

Indian Health Service

All Tribal and Urban Indian Organization Leaders Call

REAR ADM. MICHAEL D. WEAHKEE

IHS PRINCIPAL DEPUTY DIRECTOR

DECEMBER 5, 2019



Agenda

- **IHS Update**
 - RADM Michael D. Weahkee, IHS Principal Deputy Director
- **American Academy of Pediatrics Recommendations to the Indian Health Service on Neonatal Opioid Withdrawal Syndrome**
 - Sharon McKiernan, MD, IHS Maternal-Child Health Consultant



Welcome



Rear Adm. Michael D. Weahkee
Principal Deputy Director
Indian Health Service

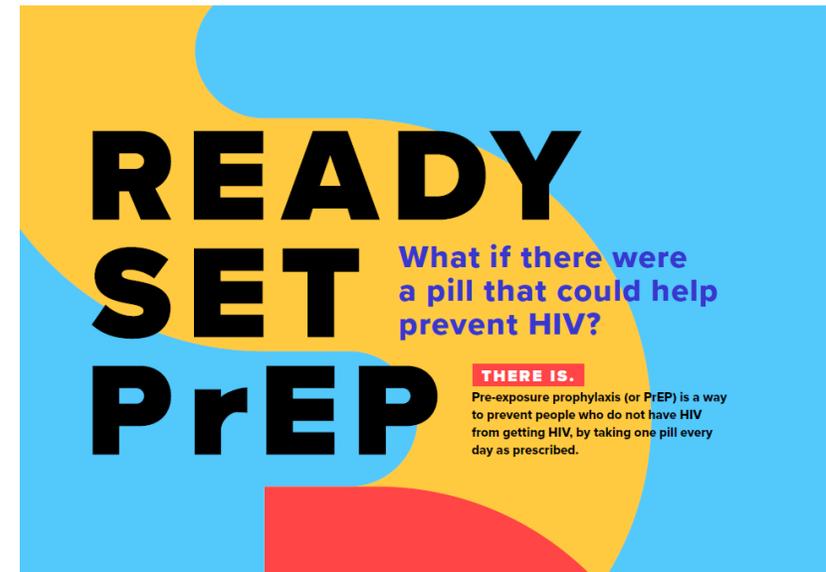


IHS Budget Update

- The current continuing resolution runs through December 20, 2019
- [Update on short-term continuing appropriations for fiscal year 2020 that affect Tribal Health Programs with performance periods starting within the current continuing resolution period for October 1, 2019, through December 20, 2019](#)
- Programs operated by the IHS, including contracts to urban Indian organizations, will continue to receive funding at the current CR funding level of 22.13% through December 20

Ready, Set, PrEP

- Ready, Set, PrEP is a new national HHS program that will provide HIV pre-exposure prophylaxis, or PrEP, medications to thousands of people in the U.S. at no cost: [GetYourPrEP.com](https://www.getyourprep.com)
- This program provides an additional resource for Indian Country, to expand on the work we are doing to make PrEP medications available to American Indians and Alaska Natives
- [NCUIH Board Meeting and HIV Listening Session](#) on December 10



Health IT Modernization Project Updates

- On November 12, the HHS Office of the Chief Technology Officer released two reports on modernizing IHS Health IT, providing a roadmap to support improved clinical and non-clinical operations in health care facilities throughout the IHS, tribes, tribal organizations, and urban Indian organizations
 - [Strategic Options for the Modernization of the Indian Health Service Health Information Technology Roadmap Executive Summary](#)
 - [Strategic Options for the Modernization of the Indian Health Service Health Information Technology Final Report October 2019](#)
- To continue engaging tribes and urban Indian organizations on this topic, we will keep tribal consultation and urban confer open to receive additional input

Recent Events

- House Natural Resources Subcommittee for Indigenous Peoples of the United States [legislative hearing on H.R. 4957](#) – Native American Child Protection Act, November 13
- “War on Diabetes” proclamation with Navajo Nation, November 14



Rear Adm. Taylor testifying before the House Natural Resources Subcommittee for Indigenous People of the U.S.



