby/infant born to a mother with SUD

Terminology to avoid

- Drug abuse
- Drug addict, druggie, junkie, crackhead
- Clean, sober
- Dirty urine
- An addict mother, these moms
- These babies

What is Trauma?

- Trauma is an extremely upsetting event that could be single or repetitive interfering with your wellbeing and contributing to poor health, substance use and social dysfunction.
- → Poor physical and mental health, obsessive behaviors, substance use, social dysfunction

Adverse Childhood Experiences

“A comprehensive assessment of children's health should include a careful history of their *past exposure to adverse conditions and maltreatment*. Interventions aimed at reducing these exposures may result in better child health”



<http://www.cdc.gov/ace/index.htm>

Flaherty EG¹, Thompson R, Litrownik AJ, Zolotor AJ, Dubowitz H, Runyan DK, English DJ, Everson MD. Adverse childhood exposures and reported child health at age 12. *Acad Pediatr*. 2009 May-Jun;9(3):150-6.

ACE and Trauma

Individuals > 4 ACES; certain experiences are major risk factors for the leading causes of illness and death as well as poor quality of life

- *2-4 fold increase in poor health, tobacco smoking and sexually transmitted disease*
- *4-12 fold risk for alcohol and other substance use disorders, depression, suicide attempt, high risk behaviors*
- *Strong relationship between ACE, violence , trauma and addiction*

Trauma approach:

**“You’re not bad,
you’re not sick.
You’re injured.”**

Trauma-informed Care (TIC)

Changing the conversation from “what is wrong?” to “what happened?”

Examples:

“What is wrong with this woman... how could she use drugs during pregnancy?”

→“I wonder what happened to this woman to affect her life this way and the impact it has had on her health and pregnancy?”

“How can she use heroin and call herself a mother?”

→“I can appreciate the vulnerability and the courage she has to reach out for help and talk about her use.”

Access to Compassionate Comprehensive Care

- Longitudinal framework -> innovative value-based model of care
- Bundle of perinatal, mental health and SUD services
- Evidence-based MOUD
- Optimizing postpartum support resources for mom, dad, baby
- COMPASSION postpartum floor 5 day stay-> *decrease in NAS incidence, need for pharmacotherapy and LOS*
- Mental health emphasis
- Self care and advocacy
- Tobacco cessation
- LARC
- Maternal mortality education and prevention

Access to Compassionate Comprehensive Care

Chemically Using Pregnant Women (CUPW) – 26 days, HCA funded

- *Trauma-informed, Culturally sensitive, Kind, Welcoming, Respectful Caring*

- *Evidence-Based Treatment*

- Pregnant women of any GA
- Postpartum Women
- COMPASSION model

HCA, CPS, SW partnership

Access to Compassionate Comprehensive Care

- Perinatal Addiction Consultation Service (PACS):
 - - 40 visits (2016)
 - - 152 visits (2017)
 - - 340 visits (2018),
 - - >400 visits (2019), *ongoing PACS presence removes barriers*
- Peer to Peer Support Line
- E-Consult Support

COMPASSION and Zero Separation

Community Of Maternal PARENTING Support for Substance Impacted WOMEN and NEWBORNs - 5- day extended postpartum floor stay for moms and babies

- Nows education for patients, providers, nurses
- Mom-baby-FOB/family support → rooming-in
- Addiction/MAT stabilization/daily patient-centered rounding
- Bonding, breastfeeding, skin-to-skin, quiet environment
- Tobacco cessation, LARC
- Discharge coordination, timely SW/CPS collaboration-> Chemically Using Pregnant Women (CUPW 26 day), Pregnant and Parenting Women (PPW 6mo)

COMPASSION and Zero Separation

Community Of Maternal PArenting Support for Substance Impacted WOmen and Newborns

A total of 40 women with OUD on methadone (40-250mg/d), 60% homeless

- 20 women/baby couplets with standard postpartum floor discharge Day 1-3
 - *80% babies received morphine and prolonged NICU stay; NICU LOS 18 days*
 - *50% babies discharged to foster care*
- 20 women/baby couplets with COMPASSION 5-day postpartum floor stay
 - *80% babies did not receive morphine/NICU admission; NICU LOS 3.2 days*
 - *80% babies discharged with mom, mostly PPW*

Support Women Across the Lifespan

- *OB Outreach Clinic*- Validate autonomy and respect patient's choices while providing evidence-based care
- *Supportive group care model for women:*
Monthly group visits
Postpartum and parenting, women of all ages/stages (babies welcome)
Father, family support
→ *MAT, mental health, motherhood and recovery support*
- **March of Dimes partnership**- supportive group model for pregnant and parenting women

Provider Support/Outreach

- ***Provider attitudes tool*** (Swedish, 2016: stigma, compassion, knowledge, comfort level of care, referral to treatment)
- ***High risk OB conference***, “Embracing Challenges and Compassion in the Care of Chemically Dependent Patients March 18th, 2016. Pre/post intervention, 60 minutes SUP education:
 - 95/114: decreased stigma 9% ($p < .015$); improved compassion 6% ($p < .036$); increased 22% knowledge, 18% comfort level of care, and 17% referral to treatment ($p < .001$) and improved attitude scores 13% ($p < .006$).
- ***Washington Section of AWHONN***, “Caring for the Pregnant Woman with Chemical Dependency and Her Newborn” May 23rd, 2017. Pre/post intervention, 120 minutes SUP education:
 - 91/105: improved 13% stigma ($p < .001$) and 14% compassion ($p < .001$). Providers demonstrated increased 31% knowledge ($p < .001$), improved 24% comfort level of care ($p < .001$), and 17% attitude scores ($p < .001$).

