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ON MATERNAL HEALTH

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

*Implementation Resources*



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

Section	Resource	Description	Link
<b>Readiness</b>			
<b>Readiness</b>	<p>Opioid Use and Opioid Use Disorder in Pregnancy, Committee Opinion 711</p> <p>ACOG, 2017</p>	<p>Opioid use in pregnancy has escalated dramatically in recent years, paralleling the epidemic observed in the general population. To combat the opioid epidemic, all health care providers need to take an active role. Pregnancy provides an important opportunity to identify and treat women with substance use disorders. Substance use disorders affect women across all racial and ethnic groups and all socioeconomic groups, and affect women in rural, urban, and suburban populations. Therefore, it is essential that screening be universal. Screening for substance use should be a part of comprehensive obstetric care and should be done at the first prenatal visit in partnership with the pregnant woman. Patients who use opioids during pregnancy represent a diverse group, and it is important to recognize and differentiate between opioid use in the context of medical care, opioid misuse, and untreated opioid use disorder. Multidisciplinary long-term follow-up should include medical, developmental, and social support. Infants born to women who used opioids during pregnancy should be monitored for neonatal abstinence syndrome by a pediatric care provider. Early universal screening, brief intervention (such as engaging a patient in a short conversation, providing feedback and advice), and referral for treatment of pregnant women with opioid use and opioid use disorder improve maternal and infant outcomes. In general, a coordinated multidisciplinary approach without criminal sanctions has the best chance of helping infants and families</p>	

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<p><b>Readiness</b></p>	<p>Substance use disorders in pregnancy: clinical, ethical, and research imperatives of the opioid epidemic: a report of a joint workshop of the Society for Maternal-Fetal Medicine, American College of Obstetricians and Gynecologists, and American Society of Addiction Medicine</p> <p><i>SMFM, 2019</i></p>	<p>Although perinatal substance use disorders, particularly those that involve opioids, have become a major public health issue in the United States, comprehensive, evidence-based guidance for the prevention and management of these disorders during pregnancy is lacking. Leaders in obstetric care, addiction medicine, mental health, and pediatrics gathered for a 2-day workshop, “Substance Use Disorders in Pregnancy,” that was held in conjunction with the Society for Maternal-Fetal Medicine’s 38th Annual Pregnancy Meeting. Given what has recently been termed an opioid epidemic, much of the workshop centered on identification and management of opioid use disorder (OUD) that included appropriate strategies to limit both opioid use and OUD. Goals of the workshop were to discuss critical issues that pertain to perinatal substance use disorders, with a focus on OUD in particular; to draft preliminary recommendations regarding screening, pain management, and medication-assisted therapy (MAT) for OUD during pregnancy; and to delineate research gaps.</p>	
<p><b>Readiness</b></p>	<p>Marijuana Use During Pregnancy and Lactation</p> <p><i>ACOG, 2021</i></p>	<p>Cannabis sativa (marijuana) is the illicit drug most commonly used during pregnancy. The self-reported prevalence of marijuana use during pregnancy ranges from 2% to 5% in most studies. A growing number of states are legalizing marijuana for medicinal or recreational purposes, and its use by pregnant women could increase even further as a result. Because of concerns regarding impaired neurodevelopment, as well as maternal and fetal exposure to the adverse effects of smoking, women who are pregnant or contemplating pregnancy should be encouraged to discontinue marijuana use. Obstetrician-gynecologists should be discouraged from prescribing or suggesting the use of marijuana for medicinal purposes during preconception, pregnancy, and lactation. Pregnant women or women contemplating pregnancy should be encouraged to discontinue use of marijuana for medicinal purposes in favor of an alternative therapy for which there are better pregnancy-specific safety data. There are insufficient data to evaluate the effects of marijuana use on infants during lactation and breastfeeding, and in the absence of such data, marijuana use is discouraged.</p>	

