



Project Nurture

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We have nothing to disclose



PROJECTNURTURE



Objectives

- Describe Project Nurture Model
- Discuss the key components of a team based model
- Inspire people and systems to improve care for pregnant and parenting people with SUD



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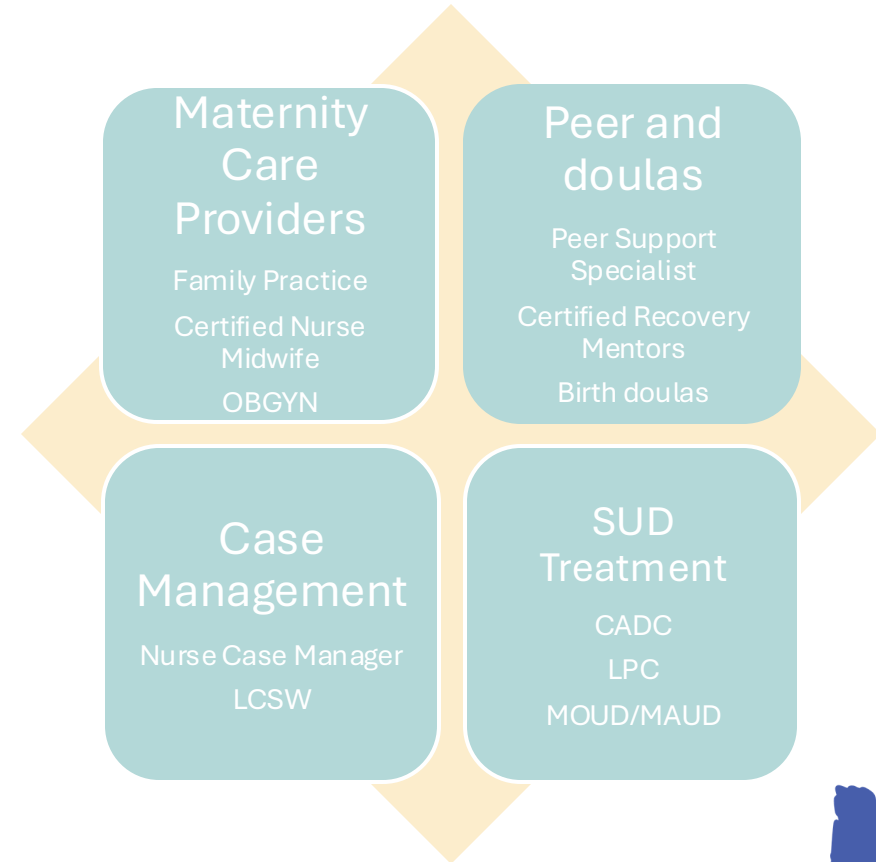
What is Project Nurture?

- A Center of Excellence model that integrates maternity care and substance use disorder (SUD) treatment during pregnancy and for the first year postpartum
- 2014 pilot funded by HealthShare of Oregon
- Four Portland area health systems:
- Legacy, Providence Family Medicine, Kaiser, OHSU Family Medicine/CODA



Project Nurture

- Team-based care
- Group care model
- Integrated services in one location
- Trauma informed



Peer Recovery Mentors



Peer Recovery Mentors

- Engages peers in collaborative, caring and trusting relationships- Connection - Nurturing and cultivating connection with peers and trusted people in their lives.
- Provides support- Shifting the focus from helping to learning together. Sees peers as capable co-learners and capable of being a responsible adult.
- Worldview peer support- Having the awareness of own worldview and learning the other's worldview, and readily explores own assumptions. Listening with curiosity for the untold story.
- Personalizes peer support- Shifting the focus from the individual to the relationship. Working to co-create relationships that work well for all concerned.
- Supports person centered recovery planning- provides education for informed decision making, creates environments of mutuality and trust and safety for balanced decisions.
- Links to resources, services and supports- shifting the focus from fear to hope and possibility. Sharing knowledge about the immediate services generally needed to get started on the person-centered path to recovery.



