Bidirectional **L**earning for **I**mproved **S**upport and **S**ervices

SUPPORTING COMMUNITY-BASED PARTNERS WHO CARE FOR BIRTHING PEOPLE WITH SUBSTANCE USE DISORDER

VERMONT DEPARTMENT OF HEALTH

VCHIP VERMONT CHILD HEALTH IMPROVEMENT PROGRAM

PERINATAL QUALITY COLLABORATIVE VERMONT

Disclosure Statement

- Presenter: Kim Dacek, APRN, FNP-C
- No disclosures

Learning Objectives

1. Learners will be able to describe the goals of the BLISS Initiative.

2. Learners will be able to identify two community-based partners involved in supporting perinatal individuals with SUD.

MMRP Recommendations

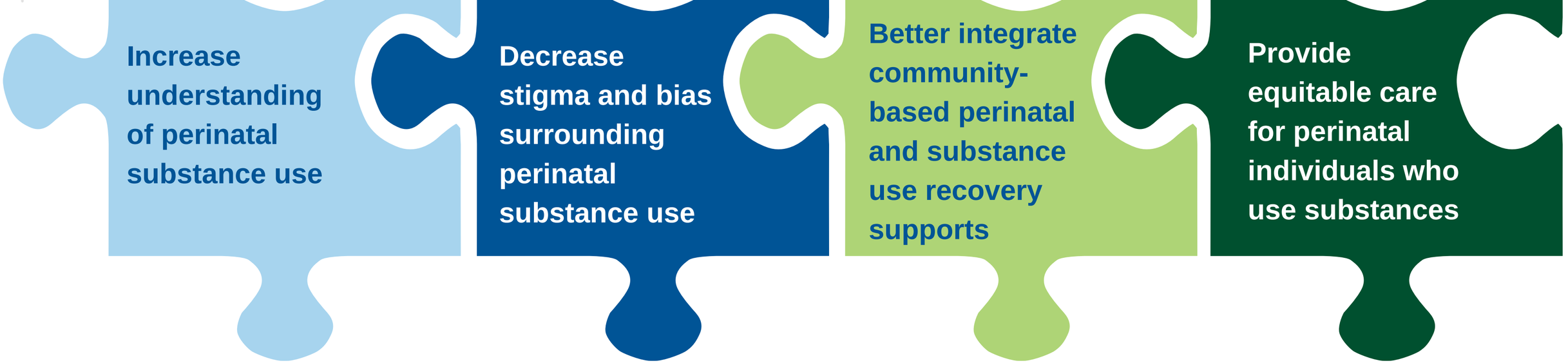
- 2024 MMRP Recommendation: Enhance and coordinate substance use disorder supports across clinical and community settings

- Clinical: Alliance for Innovation on Maternal Health (AIM) Care for Pregnant and Post Partum People with Substance Use Disorder Safety Bundle

- **Community: Bidirectional Learning for Improved Support and Services (BLISS) Initiative**

Source: Vermont Department of Health, Family and Child Health Division. Maternal Mortality Review Panel Annual Report to the Legislature (2024).

BLISS Initiative: Goals



BLISS Components

Communities of Learning

Everyone teaches, everyone learns!

Ongoing opportunities for community partners who work with birthing people with SUD to engage with each other to close gaps and knit together existing resources.

Learning Modules

Framework to support Community of Learning conversrations

Foundational knowledge, practical skills, evidence-based practices, identification of resources, and more!

In Their Own Words - The Value of Lived Experience

BLISS is centered around engaging partners and people with lived experience.

