

Eat, Sleep, Console: Reducing Disparities in Care

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Introduction

- The stigma surrounding substance use in pregnancy can have significant consequences for a family, which can be exacerbated by policies and procedures within the healthcare system related to the treatment of Neonatal Abstinence Syndrome (NAS)¹
- In a Northwestern Ontario hospital, policies to treat NAS separated the parent from the neonate for pharmacologic treatment. For many families, this separation heightened disparities, further stigmatized the parent, and decreased their ability to effectively care for their neonate.
- The Eat, Sleep, Console (ESC) model of care and keeping the parent-neonate dyad together has been shown to be a superior approach to the management of NAS compared to other models²
- The research is clear that keeping the parent-neonate dyad together during NAS treatment improves neonatal outcomes, addresses systemic barriers that many substance using families face, and provides increased opportunities for nursing staff to provide support to families³

Purpose

Develop a change in practice that keeps the parent-neonate dyad together during NAS assessment and the ESC model of care.

Methods

Nurses' Perspective Survey:

- Online 15 question 5-point Likert-style survey link sent to nurses working on Maternal Newborn, Neonatal Intensive Care Unit (NICU) and Pediatrics
- One sample t-test and descriptive statistics was completed for survey questions

Retrospective Cohort Chart Review:

- Term neonates assessed for NAS; comparing between the pre-change group (n = 43) June 7, 2021 to June 6, 2022, and the post-change group (n = 27), from June 7, 2022 to June 6, 2023.