Provider Support/Outreach

- *Washington Summit, “Treating Pregnant and Parenting Women With Opioid Use Disorder”, Aug 8th 2018*
 - 105 attendees, results pending
- *Washington Mental Health and Opioid Use Disorder Summit, Jan 22nd-23rd 2020*
 - 167 attendees, results pending
- *National Women and Addiction Summit, Jan 24th-25th 2020*
 - 335 attendees, results pending

Addiction Recovery Services Wellness Project

- Staff pre-intervention survey: January 2019

Goals:

- **Burnout:** decrease work hours, revamp FTE expectations, increase provider salary
- **Compassion fatigue:** mindfulness workshops, gratitude wall for staff (SUDP, RN, MD); effort to appreciate the positive impact and meaningful work contributions
- **Secondary trauma:** supportive environment, mentality, compassionate communication, growth mindset, vulnerability and courage

Addiction Recovery Services Wellness Project

- Self- care and self-efficacy focus:
 - “Berry Wednesday” - fresh berries for staff every Wednesday
 - “Walk the Talk” – 15-20 minutes interdisciplinary walks
 - Team huddles for daily reflections, laughter
 - Gratitude and mindfulness
 - Staff appreciation at work, finding meaning in what we do
 - Potlucks, celebrating diversity, Black Lives Matter
 - Dedicated vacation and family time; flexibility in work schedule
 - Setting healthy boundaries to separate work and personal life
- Post-intervention survey March 2020

ARS Team Huddles

- Be a healer
- Be mindful
- It's about retraining your attention
- Be a better listener, show empathy
- Being aware of & letting go of distractions
- Having a kind, open, curious attitude to your present moment experience with your patient
- Being present, humble



Addiction Recovery Services Wellness Project

ARS Wellness Survey Data (January 2019 - March 2020)

ARS Wellness Survey Data (January 2019 - March 2020)

How much do you agree or disagree with these statements?	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
I feel comfortable to talk about burnout at my workplace MD (Jan 2019) MD (Mar 2020)			40%	60%	
MD (Mar 2020)			50%	50%	
I feel comfortable to talk about compassion fatigue at my workplace MD (Jan 2019) MD (Mar 2020)			40%	60%	
MD (Mar 2020)			25%	75%	
I feel comfortable to talk about secondary trauma at my workplace MD (Jan 2019) MD (Mar 2020)			50%	50%	
MD (Mar 2020)			20%	80%	
I feel I am at increased risk to experience burnout at my workplace MD (Jan 2019) MD (Mar 2020)	25%	20%		60%	20%
MD (Mar 2020)		25%		50%	
I feel I am at increased risk to experience compassion fatigue at my workplace MD (Jan 2019) MD (Mar 2020)	25%	20%	20%	40%	20%
MD (Mar 2020)		50%		25%	

Addiction Recovery Services Wellness Project

ARS Wellness Survey Data (January 2019 - March 2020)

How much do you agree or disagree with these statements?	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
I feel I am at increased risk to experience secondary trauma at my workplace MD (Jan 2019) MD (Mar 2020)			50%	80% 50%	20%
I often feel tired and overworked at the end of my workday MD (Jan 2019) MD (Mar 2020)			25%	25%	100% 50%
I feel that my wellness and quality of life suffers if I feel tired and overworked at my workplace MD (Jan 2019) MD (Mar 2020)			20% 25%	25%	80% 50%
I want to change things at my workplace to improve wellness, compassion fatigue and secondary trauma MD (Jan 2019) I feel that we have been improving things at my workplace to promote wellness, compassion fatigue and secondary trauma MD (Mar 2020)			20%	60% 25%	20% 75%
I am willing to participate in regular sessions to address and improve wellness, compassion fatigue and secondary trauma MD (Jan 2019) I feel that we have been improving things at my workplace to improve trauma-informed care and secondary trauma MD (Mar 2020)				80% 25%	20% 75%
I have the skills and the knowledge to address burnout MD (Jan 2019) MD (Mar 2020)		40% 25%	40% 25%	20% 25%	50%

Wellness Success Tips

- Intention and efforts for **preventing** stress and burnout
- **Self-care** - nurture physically, mentally, spiritually, and emotionally
- Notice self burnout with realistic **recognition**
- **Supportive help** and talking with others about issues and stressors
- **Professional resources**
- Saying *no* with compassion: forming firm **Boundaries** to avoid increased stress and problems
- Using **Humor and Laughter**
- Finding **Non-Medical Hobbies**: potluck, social gatherings



Take Home Points

“The mother is more scared than you are”

(Dr. Jim Walsh)

- Trauma-informed care and non-judgmental caring encourages treatment engagement
- Zero Separation and COMPASSION improve mom/baby outcomes

Meeting needs of vulnerable and disadvantaged women

Community Effort

Woman Empowerment

- Together we can make a difference
- Yes, We Can

THANK YOU!

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Thank you!

September 16 Session:

Interventions at substance use treatment/recovery settings