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<b>Readiness</b>	<p>Integrating a Trauma-Informed Approach into Substance Use Disorder Treatment</p> <p><i>RWJF, 2019</i></p>	<p>Experiencing trauma — events such as parental divorce, living with a family member who is substance dependent, abuse, and neglect — strongly correlate to health-risk behaviors later in life, including substance use. With this understanding, many providers are seeking ways to acknowledge and address trauma as a hidden, underlying risk in patients’ lives.</p> <p>This webinar, cosponsored by the Center for Health Care Strategies and ACEs Connection, highlighted how two providers operating in vastly different settings have incorporated a trauma-informed approach to care into their day-to-day practices for treating substance use disorder, and how doing so has shaped the experiences of their patients and staff. Daniel Sumrok, MD, DFASAM, ABAM, ABPM, family physician and addiction specialist, who formerly led the University of Tennessee Health Science Center’s (UTHSC) College of Medicine’s Center for Addiction Science, discussed the challenges of treating substance use disorder in a rural setting and his approach to helping patients break the cycle of what he calls “ritualized, compulsive comfort-seeking.” Rosalind De Lisser, MS, FNP, PMHNP, is an associate clinical professor at University of California San Francisco (UCSF) and director of integrated behavioral health services at UCSF’s Women’s HIV Program. She discussed UCSF’s efforts to build a clinical model for individuals with HIV, substance use, and mental health disorders, and the importance of taking a trauma-informed approach for this population.</p>	
<b>Readiness</b>	<p>Words Matter: Preferred Language For Talking About Addiction And Substance Use Disorder</p> <p><i>NIH/NIDA, 2021</i></p>	<p>Addiction is a chronic but treatable medical condition. Often unintentionally, many people still talk about addiction in ways that are stigmatizing—meaning they use words that can portray someone with a substance use disorder (SUD) in a shameful or negative way and may prevent them from seeking treatment. With simple changes in language harmful stigma and negativity around SUD can be reduced or avoided. Read on to learn more about what stigma is, how it affects people with SUD, and how you can help make a change.</p>	
<b>Readiness</b>	<p>Non-Stigmatizing Language Reducing Stigma by Using Strength-Based Language</p> <p><i>MCPAP For Moms, 2021</i></p>	<p>Substance use disorders are chronic illnesses, and recovery can be achieved with treatment and ongoing support. The language that we use can help create an inclusive environment that promotes treatment. Using strength-based and person-first language can help clients feel respected, valued, and help build trust.</p>	

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Readiness	Naloxone Education for Providers/ Patients  <i>CDC, 2022</i>	Naloxone is a life-saving medication that can reverse an overdose from opioids, including heroin, fentanyl, and prescription opioid medications. Often given as a nasal spray, naloxone is safe and easy to use.	
Readiness	Stigma Reduction  <i>CDC, 2022</i>	Addiction is a treatable disease Addiction is a disease, not a character flaw. People suffering from substance use disorders have trouble controlling their drug use even though they know drugs are harmful.  Overcoming a substance use disorder is not as simple as resisting the temptation to take drugs through willpower alone. Recovery may involve medication to help with cravings and withdrawal as well as different forms of therapy. It may even require checking into a rehabilitation facility. Recovery can be challenging, but it is possible.	
Readiness	Preparing your Client for Perinatal Care: An Overview for SUD Treatment Providers  <i>MCPAP For Moms, 2021</i>	Provides guidance for providers and clinical support staff on preparing their clients for what to expect during various phases of pregnancy, labor and delivery, and breastfeeding, including information on screening and testing for substances, and special considerations and recommendations for individuals receiving medication for OUD.	
Readiness	Pregnancy And Substance Use: A Harm Reduction Toolkit  <i>National Harm Reduction Coalition</i>	This information is intended for use by pregnant and parenting people who use drugs, their loved ones, and their service providers. Our goal is to promote the overall health and well-being of pregnant people who use substances and their families. This toolkit contains resources addressing multiple substances including benzodiazepines, cannabis, alcohol and opioids.	
Readiness	A Toolkit for the Perinatal Care of People with Substance Use Disorders  <i>NNEPQIN, 2021</i>	This toolkit was initially developed in 2017 by a multidisciplinary group of obstetric, pediatric, neonatal, and addiction treatment clinicians, initially to assist front-line perinatal care providers improve the quality and safety of care provided to pregnant and postpartum people with opioid use disorders in northern New England. This toolkit is designed to facilitate implementation of evidence-based practice, to optimize the care of this vulnerable population. This toolkit includes screening and assessment tools as well as best practice implementation and quality improvement guidance.	