Navajo Nation President Jonathan Nez and IHS Principal Deputy Director Rear Adm. Michael Weahkee signing the “War on Diabetes” proclamation

Recent Events

- White House Conference on Supporting Contemporary Native American Veterans, November 19



White House Conference on Supporting Contemporary Native American Veterans

Recent Events

- House Natural Resources Committee, Subcommittee for Indigenous Peoples of the U.S., [“Reviewing the Broken Promises Report: Examining the Chronic Federal Funding Shortfalls in Indian Country,”](#) November 19
- Senate Committee on Indian Affairs oversight hearing on [“Recognizing the Sacrifice: Honoring a Nation’s Promise to Native Veterans,”](#) November 20



Rear Adm. Chris Buchanan testifying at a House Natural Resources Committee

Recent Events

- National Rural Health Day, November 21
- Cherokee Nation outpatient facility grand opening



Panel discussion with HHS Deputy Secretary Eric Hargan; AHRQ Office of Minority Health Director Dr. Francis D. Chesley, Jr.; IHS Chief Medical Officer Dr. Michael Toedt; and HRSA Administrator Thomas J. Engels



Oklahoma City Area Director Rear Adm. Travis Watts and IHS Deputy Director Rear Adm. Chris Buchanan in front of the Cherokee Nation outpatient health facility

Upcoming Events

December 4-5: [Bemidji Area Budget Consultation](#) - Green Bay, WI

December 10: [Alaska Area Budget Consultation](#) - Anchorage, AK

December 10: [NCUIH Board Meeting and HIV Listening Session](#) - Washington, DC

December 11: [Rear Adm. Weahkee's Nomination Hearing](#), 2:30 pm EST

December 12: New York Indian Council Urban Confer and Open House Event - Long Island, NY

Upcoming Events

All Tribal and Urban Indian Organization Leaders Call

Thursday, January 2, 2020

3:30 pm Eastern Time

Conference Call #: 800-857-5577

Participant Passcode: 6703929

Webinar Adobe Connect: <https://ihs.cosocloud.com/r4k6jib09mj>

Participant Password: ihs123

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Indian Health Service

American Academy of Pediatrics Recommendations to the Indian Health Service on Neonatal Opioid Withdrawal Syndrome

Sharon McKiernan, MD

IHS Maternal-Child Health Consultant

Cynthia Gunderson, PharmD

Chair, IHS Heroin, Opioids, and Pain Efforts Committee

DECEMBER 5, 2019



Maternal opioid use and its effect on infants

The incidence of neonatal abstinence syndrome has risen dramatically. One study found the national incidence increased from 3.4 per 1,000 births to 5.8 per 1,000 births in the US between 2009 and 2012.

Patrick SW, Davis MM, Lehmann CU, Cooper WO. Increasing incidence and geographic distribution of neonatal abstinence syndrome: United States 2009-2012. *Journal of Perinatology*.2015;(35)8: 650–655

Goal of Recommendations

- ▶ Provide standards of care for screening, diagnosis and treatment of mothers and infants affected by prenatal opioid exposure
- ▶ Supplements the American College of Obstetricians and Gynecologists (ACOG) document:

“Recommendations to the IHS on Standards of Care for AI/AN Pregnant Women and Women of Childbearing Age with Opioid Use Disorder”



Opioids effect on infants

- ▶ Infants exposed to opioids before birth may have medical and developmental issues that begin with labor and extend into childhood
- ▶ Neonatal Opioid Withdrawal Syndrome (NOWS), also referred to as Neonatal Abstinence Syndrome (NAS), are symptoms of withdrawal that babies may sometimes develop after birth
- ▶ Connecting mothers and families to treatment and recovery supports can decrease the need to use medicines to treat NOWS in the infant and/or decrease the need to transfer the infant to an intensive care facility

Screening and Education in Pregnancy

- ▶ Screen for alcohol and drug use (including tobacco, prescription, and illicit drugs) in pregnant women (E.g. Early Start model)
- ▶ Provide patient education at each visit on the availability of treatment and encourage recovery
 - ▶ Consider Medication Assisted Treatment (MAT) program (behavioral therapy and medications) for those with opioid use disorder
- ▶ Educate patients and families on the importance of family and peer support



<https://www.ihs.gov/opioids/maternalchild/>

Symptoms of Opioid Withdrawal in the Infant

Neurologic	Gastrointestinal	Autonomic
High pitched cry	Vomiting	Sweating
Irritability	Diarrhea	Nasal congestion
Sneezing	Dehydration	Temperature instability
Tremor	Poor weight gain	Hyperthermia (too hot)
Hyperreflexia	Poor feeding	Increased respiratory rate (breathing fast)
Frequent Yawning	Uncoordinated suck and swallow	Increased blood pressure
Seizures		

Identification of NOWS

- ▶ Hospital should monitor and manage infants for symptoms of opioid withdrawal
- ▶ Symptoms may not begin for as late as 2 weeks after delivery, after the infant has gone home
- ▶ Families should receive education at discharge about signs and symptoms of **seizures**, **feeding problems**, **excessive crying**, and **diarrhea** and **vomiting** that accompany withdrawal

Treatment & Aftercare

- ▶ Non-pharmacologic treatment (without medicine) is the preferred treatment for infants with NOWS/NAS

Non-Pharmacologic Treatment of Infant Withdrawal Symptoms

Calm, quiet room with mother “rooming in”	Close mother/infant contact including ‘skin to skin’ contact
Swaddling, gentle rocking, using a pacifier	Breastfeeding (when appropriate)

- ▶ If these do not work, medications (morphine, methadone) may be necessary and the infant may need to be transferred to a hospital that can provide the monitoring and medication needed

Treatment & Aftercare

- ▶ Providing Support/Care in the Home
- ▶ Parenting Support Resources
- ▶ Importance of Making Well-Child Visits
- ▶ Breastfeeding
- ▶ **Home visitation programs** using local, tribal and IHS resources can be an effective way of providing coordinated care (E.g. Family Spirit)

Caring for your Newborn

NOWS symptoms may continue after leaving the hospital, but will decrease over time.

