AIM

ALLIANCE FOR INNOVATION
ON MATERNAL HEALTH

Care for Pregnant and Postpartum People with Substance Use Disorder Element Implementation Details

Care for Pregnant and Postpartum People with Substance Use Disorder Patient Safety Bundle

Further details are offered here to support implementation of the Care for Pregnant and Postpartum People with Substance Use Disorder Bundle.

Readiness — Every Unit

Readiness Element	Key Points
Provide education to pregnant and postpartum people related to substance use disorder (SUD), naloxone use, harm reduction strategies, and care of infants with in-utero substance exposure	**Education on Substance Use Disorders (SUDs) naloxone use, harm reduction strategies, and care of infants with in-utero substance exposure should:** • Use appropriate lay terminology. • Be aligned with pregnant or postpartum person's: o Health literacy o Culture o Language o Accessibility needs • Be inclusive of a designated support person. **Education on SUDs should emphasize:** • SUDs, including OUD, are chronic medical conditions, treatment is available, support networks are important, and recovery is possible. • Medications for opioid use disorders (MOUD) (i.e. methadone, buprenorphine) are effective for treatment of OUD and are safe during pregnancy and lactation. • Cognitive Behavioral Therapy approaches, with or without contingency management, are evidence-based treatments for SUDs. • The majority of overdose deaths occur during the high-risk time period from 42-365 days after the end of a pregnancy. Coordination of care should continue uninterrupted in the postnatal period. **Education on care of infants with in-utero substance exposure should include:** • Awareness of the signs and symptoms of Neonatal Opioid Withdrawal Syndrome (NOWS). • Interventions to decrease NOWS severity. • Benefits of non-pharmacologic care such as breastfeeding, skin-to-skin, and rooming in. • Planned support for NOWS at delivering birth facility, such as Eat, Sleep, Console or other methods. • Federal and state requirements regarding the Family Care Plan.

Readiness — Every Event (continued)

Readiness Element	Key Points
Provide clinical and non-clinical staff education on optimal care for pregnant and postpartum people with SUD, including federal, state, and local notification guidelines for infants with in-utero substance exposure and comprehensive family care plan requirements	**Clinical and Non-Clinical Staff Education should emphasize:** • SUDs are chronic medical conditions that can be treated. • Stigma, bias and discrimination negatively impact pregnant people with SUD and their ability to receive high quality care. • Providers should match treatment response to each person's stage of recovery and/or readiness to change. **Clinical and Non-Clinical Staff Training should include:** • Trauma-informed care • Naloxone and harm reduction strategies • Anti-racism and bias • Regional and local data on SUDs • Regional and local support services, programs, and resources **Obstetric providers should consider receiving training on outpatient treatment of SUD, including MOUD (buprenorphine) to improve access to care.**
Engage appropriate partners to assist pregnant and postpartum people and families in the development of family care plans, starting in the prenatal setting	**Family Care Plan development should:** • Engage the pregnant or postpartum person and their identified support network to develop a plan by time of discharge. • Be tailored to the person's treatment and resource needs with family preservation prioritized. **Collaborators in developing this plan may include:** • Social workers • Case managers • Neonatology/pediatrics consult • Obstetric care providers

Readiness — Every Event (continued)

Readiness Element	Key Points
Establish a multidisciplinary care team to provide coordinated clinical pathways for people experiencing SUDs	**Collaborators in developing coordinated clinical pathways may include:** • obstetrics • maternal-fetal medicine • addiction medicine • psychiatry • social work • neonatology • pediatrics • nursing • lactation counselor or consultant • patient navigator • those with lived experience **The multidisciplinary care pathway should include:** • Pain management approaches that account for each person's unique pain sensitivity and avoid the use of mixed agonist-antagonist opioid analgesics such as nalbuphine. • Pain management approaches that utilize shared medical decision-making congruent with the pregnant and post-partum person's goals and values in accordance with a safe therapeutic regimen.

Readiness — Every Event (continued)

Readiness Element	Key Points
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	**Ensure that:** • Patient and family resource needs are met (i.e. wrap-around services such as housing, childcare, transportation and home visitation) through collaboration with SUD/OUD treatment programs. • Pregnant and postpartum people have access to drug and alcohol counseling and/or behavioral health services. • Hospitals/prenatal sites should implement resource mapping to identify local resources, support services, and drug treatment programs so that this information is available to providers and other care team members to optimize referrals. **Ensure that:** • Every clinical setting, health system, and providers are welcoming and inclusive of all people no matter backgrounds, race, ethnicity, gender, social class, language, ability, and other personal or social identities and characteristics. **Recognize that:** • Some of the identities above may be marginalized and to care for people in an intersectional manner is to treat the patient as a whole person and acknowledge all the identities that might impact equitable, supportive, and quality care.

