Maternal Substance Use and OUD Breakout

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Name, Title and Organization

PLEASE ADD TO THE CHAT

READINESS – EVERY UNIT

Maternal Substance Use Driver Diagram

Aims

1. Increase **education** among patients related to substance use
2. Increase **education** among healthcare team members to address stigma related to substance use

Provide staff-wide education on substance use, stigma, racism, bias, and trauma-informed care	• Provide clinical and non-clinical staff education on optimal care for pregnant and postpartum individuals with SUDs including federal, state, and local notification guidelines for infants with in-utero substance exposure and comprehensive family care plan requirements (Plans of Safe Care) • Provide clinical and non-clinical staff education on recovery and trauma-informed language and practices* • Develop trauma-informed protocols and anti-racist training to address healthcare team member biases and stigma related to SUDs
Educate patients and their families on substance use and the care of infants with in-utero substance exposure	• Provide evidence-based education to pregnant and postpartum individuals related to SUD, naloxone use, harm reduction strategies, and care of infants with in-utero substance exposure • Provide education for best practices for engaging and treating pregnant and postpartum individuals who themselves have an FASD*
Form a **Multi-Disciplinary Team**	• Engage appropriate partners to assist pregnant and postpartum people and families in the development of family care plans, starting in the prenatal setting • Establish a multidisciplinary care team to provide coordinated clinical pathways for individuals experiencing SUD
Ensure **Access to Resources for all Identities**	• Develop and maintain a set of referral resources and communication pathways between obstetric providers, community-based organizations, and state and public health agencies to enhance services and supports for pregnant and postpartum families for social determinants of health needs, behavioral health supports, and SUD treatment. • Have evidence-based substance use resources that are inclusive for people of all backgrounds, race, ethnicity, gender, social class, language, ability, and other personal or social identities and characteristics.*

RECOGNITION & PREVENTION – EVERY PATIENT

Aims

1. Increase universal **screening and follow-up** for substance use among pregnant and postpartum individual

Maternal Substance Use Driver Diagram

Screen all pregnant and postpartum individuals for substance use and co-occurring needs	• Screen all pregnant and postpartum people for substance use using validated self-reported screening tools and methodologies during prenatal care and during the delivery admission • Screen each pregnant and postpartum person for co-occurring medical and behavioral health needs (e.g., HIV, Hepatitis B and C, behavioral health conditions, physical and sexual violence, Sepsis, Endocarditis), and provide linkage to community services and resources • Screen for structural and social drivers of health that might impact clinical recommendations or treatment plans, and provide linkage to resources
Follow-up on all positive substance use screens	• Offer feedback, education, and goal-setting through brief interventions for all individuals who screen positive on substance use screens* • Establish clear protocols based on clinical criteria for when drug urine tests are indicated and obtain informed patient consent for urine toxicology prior to testing*
Equip patients/families with resources to **save lives**	• Establish policies and protocols to provide Naloxone to anyone who may witness an overdose*
Offer **reproductive life planning** discussions and resources	• Offer comprehensive reproductive life planning discussions and resources, including access to a full range of contraceptive options in accordance with safe therapeutic regimens

RESPONSE – Every Event

Aims

3. Increase prenatal and postpartum individuals with SUD who initiate SUD treatment (including Medication for OUD) (Metric 3, 5 and 6)

Link all pregnant and postpartum individuals with SUD to **substance use treatment** programs (including Medication for OUD)

- Establish specific prenatal, intrapartum and postpartum care pathways that facilitate coordination among multiple providers during pregnancy and the year that follows

- Assist pregnant and postpartum people with SUD to receive evidence-based, person-directed SUD treatment that is welcoming and inclusive in an intersectional manner, and discuss readiness to start treatment, as well as referral for treatment with warm hand-off and close follow-up

Maternal Substance Use Driver Diagram

RESPECTFUL, EQUITABLE, AND SUPPORTIVE CARE –
EVERY UNIT, PROVIDER, AND TEAM MEMBER

Place the **Patient at the Center of their Own Care**	• Engage in open, transparent, and empathetic communication with the pregnant and postpartum person and their identified support person(s) to understand diagnosis, options, and treatment plans • Integrate pregnant and postpartum persons as part of the multidisciplinary care team to establish trust and ensure informed, shared decision-making that incorporates the pregnant and postpartum person's values and goals • Respect the pregnant and postpartum person's right of refusal in accordance with their values and goals

REPORTING AND SYSTEMS LEARNING – EVERY UNIT

Monitor Performance	• Identify and monitor data related to SUD treatment and care outcomes and process metrics for pregnant and postpartum people with disaggregation by race, ethnicity, and payor as able
Elicit **Community Feedback**	• Convene inpatient and outpatient providers and community stakeholders, including those with lived experience, in an ongoing way to share successful strategies and identify opportunities to improve outcomes and system-level issues

Structure Measures via Quarterly Survey:
Summary of Revised Survey for Maternal Substance Use and OUD

- ✓ Trauma-informed protocols

- ✓ Anti-racist training

- ✓ Substance use training to address biases/stigma

- ✓ Education materials on substance use and naloxone use

- ✓ System in place to provide naloxone

- ✓ Use a validated self-report screening tool

- ✓ Protocols and roles to provide brief interventions

- ✓ Provide medications for OUD

- ✓ Developed referral relationships with SUD services

- ✓ Perinatal care pathways for substance use

- ✓ Post-delivery and discharge pain management prescribing guidelines for all vaginal and cesarean births focused on limited opioids

- ✓ Pain management and opioid prescribing guidelines for vaginal and cesarean births for patients with OUD

Quarterly Process Measures:
Maternal OUD

screened with validated substance use screen during pregnancy
_____

with delivery in the quarter

with OUD diagnosis during pregnancy
_____

with delivery in the quarter

administered a medication for OUD during or after pregnancy
_____

with delivery and OUD diagnosis in the quarter

with postpartum visit 1-84 days after delivery
_____

with delivery at least 84 days ago with OUD

What changes?
Quarterly submissions (not monthly)

Additional reporting by race/ethnicity annually

Quarterly Process Measures:
Maternal Substance Use

screened with validated substance use screen during pregnancy
_____

with delivery in the quarter

received follow-up brief intervention or care up to 30 days
_____

NEW

with delivery in the quarter that had a positive substance use screen during pregnancy

Additional reporting by race/ethnicity annually

received follow-up brief intervention or care up to 30 days
_____

NEW

with delivery 84 days prior to start/end of month with a positive substance use screen during 84-day post delivery period

received or prescribed Naloxone prior to delivery
_____

NEW

with SUD and delivery in the quarter

Of the PA PQC Substance Use Key Interventions:

- Which interventions is your team implementing or sustaining through the PA PQC QI initiatives?
- Which Key Interventions would you like to consider / prioritize for 2022?
- What questions do you have for your peers to inform your QI initiatives around these Key Interventions?
- What feedback do you have on the Driver Diagrams, Survey, and Measures as the Work Groups finalize these materials for a mid-March 2022 to mid-March 2023 implementation period?