Peer Role as support

- Provides information about skills related to health, wellness and recovery- moving forward versus moving away from. Focusing on what's possible. Problem solving in co-creative and empowered realities.
- Helps peers manage crises- offering nonhierarchical support that enhances the work of the individual's clinical team and other supportive people.
- Value of communication- respectful, non-judgmental, active listening and recovery-oriented language in written and verbal interactions.
- Supports collaboration and teamwork- collaborates with colleagues and other teams to enhance the providing of services and supports.
- Promotes leadership and advocacy- Uses knowledge of relevant rights and laws to ensure peer's rights are respected and they have a degree of sovereignty in their own agency.
- Promotes growth and development- recognizing the limits of own and peer's knowledge and seeks assistance from others when needed and provides advocacy on their behalf when allowed.



Specialty Doulas

- The specialty part in the doula role in my experience, makes it similar to the peer role with exception to the peer having the knowledge of supporting a person through the maternity phases as a doula.
- I see the patient as creating a new life of themselves. And I see where the doula/peer roles intersect at every stage.
- I walk my peers through the prenatal, birth and up to a year postpartum just as I would walk them through the birth of their own new life that they are creating for themselves.
- We officially meet 2x before the birth, the birth, and 2x postpartum visits. With childbirth education along the way. Having this experience together I can pull from the incredible strength they have gained by seeing what they are capable of in the maternity phases and translate it to their own recovery and new life creating experience.
- The support, the advocacy, the agency, the pain management, the breathwork, and the transformation of bringing a new life into the world can all be connected.



Maternity Care Providers

- Antepartum, intrapartum, postpartum obstetrical care (sometimes primary care)
- Some experience with addiction, treatment models, MOUD
- Ability to discuss NOWS with patients with OUD on MOUD or ongoing active use
- General GYN care
- Contraceptive care
- At times pediatric care (if appropriate)
- Management of UDS results
- STI management (higher rates of syphilis, chlamydia, gonorrhea)
- Mental health management (often higher rates of mental illness)
- Inpatient withdrawal management (if appropriate)
- Trust in team approach



Essential Skills for the Provider

- Motivational interviewing
- Patience
- Ability to trust the patient
- Ability to trust the team
- Trauma informed (transparent, calm, supportive, nonjudgmental, kind) I try to normalize constantly
- An understanding of harm reduction (often times at odds with medical system and establishment)



Intensive Case Management- Assessing the psychosocial needs of Pregnant Women Struggling with Substance Use Disorders

- Most Project Nurture participants are survivors of trauma
- Active substance use often creates more trauma
- Window of change and transformation in pregnancy
- Many folks have significant needs in addition to the need for prenatal care and substance use treatment.
- Meeting a patient “where they are at”
- Supporting a client in determining what her priorities are
- Supporting a client in changes they are ready to make, not the changes we think they should make
- Potential to reduce future trauma



Substance Use Disorder Treatment

- Completing ASAM assessments to determine recommended levels of care for clients
- Facilitate outpatient Level I group therapy
 - Specific to pregnant people
- Individual therapy – treatment goals, relapse prevention, coping skills, potential referrals to higher level of care
- Available to meet patients at the hospital and in clinic setting
- Coordinate with outside treatment providers and community partners



Project Nurture Believes

- Stigma is a primary driver of poor health outcomes. Project Nurture provides a health care experience founded on respect, choice, nonjudgmental care, and harm reduction.
- Women need and deserve support in their efforts at recovery and safe and healthy parenting. Project Nurture aims to provide the support to get there.
- Transparency with DHS/Child Welfare is essential and possible. By engaging in treatment and prenatal care, safe housing, supportive relationships, and viable childcare options, our participants demonstrate their commitment to parenting.
- Health care providers and support staff must actively work to end the bias that leads to poor quality care for pregnant people with SUD.



Questions?