\*Resource Behind Paywall

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<b>Recognition</b>			
<b>Recognition</b>	Screening, Brief Intervention, & Referral to Treatment (SBIRT): A Universal Tool for Pregnant Women	This video is designed to walk clinical teams through the process of SBIRT. SBIRT helps with early identification of women who need treatment for substance use disorder. Presented from the perspective of a practicing OB/GYN physician interacting with a woman affected by substance use. Includes recommendations for evidence-based screening tools. Focus is on increasing SBIRT for all pregnant women in order to increase the number of women who are identified and receive timely and appropriate treatment. ACOG, SMFM and FPQC recommend medication assisted treatment for pregnant women with OUD. (Abstinence-only programs may be appropriate for select women who are provided comprehensive supporting services.)	
<b>Recognition</b>	Choose evidence-based screening tools and assessment resource materials <i>NIH/NIDA, 2022</i>	Choose evidence-based screening tools and assessment resource materials	
<b>Recognition</b>	Screening for Perinatal Depression <i>ACOG, 2018</i>	Perinatal depression, which includes major and minor depressive episodes that occur during pregnancy or in the first 12 months after delivery, is one of the most common medical complications during pregnancy and the postpartum period, affecting one in seven women. It is important to identify pregnant and postpartum women with depression because untreated perinatal depression and other mood disorders can have devastating effects. Several screening instruments have been validated for use during pregnancy and the postpartum period. The American College of Obstetricians and Gynecologists recommends that obstetrician-gynecologists and other obstetric care providers screen patients at least once during the perinatal period for depression and anxiety symptoms using a standardized, validated tool.	
<b>Recognition</b>	The EveryONE Project - Guide to Social Needs Screening <i>AAFP, 2019</i>	Non-medical social needs, or social determinants of health (SDOH), have a large influence on an individual's health outcomes. For the medical community to have a significant and lasting impact on the health of their patients and communities, it must address the needs of patients outside the clinic walls. Effectively implementing programs to identify and attend to these social factors depends on the specific needs of the patient population, the ability of the practice to assess these needs, and the availability of community resources.	

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<b>Recognition</b>	Obstetric Provider Toolkit - Screenings / Clinical Pathways  <i>MCPAP For Moms, 2017</i>	This is the MCPAP for Moms Obstetric Provider Toolkit, created to assist front-line perinatal care providers in the prevention, identification and treatment of depression, other mental health and/or substance use concerns in pregnant and postpartum women. This updated toolkit includes the following: <ul style="list-style-type: none"> <li>• Assessment and Management Perinatal Mood and Anxiety Disorders</li> <li>• Assessment and Management of Perinatal Substance Use Disorders (SUDs)</li> </ul> Informational Material	
Section	Resource	Description	Link
<b>Response</b>			
<b>Response</b>	Clinical Guidance for Treating Pregnant and Parenting Women with OUD and their Infants  <i>SAMHSA, 2018</i>	This Clinical Guide provides comprehensive, national guidance for optimal management of pregnant and parenting women with opioid use disorder and their infants. The Clinical Guide helps healthcare professionals and patients determine the most clinically appropriate action for a particular situation and informs individualized treatment decisions.	
<b>Response</b>	Substance Use Disorder (SUD) Provider Toolkit  <i>MCPAP For Moms, 2021</i>	MCPAP for Moms is a perinatal psychiatry access program which promotes maternal and child health by building the capacity of providers serving pregnant and postpartum women and their children up to one year after delivery, to effectively prevent, identify, and manage mental health and substance use disorder concerns. MCPAP for Moms developed this toolkit tailored specifically to the unique needs of multidisciplinary SUD providers and programs serving perinatal individuals. This toolkit is meant to be a quick reference resource about mental health and SUD specific to perinatal individuals.	

