

Key Care Considerations

POSTPARTUM

FOR PREGNANT PERSONS DIAGNOSED WITH OUD.



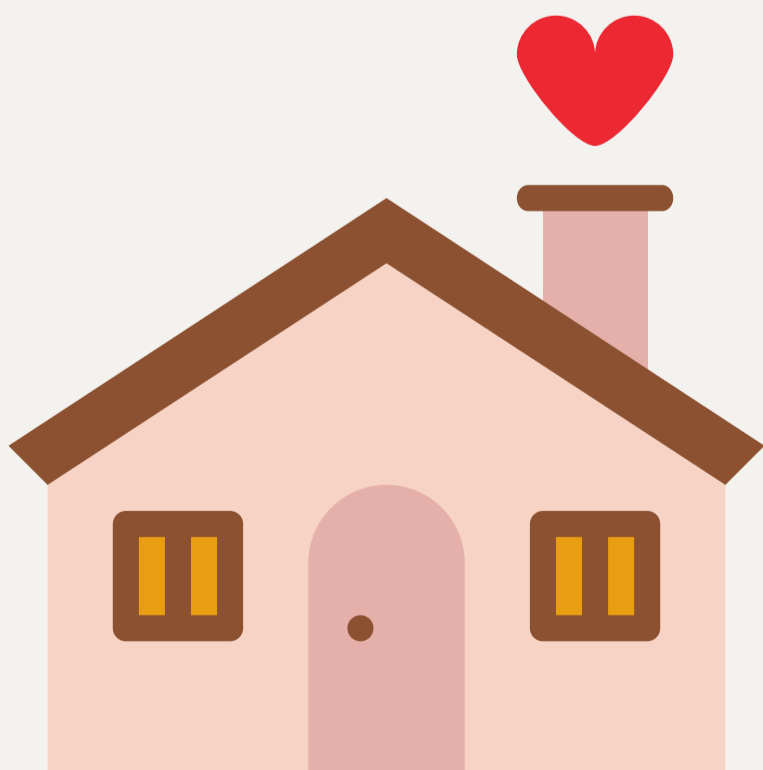
SUPPORT



EMPOWER



DISCHARGE



01

Medication Considerations

- Dosage changes may happen in the postpartum period; however, will likely occur once the pregnant person is discharged
 - Educate pregnant persons and families on the signs of sedation
- Adjustments may include increases and decreases in medication needs
 - Changes need to be individualized
 - Ongoing assessment (with regular oxygen saturation monitoring)
- Seamless two-way communication is needed with community pharmacy

02

Eat, Sleep, Console Birthparent Role

- Eat, Sleep, Console Model of care is centered around the empowerment of the birthparent
- Empower birthparents in the care of their newborn by:
 - Providing education on a) how to advocate b) their role as a birthparent in their newborn's care and c) the importance of self-care

03

Postpartum Mood Considerations

- Postpartum is a vulnerable and emotional period for birthparents
 - range of emotions including guilt, and fear that is further compounded by exhaustion, pain and normal postpartum changes
 - emotions can be triggering and without adequate support can potentially lead to relapse
- Healthcare providers can support birthparents through education, relational practice and access to additional care support if needed (including social work or psychology services)

04

Postpartum Pain Management

- Pain during the postpartum period is often a stress inducer
- Managed as expected with non-opioid treatment as a first-line and with a multimodal approach (NSAIDs + Acetaminophen)
 - Opioids should be considered on a short-term basis if needed due to increased pain sensitivity and tolerance (individualized or post-surgery)
 - Ensure pain is adequately managed before removing the epidural catheter
- Use functional-based tools to assess pain

05

Social Considerations

- A dynamic and comprehensive approach encompassing the intersecting social determinants of health
 - SDOH are rooted in historical, cultural, and political power relations such as colonization, systemic racism, ableism, and gender inequality
 - Critical to reflect on your own power and privilege when caring with this population
 - Social workers can provide holistic and dynamic support

06

Public Health Nursing

- Public Health Early Years Program
 - An early referral can facilitate continuity of care and established supports prior to the postpartum period or discharge
- Ongoing support can be provided by way of education, feeding support, mental health support, connection to community resources and programs available

07

Discharge Planning

- Comprehensive discharge planning is needed to ensure a seamless transition to community for pregnant persons diagnosed with OUD
 - If not completed antenatally, early intervention (Baby steps) and Public Health referrals are recommended.
 - Must establish early visits with the most responsible care provider (before 6 weeks)
 - Community pharmacy collaborations are needed
 - Discharge should not occur until the OAT dose is secured in the community