

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 OUD Treatment	1.1 Screening 1.2 Brief Intervention 1.3 Referral to treatment	1.1.1 Select and utilize validated screening tool with SBIRT approach 1.1.2 Screen all pregnant women for substance use 1.2.1 Provide immediate support/counseling at time of identification using motivational interviewing techniques 1.3.1 Map local resources 1.3.2 Utilize established path for referral to SUD treatment 1.3.3 Identify lead coordinators be responsible for women's care coordination between community and clinical partners 1.3.4 Establish Plan of Safe Care for women with OUD and their families 1.3.5 Ensure and follow OUD treatment engagement antepartum/intrapartum/postpartum
2. Optimizing Care	2.1 Develop protocols to optimize care	2.0.1 Develop protocols for universal screening / toxicology screening - how to introduce, implement, consent 2.0.2 Develop protocols to prevent acute opiate withdrawal by initiating MAT 2.0.3 Develop protocols for labor and delivery pain management 2.0.4 Develop protocols for breastfeeding 2.0.5 Develop protocols to provide lactation support 2.0.6 Develop protocols for referral 2.0.7 Develop clinical pathways for antepartum / intrapartum/ postpartum periods and in different settings - inpatient, outpatient, ED

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.



2. Optimizing Care (cont)		2.0.8 Develop documentation standards for screening , assessment, referral
3. MMH SBIRT – Maternal Mental Health Screening, Brief Intervention, Referral Treatment	<p>3.1 Screening</p> <p>3.2 Brief Intervention</p> <p>3.3 Referral to treatment</p>	<p>3.1.1 Select and utilize validated screening tool with SBIRT approach</p> <p>3.1.2 Screen all pregnant women for MMH prior to discharge with appropriate confidentiality</p> <p>3.2.1 Provide immediate support/counseling at time of identification utilizing motivational interviewing techniques</p> <p>3.3.1 Map local resources</p> <p>3.3.2 Utilize established path for referral to MMH treatment</p> <p>3.3.3 Identify lead coordinators be responsible for women's care coordination between community and clinical partners</p> <p>3.3.4 Ensure and follow MMH treatment engagement antepartum/intrapartum/postpartum</p>

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.



5. Providing Naloxone to Mothers with OUD (cont)	5.2 Patient education	<p>5.2.1 Assess mothers' knowledge regarding risk factors for an opioid overdose, how to identify a suspected opioid overdose; how to respond in the event of a suspected opioid overdose</p> <p>5.2.2 Address any gaps in client's knowledge regarding overdose risks and responses.</p> <p>5.2.3 Educate patient regarding use of take-home naloxone.</p> <p>5.2.4 Provide a naloxone information sheet.</p>
	5.3 Prescription and Distribution	<p>5.3.1 In NC naloxone available to all at risk for opioid use disorder</p> <p>5.3.2 All mothers with SUD receive naloxone on discharge</p> <p>5.3.3 Examine and refine process within your hospital for distribution</p>

DRAFT