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<p><b>Response</b></p>	<p>Maternal Opioid Use During Pregnancy <i>Institute for Health Recovery, 2022</i></p>	<p>Overall aim is to improve clinical care and coordination for pregnant women with opioid use disorders. This toolkit provides guidance in regards to the medical, psychological and social needs of pregnant women with opioid use disorders thereby improving maternal and newborn health outcomes. It has been developed to help maternal health providers advance the clinical interventions by offering screening, treatment engagement and coordinated care throughout the pregnancy and post-delivery. Opioid Use in Pregnancy Toolkit is:</p> <p>A collaborative effort, including providers, state agencies, grant funding efforts, Mass Perinatal Quality Collaborative, MCPAP for Moms, MA-ACOG, MDPH, and BSAS.</p> <p>An overview of approaches and collaborative partnerships—bridging multi-disciplinary expertise to provide guidance to clinicians working with women of child bearing age that are currently using opioids and/or at risk for opioid use disorders. Providing guidance and information regarding the use of Medication Assisted Treatment (MAT), particularly Buprenorphine and Methadone, coordination of care with substance use treatment providers and opioid exposed newborn assessment and treatment.</p> <p>Acknowledging and supporting the vital role of prenatal care providers in addressing the complex medical and social needs of women with opioid use disorders especially pregnant women and their unborn child. Improved outcomes for both can be impacted with screening, early intervention and engagement in substance use treatment.</p> <p>Encourage comprehensive care coordination aimed to meet the pregnant woman’s unique needs and ability to provide concurrent substance use treatment and obstetrical care.</p>	
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<b>Response</b>			
<p><b>Response</b></p>	<p>Management and Effects of Substance Use during Pregnancy <i>MCPAP For Moms, 2021</i></p>	<p>Includes detailed information about risk of acute use, management of intoxication and withdrawal, as well as guidance for ongoing treatment for the most commonly used substances during and after pregnancy.</p>	

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<p><b>Response</b></p>	<p>Contraceptive Pearl: Special Considerations for People with Substance Use Disorder (SUD)</p> <p><i>Reproductive Health Access Project, 2022</i></p>	<p>Substance Use Disorder (SUD) is a treatable chronic illness. People with SUD have higher rates of unintended pregnancy, sexually transmitted diseases, infertility, and mortality related to pregnancy; and lower rates of contraceptive use. People with SUD face profound stigma, barriers to care, and even criminalization when interfacing with the medical industrial complex. For example, in 2021, an Indigenous woman in Oklahoma was imprisoned for manslaughter after suffering a miscarriage and having a positive test for methamphetamines. Judges and prison officials have curtailed reproductive liberties by coercing people with SUD to accept sterilization or long acting contraception.</p> <p>Clinicians can support people who use substances by acknowledging prior trauma, applying a reproductive justice framework, and employing some clinical pearls:</p> <p>Substance use is not a contraindication to any contraceptive method!</p> <p>Substance use disorder does not, in itself, impair one’s ability to make medical decisions. A person who can understand the risks and benefits of a procedure is able to consent.</p> <p>Contraceptive care for people who use drugs should be provided alongside comprehensive preventative, harm reduction, and primary care services. This includes offering routine sexually transmitted infection (STI) screenings, pre-exposure prophylaxis for HIV (PrEP), medication for addiction treatment and withdrawal, trauma screening, mental health services, cancer prevention, contraception, abortion, prenatal care, and community services like housing, food, and legal aid.</p> <p>Urine toxicology is not medically indicated before providing contraceptive or abortion care. It does not diagnose acute intoxication or a use disorder. It is an expensive test with false-positive and false-negative results which can have serious consequences.</p> <p>Chronic substance use can result in oligo or amenorrhea through its effects on the hypothalamic-pituitary-adrenal axis. Clinicians should inform patients that pregnancy may occur even when periods are infrequent.</p> <p>For people with SUD who want to conceive, trauma-informed care and medication for addiction treatment should be considered to support safe and healthy pregnancies. even when periods are infrequent.</p> <p>For people with SUD who want to conceive, trauma-informed care and medication for addiction treatment should be considered to support safe and healthy pregnancies.</p>	