- Brings authenticity to the conversation
- Highlights real challenges and successes
- Provides insights
- Brings data to life
- Informs empathetic care approaches that truly support affected individuals and families

Testimonials are featured throughout the materials

Source: About overdose data to action. (2024, May 2). Overdose Prevention. https://www.cdc.gov/overdose-prevention/php/od2a/about.html

A Perilous Time in Perinatal SUD

Focus rapidly shifts from mom to baby

Pregnancy

Healthcare: ~10-14 visits

Postpartum

Healthcare: ~1-2 visits

- ⊕ Disengagement from SUD treatment and MAT
- ⊕ Stress, isolation & disrupted sleep
- ⊕ Hormonal changes and risk of mood disorders

Risk of return to use increases

Sources: Martin CE, Parlier-Ahmad AB. Addiction treatment in the postpartum period: an opportunity for evidence-based personalized medicine. Int Rev Psychiatry. 2021 Sep;33(6):579-590.
Wilder C, Lewis D, Winhusen T. Medication assisted treatment discontinuation in pregnant and postpartum women with opioid use disorder. Drug Alcohol Depend. 2015 Apr 1;149:225-31.

Possible Community Contributors

People and organizations in Vermont who work with pregnant or postpartum people outside of the clinic/hospital who can help close the gap in perinatal SUD.

- Turning Point Centers/Peer Recovery Coaches
- Nurse Home Visiting
- Family Child Health Coordinators
- Hubs & Spokes
- Community Response Teams
- Children’s Integrated Services
- Parent Child Centers
- Community Mental Health Centers
- Early Head Start
- Good Beginnings
- Doulas
- Community Organizations
- Grief/loss supports

Putting it all together...

Data, lived experience, and community feedback shows us this is an opportunity!

Vermont already has many resources and people invested in this work.

Address all substances: alcohol, nicotine, cannabis, opioids, stimulants, prescription drugs, etc.

Connection and community are important for birthing people AND the people who care for them.

Each community partner has areas of expertise and practices that are valuable.

Strengthen relationships to build trust and facilitate wrap around care with warm hand-offs.

Poll Question

What do you believe is the most significant barrier to engagement for perinatal individuals who use substances?

Your personal thoughts- no right or wrong!

A. Stigma and fear of judgment

B. Concern for legal repercussions

C. Fear of losing custody

D. Lack of access to care (due to financial constraints, transportation, insurance, etc.)

E. Inconsistent or insufficient screening and referral practices

F. Other (write-in)

Poll Question Discussion

- All are important factors
- Every situation is unique
- Fear of losing custody or DCF involvement has come up most frequently in discussions with our advisors with lived experience

A. Stigma and fear of judgment

B. Concern for legal repercussions

C. Fear of losing custody

D. Lack of access to care (due to financial constraints, transportation, insurance, etc.)

E. Inconsistent or insufficient screening and referral practices

F. Other (write-in)

In Their Own Words...

The fear of having your child taken into custody and not being in control of when you can see your child or how you

-Arial, Peer Recovery Coach

The stigma and shame is just very real and it's what hurts people.

-Ashlee, Patient and Family Advisor

BLISS Education Modules

- Vermont Data Review and Background Information to Ground the Work
- The Science of Addiction and the Perinatal Time as an Opportunity for Change
- Addressing Fear in Perinatal SUD
- Stigma, Bias, and Lessons from the Respectful Maternity Care Toolkit
- Beyond the Baby Blues: Perinatal Mental Health
- Taking Care of the Caregiver: Addressing Secondary Trauma and Self-Care Strategies

Looking for champions!

- **Schedule a BLISS session**

1. Pick your topic.

2. Choose from Zoom or In-Person.

3. Start the conversation! Listen and learn for ~15 to 30 minutes then engage with the group, finding connections to your work and strengthening relationships among regional partners.

Click HERE to schedule a session or follow the QR code above.

- **Experience, expertise, thoughts, questions, etc. always welcome!**
- **Contact: kim.dacek@med.uvm.edu**

VERMONT DEPARTMENT OF HEALTH

VCHIP VERMONT CHILD HEALTH IMPROVEMENT PROGRAM

PERINATAL QUALITY COLLABORATIVE VERMONT