Recognition & Prevention — Every Patient

Recognition Element	Key Points
Screen all pregnant and postpartum people for SUDs using validated self-reported screening tools and methodologies during prenatal care and during the delivery admission	**Providers screening for SUDs should:** • Utilize validated screening tools to identify drug, alcohol, and polysubstance use. • Incorporate a screening, brief intervention and referral to treatment (SBIRT) approach. • Recognize that urine toxicology (urine drug testing) is not an appropriate method of screening for substance use or substance use disorders and this approach can discourage pregnant and postpartum people from seeking care.
Screen each pregnant and postpartum person for medical and behavioral health needs and provide linkage to community services and resources	**Providers screening for medical and behavioral health needs should:** • Screen and evaluate for complications related to injection drug use (e.g. Screen for HIV, Hepatitis B and C, and assess for Endocarditis). • Provide screening, resources, and interventions for behavioral health conditions, and physical and sexual violence. • Provide resources and interventions for tobacco cessation. • Ensure that resources provided should align with: o health literacy o cultural needs o language proficiency • Consider naloxone co-prescribing per institutional policy for anyone who may potentially witness an overdose.

Response — Every Event

Response Element	Key Points
Assist pregnant and postpartum people with SUD to receive evidence-based, person-directed SUD treatment that is welcoming and inclusive in an intersectional manner, discuss readiness to start treatment, as well as referral for treatment with a warm hand-off and close follow-up	**Providers and health systems providing assistance should:** • Establish communication with SUD treatment providers and obtainment of consents for sharing patient information. • Assist in linking to local resources (e.g. peer recovery services) that support recovery.

Response — Every Event (continued)

Response Element	Key Points
Establish specific prenatal, intrapartum and postpartum care pathways that facilitate coordination among multiple providers during pregnancy and the year that follows	**Providers and health systems facilitating coordination should:** • Provide referrals to other needed healthcare providers (e.g. behavioral health, mental health, infectious disease). • Provide breastfeeding and lactation support if desired for all postpartum people receiving SUD treatment. • Develop a transparent, patient-centered communication strategy with an identified lead provider responsible for care coordination among the obstetric provider, SUD treatment provider, health system clinical staff (i.e. inpatient maternity staff, social services) and child welfare services. • Specify the duration of coordination and assuring a "warm handoff" between inpatient and outpatient care or with any change in the lead provider. • Expand the period of postpartum engagement as needed to ensure a warm handoff to ongoing care providers.
Offer comprehensive reproductive life planning discussions and resources	**Comprehensive Reproductive Life Planning Discussions should:** • Include the full range of contraceptive options in accordance with safe therapeutic regimens. • Respect the individual's choices, values, and goals.

Reporting and Systems Learning - Every Unit

Reporting Element	Key Points
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	**Systems collecting and reporting quality improvement data should consider:** • In addition to Black and other people of color, young people and people on Medicaid are more likely to be tested for drug and alcohol use than people with private/employer-based insurance, and to receive harsher state interventions. Maternity care programs should review their data, disaggregated by race, ethnicity, and payor (as surrogate for income level) to identify and address discriminatory practices. • Disaggregating data by various parameters may result in small numbers for certain subgroups which may have implications for the feasibility of data comparisons. • Participation in a state or national collaborative, if available, may be helpful for sharing data, comparing performance, and driving quality improvement.
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	**Establishment of this working group is envisioned as:** • Multidisciplinary, to include social workers, SUD counselors, obstetrical care providers, home visitors, and key community organization representatives. • Representing each step of the care continuum, from entry to care to postpartum support. • Empowered with authority to recommend and/or effect change to policy, planning, and care in systems participating. • Specifically welcoming in a trauma-informed way to those with lived experience who are participating.

Respectful, Equitable, and Supportive Care — Every Unit/Provider/Team Member

Respectful Care Element	Key Points
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	**Support persons may include:** Nonfamilial supports, such as doulas and home visitors, who should be welcomed with the pregnant or postpartum person's permission.
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	**Inclusion should involve:** • Establishment of trust. • Informed, bidirectional shared decision-making. • Recognizing patient values and goals as the primary driver of the decision-making process.
Respect the pregnant and postpartum person's right of refusal in accordance with their values and goals	**Respecting the right of refusal acknowledges that:** • Every person has the right to refuse unwanted medical treatment including drug and alcohol testing and screening. Every person is autonomous and deserves the respect to choose what will be done to their own body, and it applies even when refusing treatment means that the person might die or be gravely injured or in distress.

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