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<b>Reporting &amp; Systems Learning</b>			
<b>Reporting &amp; Systems Learning</b>	Data and Statistics About Opioid Use During Pregnancy <i>CDC, 2021</i>	Timely data help drive public health action for optimal care of pregnant women and children with prenatal exposure to opioids.	<a href="#"></a>
<b>Reporting &amp; Systems Learning</b>	Alcohol Use and Co-Use of Other Substances Among Pregnant Females Aged 12–44 Years — United States, 2015–2018 <i>CDC, 2020</i>	In a 2020 Morbidity and Mortality Weekly Report article, CDC scientists found that about 10% of pregnant women reported current alcohol use. The use of other substances was common among pregnant women who reported alcohol use—about 40% reported current use of one or more other substances. Alcohol use during pregnancy can cause birth defects and developmental problems known as fetal alcohol spectrum disorders. Less is known about the use of other substances among women who report alcohol use during pregnancy. Increased screening and interventions for alcohol and other substance use in pregnancy could improve the health of women and their children.	<a href="#"></a>
<b>Reporting &amp; Systems Learning</b>	The MATernal and Infant Network to Understand Outcomes Associated with Treatment of Opioid Use Disorder During Pregnancy (MAT-LINK): Surveillance Opportunity <i>NIH, 2020</i>	Pregnant women with opioid use disorder (OUD) are at risk of overdose, infectious diseases, and inadequate prenatal care. Additional risks include adverse pregnancy and infant outcomes, such as preterm birth and neonatal abstinence syndrome. Management and treatment of OUD during pregnancy are associated with improved maternal and infant outcomes.	<a href="#"></a>
<b>Reporting &amp; Systems Learning</b>	Outcomes associated with the use of medications for opioid use disorder during pregnancy <i>SSA, 2021</i>	Aim: To test the effect of the duration of medication for opioid use disorder (MOUD) use during pregnancy on maternal, perinatal and neonatal outcomes.	<a href="#"></a>
<b>Reporting &amp; Systems Learning</b>	Perinatal Opioid Use Disorder Research, Race, and Racism: A Scoping Review <i>AAP, 2022</i>	In the setting of increased calls to deepen our understanding of the root causes of inequities and address structural racism within perinatal and SUD care and the dearth of medical research addressing the impact of racism, we designed this scoping review to (1) identify studies assessing for racial/ethnic inequities in outcomes and health care utilization metrics among dyads affected by OUD; (2) critically assess how the existing literature incorporates and analyzes parental or infant data on race/ethnicity; and (3) evaluate how studies addressed the role of structural determinants of health, specifically the identification of whether racism is acknowledged and discussed as a root cause for described differences. Finally, we provide recommendations for future research and health care guidelines to try to address existing health inequities in perinatal substance use care.	<a href="#"></a>

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<b>Respectful, Equitable &amp; Supportive Care</b>			
<b>Respectful, Equitable &amp; Supportive Care</b>	Collaborative Approach To The Treatment Of Pregnant Women With Opioid Use Disorders  <i>HHS, 2016</i>	This guidance publication is intended to support the efforts of states, tribes, and local communities in addressing the needs of pregnant women with opioid use disorders and their infants and families. National data show that from 2000 to 2009 the use of opioids during pregnancy increased from 1.19 to 5.63 per 1,000 hospital births. Because of the high rate of opioid use and misuse among all women, including pregnant women, medical, social service, and judicial agencies are having to confront this concern more often and, in some communities, at alarming rates.	
<b>Respectful, Equitable &amp; Supportive Care</b>	Creating a Culture of Respectful Care for Pregnant and Postpartum People with Substance Use Disorders	During this session presented as part of FNU's Empower 2021 Virtual Event celebrating National Midwifery Week, FNU alumnus Dr. Daisy Goodman shared about respectful care for pregnant and postpartum people with substance use disorders. This session focuses on key elements, implementation guidance, and metrics associated with the 2021 Alliance for Innovation in Maternal Health (AIM) Safety Bundle.	
<b>Respectful, Equitable &amp; Supportive Care</b>	Pregnancy and Substance Use: A Harm Reduction Toolkit  <i>National Harm Reduction Coalition, 2021</i>	Pregnant and parenting people who use substances are one of the most stigmatized and demonized subsets of the population. Experience with bias, judgment, and scrutiny – especially from healthcare workers, loved ones, family, and friends – can isolate people and make it harder to seek prenatal care, mental health counseling, social services, and community support. People don't like to go to places where they don't feel welcomed. They may fear for their safety, or the safety of their children, or their pregnancy. That's why having even one nonjudgmental and trustworthy person to support them can make all the difference in the world.	

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<p><b>Respectful, Equitable &amp; Supportive Care</b></p>	<p>Substance Use Disorder Hurts Moms &amp; Babies</p> <p><i>National Partnership for Women and Families, 2021</i></p>	<p>Our maternity care system often fails to provide equitable, respectful, culturally centered, safe, effective, and affordable care. It spectacularly fails communities struggling with the burden of structural racism and other forms of inequity, including: Black, Indigenous, and other People of Color (BIPOC); rural communities; and people with low incomes. The multiple crises of the COVID pandemic, economic downturn, and national reckoning on racism have underscored the need to address the social influencers of health. This series identifies ways to improve maternal and infant health by tackling some of these factors. Topics were chosen based on importance and urgency, and availability of systematic reviews and complementary research.</p>	

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