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

• 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](link)
  • [Strategic Options for the Modernization of the Indian Health Service Health Information Technology Final Report October 2019](link)

• To continue engaging tribes and urban Indian organizations on this topic, we will keep tribal consultation and urban confer open to receive additional input

Goal 3: Management and Operations, Obj. 3.3: Modernize information technology and information systems to support data driven decisions.
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
Recent Events

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

- Senate Committee on Indian Affairs oversight hearing on “Recognizing the Sacrifice: Honoring a Nation’s Promise to Native Veterans,” November 20
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

Follow IHS on Twitter, Facebook and LinkedIn to see more of what we are doing in your community and around the country.
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
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.

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”
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

<table>
<thead>
<tr>
<th>Neurologic</th>
<th>Gastrointestinal</th>
<th>Autonomic</th>
</tr>
</thead>
<tbody>
<tr>
<td>High pitched cry</td>
<td>Vomiting</td>
<td>Sweating</td>
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<tr>
<td>Irritability</td>
<td>Diarrhea</td>
<td>Nasal congestion</td>
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<tr>
<td>Sneezing</td>
<td>Dehydration</td>
<td>Temperature instability</td>
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<tr>
<td>Tremor</td>
<td>Poor weight gain</td>
<td>Hyperthermia (too hot)</td>
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<tr>
<td>Hyperreflexia</td>
<td>Poor feeding</td>
<td>Increased respiratory rate</td>
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<tr>
<td></td>
<td></td>
<td>(breathing fast)</td>
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<tr>
<td>Frequent Yawning</td>
<td>Uncoordinated suck and swallow</td>
<td>Increased blood pressure</td>
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<tr>
<td>Seizures</td>
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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
Non-pharmacologic treatment (without medicine) is the preferred treatment for infants with NOWS/NAS.

<table>
<thead>
<tr>
<th>Non-Pharmacologic Treatment of Infant Withdrawal Symptoms</th>
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<tbody>
<tr>
<td>Calm, quiet room with mother “rooming in”</td>
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<tr>
<td>Swaddling, gentle rocking, using a pacifier</td>
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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)
### Resources

[www.ihs.gov/opioids](http://www.ihs.gov/opioids)

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<th>Pain and Opioid Use Disorder</th>
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<td>Opioid Crisis Data</td>
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<td>Proper Pain Management</td>
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<td>Maternal Health</td>
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<td>Clinical Considerations for Providers</td>
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<td>Information for Parents and Families</td>
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<td>Medication-Assisted Recovery</td>
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<td>Mothers</td>
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<td>Prevention</td>
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<td>Training Opportunities</td>
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<td>H.O.P.E. Committee</td>
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<td>Contact Us</td>
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### 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 HHS 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 HHS 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 opioids and other opioids. A comprehensive approach to care for pregnant and parenting women, infants, and children starts with prenatal care and extends well into childhood.

Some hospitals and birthing 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 [Baby-Friendly Hospital Initiative](http://www.baby-friendly.org)

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 [NDCS](http://www.ihs.gov/opioids) (PDF - 1.7 MB), [recovering after birth](http://www.ihs.gov/opioids) and [caring for your newborn](http://www.ihs.gov/opioids).