Nurses' Perspective Survey

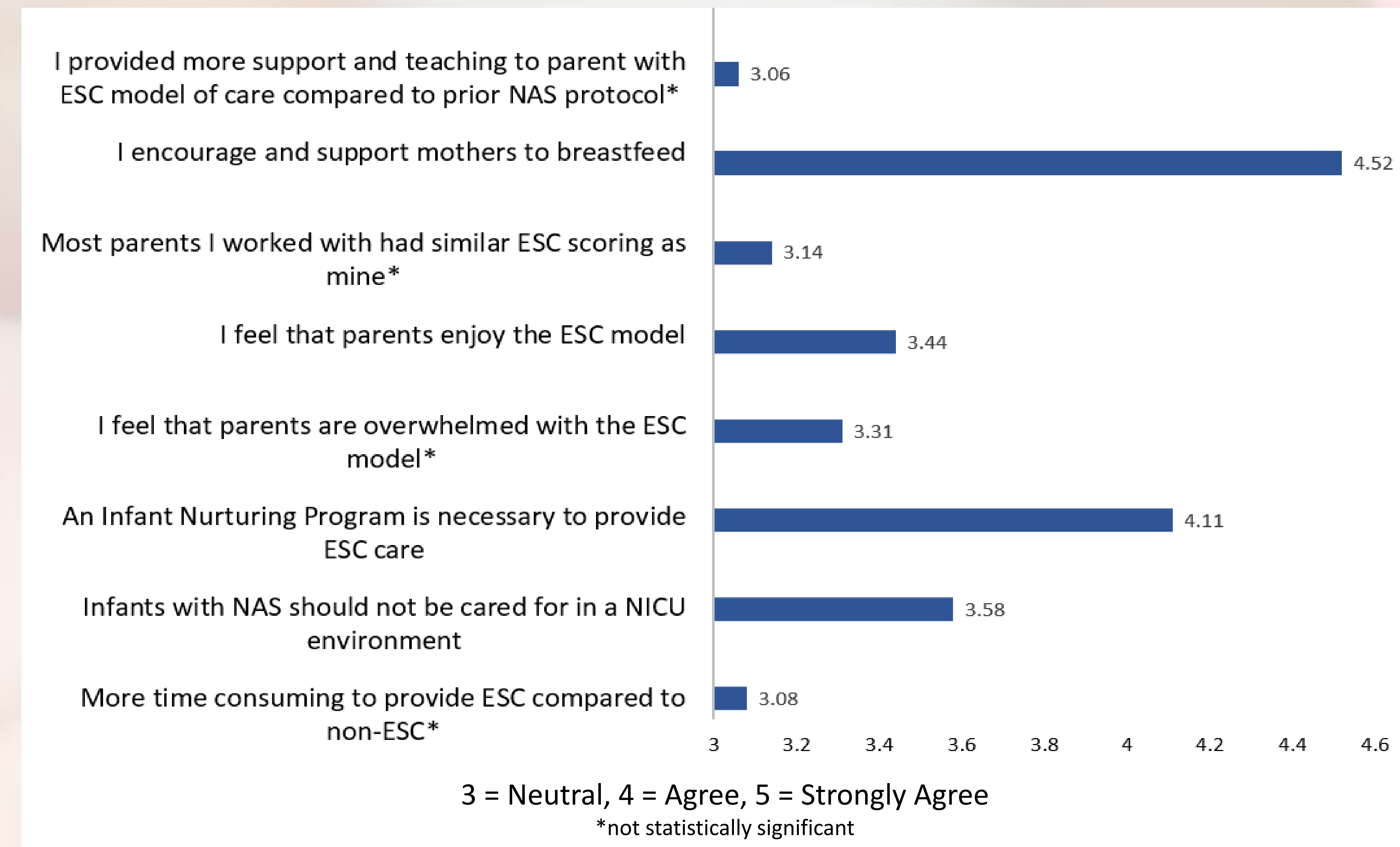
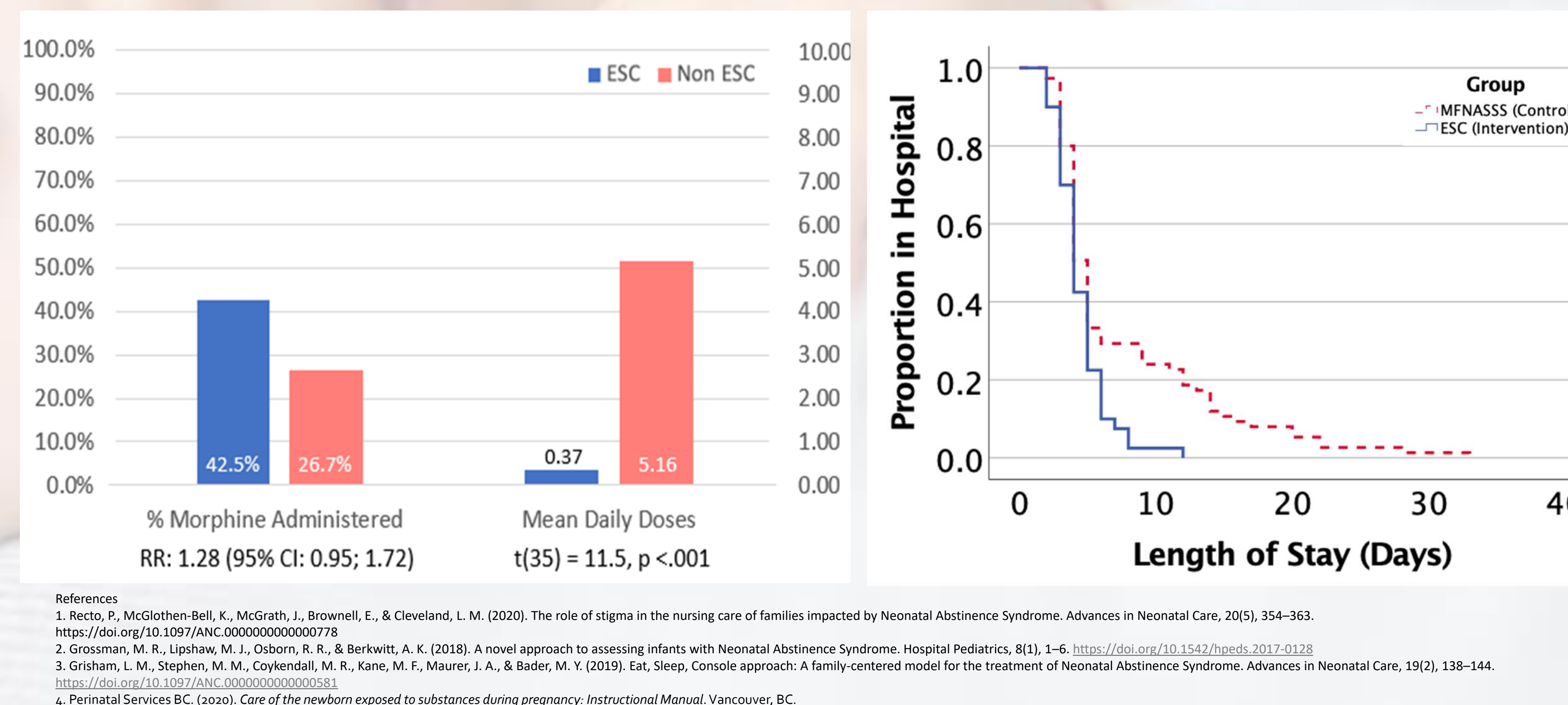


Chart Review



The Change Promoted Culturally Safe & Trauma Informed Care

- Created a supportive environment that focused on keeping families together and involved
- Staff became aware of the interconnectedness between trauma, substance use and intimate partner violence
- Created trust through therapeutic nurse-patient relationships, communication and providing choice
- Care became transparent and predictable
- Staff explaining what they need to do, why and how
- Balanced power dynamics with a focus on parent first
- Staff learnt about ongoing racism and discrimination against Indigenous Peoples within health care and child welfare and ways to address those in their nursing practice
- Staff collaborated with parents as opposed to “telling” as an expert
- Created opportunities for staff to receive feedback⁴

Overall Results

- Decreased length of stay and number of morphine doses
- Demonstrated a better control over NAS symptoms and complications
- Allowed for 24/7 rooming in of parent and their neonate
- Nursing staff could provide more support and education for parents to participate in non-pharmacological interventions and neonate care
- More opportunities for parents to provide non-pharmacological interventions
- Parents are an integral part of the NAS assessment and treatment

Next Steps

Changes need to be made to foster additional support to parents:

- Utilizing Infant Nurturing Programs as needed
- Permitting other family members to provide non-pharmacological care
- Childcare options while neonate in hospital
- Parenting Room availability if neonate in NICU
- Antenatal education on ESC model of care and interventions
- Collaboration with child protection agencies to support and empower parents