

Perinatal Quality Collaborative of North Carolina

Decrease complications of OUD in pregnancy by optimizing the care for women through screening, education, resource mapping, access to treatment services, and protocols for all stages of pregnancy including postpartum care in all locations where care is received. Aim: *Working with perinatal quality improvement teams in participating centers of maternal care we will assure universal screening for opioid use disorder in pregnant women during the antepartum and intrapartum periods. *We will develop procedures for execution of a brief, timely intervention, referral and ongoing treatment for all pregnant women who screen positive *We will introduce interventions to reduce the stigma and bias associated with maternal disclosure of an opioid use disorder, as well as the stigma and bias which may impair the clinical care of mothers after their disclosure.



Secondary Aim	Primary Drivers	Secondary Drivers
1. SBIRT – Screening, Brief Intervention, Referral to Treatment	<p>1.1 Screening</p> <p>1.2 Brief Intervention</p> <p>1.3 Referral to treatment</p>	<p>1.1.1 Select and utilize validated screening tool with SBIRT approach</p> <p>1.1.2 Screen 100% of pregnant women for substance use</p> <p>1.2.1 Provide immediate support/counseling at time of identification for 100% of women</p> <p>1.3.1 Map local resources</p> <p>1.3.2 Utilize established path for referral to SUD treatment</p> <p>1.3.3 Identify lead coordinators to be responsible for women's care coordination between community and clinical partners</p> <p>1.3.4 Establish Plan of Safe Care for women with OUD and their families</p> <p>1.3.5 Ensure and follow OUD treatment engagement antepartum/intrapartum/postpartum</p>
2. Optimizing Care	2.1 Develop protocols to optimize care	<p>2.0.1 Develop protocols for universal screening / toxicology screening - how to introduce, implement, consent</p> <p>2.0.2 Develop protocols to initiate MAT</p> <p>2.0.3 Develop protocols for labor and delivery pain management</p> <p>2.0.4 Develop protocols for supporting breastfeeding</p>

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<p>3. Providing Education</p>	<p>3.1 Provider education</p>	<p>3.1.1 Develop and implement Staff / Provider Trainings on SBIRT and screening with validated tool 3.1.2 Develop and implement Staff / Provider Trainings on stigma and OUD 3.1.3 Develop and implement Staff / Provider Trainings on MAT 3.1.4 Develop and implement Staff / Provider Trainings on reducing opioids used post delivery 3.1.5 Develop and implement Staff / Provider Trainings on intra and post partum management 3.1.6 Develop and implement Staff / Provider Trainings on state and local guidelines for maternal substance use and substance exposed infants</p>
	<p>3.2 Patient education</p>	<p>3.2.1 Develop and implement Patient education on OUD 3.2.2 Develop and implement Patient education on NAS 3.2.3 Develop and implement Patient education on treatment 3.2.4 Develop and implement Patient education on pain control after delivery</p>
<p>4. Assuring Health Equity</p>	<p>4.1 Education</p>	<p>4.1.1 Provide staff-wide education on peripartum racial and ethnic disparities and their root causes 4.1.2 Provide staff-wide education on best practices for shared decision making 4.1.3 Provide staff-wide education on implicit bias.</p>
	<p>4.2 Culture</p>	<p>4.2.1 Engage diverse patient, family, and community advocates who can represent important community partnerships on quality and safety leadership teams.</p>

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4. Assuring Health Equity (cont)	4.2 Culture (cont)	4.2.2 Build a culture of equity, including systems for reporting, response, and learning similar to ongoing efforts in safety culture. 4.2.3 Establish a mechanism for patients, families, and staff to report inequitable care and episodes of miscommunication or disrespect. 4.2.4 Ensure a timely and tailored response to each report of inequity or disrespect
	4.3 Monitoring for Improvement	4.3.1 Develop a disparities dashboard that monitors process and outcome metrics stratified by race and ethnicity, with regular dissemination of the stratified performance data to staff and leadership.