Prolonged Crying

- Skin to skin contact
- Hold baby close to your body
- Decrease loud noises, bright lights
- Humming, singing, gentle rocking
- Cradle board or Indian swing

Sleeplessness

- Reduce noise, bright lights
- Soft gentle music, rocking
- Swaddling
- Feed on demand

Excessive Sucking

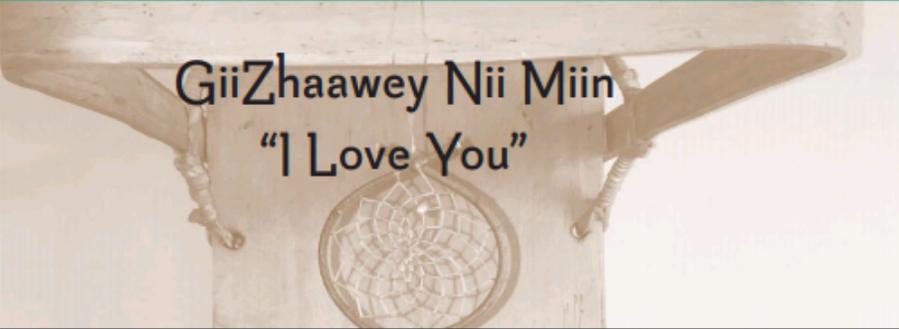
- Cover hands with mittens
- Avoid lotions
- Pacifier use

Difficult or poor feeding

- Frequent small feedings
- Quiet, calm surroundings
- Breast feeding

Sneezing, stuffy nose

- Keep nose and mouth clean
- Feed baby slowly
- Keep baby in semi-sitting position, well supported and supervised
- Place baby on back to sleep



GiiZhaawey Nii Miin
"I Love You"

Resources

► www.ihs.gov/opioids

Pain and Opioid Use Disorder

Opioid Crisis Data

Proper Pain Management

Maternal Health

Child Health and Wellness

Clinical Considerations for Providers

Information for Parents and Families

Medication Assisted Recovery

Naloxone

Prevention

Training Opportunities

Best and Promising Practices

Funding Opportunities

HOPE Committee

Contact Us

Child Health and Wellness

Helping Babies and Supporting Moms

American Indian/Alaska Native communities have long recognized the importance of community, family, and planning for the next Seven Generations. The role of elders as cultural leaders and children as the future is well understood. Tribes understand the importance of contributing to the well-being of mothers, babies, fathers, children, and families to have a positive impact on the health of communities.

Improving outcomes for infants and children requires a focus on creating healthy behaviors and supporting environments, increasing access to women's health services prior to pregnancy, early entry into prenatal care, and improved screening and conversations surrounding substance use during pregnancy.

The IHS recognizes that preserving the infant-mother bond is of the utmost importance, and every effort should be made to keep American Indian and Alaska Native infants in their families and/or communities. The IHS has partnered with the American Academy of Pediatrics to develop clinical recommendations for the ongoing monitoring and clinical management of opioid-exposed infants to improve outcomes.

The goal of the Recommendations to the Indian Health Service on Neonatal Opioid Withdrawal Syndrome is to provide standards of care surrounding screening, diagnosing, and treatment of pregnant mothers and infants affected by prenatal opioid exposure including prescription narcotics and illicit opioids. A comprehensive approach to care for pregnant and parenting women, infants, and children starts with prenatal care and extends well into childhood.



Baby-Friendly Hospitals

Some hospitals and birth centers have taken special steps to create the best possible environment for successful breastfeeding. These hospitals, called [Baby-Friendly Hospitals](#), offer women who deliver there the information and support they need to breastfeed their infants. Learn more about the [IHS Baby-Friendly Hospital Initiative](#).

Treatment strategies include medication to assist with withdrawal symptoms as well as non-pharmacological approaches that include rooming in, skin-to-skin contact, and initiation of breastfeeding and ongoing lactation support when appropriate. These interventions have shown to reduce the length of hospital stays and improve outcomes for mothers, babies, and families.

Learn more about [NOWS](#) (PDF - 1.7 MB), [recovering after birth](#), and [caring for your newborn](#).

