

# PA PQC OUD Driver Diagram

## Aims

1. Increase SUD, OUD, and NAS **education** among patients and staff
2. Increase pregnant women **screened** and appropriately **diagnosed** for SUD
3. Increase prenatal and postpartum women with OUD who are **referred** to and initiate MAT
4. Increase **duration** of MAT use among prenatal and postpartum women
5. Increase women with OUD who receive **prenatal care** in the 1<sup>st</sup> trimester and **postpartum care**

## Drivers

Educate patients and their families on OUD and NAS

Provide staff-wide education and training on substance use, stigma and trauma-responsive care

Screen all pregnant women for substance use

Screen all pregnant women for commonly occurring physical and behavioral co-morbidities

Link all pregnant women with OUD to substance use treatment programs that provide MAT, behavioral health counseling and social services support

Establish specific prenatal, intrapartum and postpartum clinical pathways for women with OUD

Know state and local notification guidelines for maternal substance use and substance-exposed infants

## Key Interventions

- Provide staff-wide (clinical and non-clinical) education on SUD/OUD with an emphasis on stigma and trauma-informed care
- Provide evidence-based patient education materials on OUD and NAS in inpatient and outpatient settings
- Define culture of equity and trauma-responsive care

- Screen all pregnant women for SUD/OUD using validated screening tools and SBIRT
- Check PDMP for opiate use
- Screen women with SUD/OUD for commonly occurring co-morbidities, including HIV, Hepatitis, STIs, mental health conditions, physical and sexual violence, smoking and ETOH use, and social determinants of health (SDOH)
- Screen for pregnancy intention and provide comprehensive contraceptive counseling
- Provide access to immediate postpartum contraceptive options (e.g. LARC) prior to hospital discharge.

- Map local SUD treatment options that provide MAT and women-centered care including local resources that support recovery
- Ensure and follow OUD treatment engagement during pregnancy and postpartum
- Provide Naloxone prescriptions
- Obtain patient consent to communicate with OUD treatment providers
- Ensure that women who are incarcerated have continuous access to MAT across the State

- Establish specific prenatal, intrapartum and postpartum clinical pathways for women with OUD
- Identify a lead coordinator to ensure that all women with OUD/SUD are enrolled in clinical pathways
- Create a “plan of safe care” prior to discharge, using MDWISE guidelines
- Create multidisciplinary case review teams for patient, provider and system-level issues

**Goal:** Optimize the health and well-being of pregnant women with opioid use disorder and their children