

Perinatal Quality Collaborative of North Carolina

cLOUDi Prenatal Pilot

comprehensively lessening Opioid Use Disorder impact
Prenatal Pilot Charter



cLOUDi Prenatal Pilot Charter

Problem Statement:

The opioid epidemic is a profound public health crisis. In 2014, 92 million, or 37.8% of adults in the United States reported the use of prescription opioids. This and the availability of illicit narcotics fuels the crisis. Escalations in opioid use have been particularly profound among women of reproductive age. A greater prevalence of comorbid psychiatric disorders, gender-based violence, physical and sexual abuse, and chronic pain disorders likely contribute to disproportionate rates of opioid use and misuse among women compared with men. Collectively, a myriad of issues contribute to the rising prevalence of opioid use disorder among women and such issues continue during and after pregnancy.

Between 1999 and 2014, the prevalence of opioid use disorder during pregnancy increased from 1.5 to 6.5 per 1,000 hospital births per year. In 2017, there were 1,953 overdose deaths--- involving opioids in North Carolina—a rate of 19.8 deaths per 100,000 persons compared to the average national rate of 14.6 deaths per 100,000 persons.

Pregnancy-associated morbidity and mortality due to substance use is a major patient safety issue. Pregnancy is a unique opportunity to address the complex and often challenging health needs of women with opioid use disorder and provide interventions that can improve maternal and child health well beyond the perinatal period.

Each year, an estimated 15 percent of infants are affected by prenatal alcohol or illicit and prescription drug exposure. Prenatal exposure to alcohol, tobacco, and other drugs has the potential to cause a wide spectrum of physical and developmental challenges for these infants. There is also potential for ongoing challenges in the stability and well-being of infants who have been prenatally exposed, and their families if substance use disorders are not addressed with appropriate treatment and long-term recovery support.

Neonatal abstinence syndrome (NAS) or neonatal opioid withdrawal syndrome (NOWS) is a drug withdrawal syndrome in newborns following birth. The most recent data on the rate of babies born with NAS/NOWS in North Carolina is from 2014 hospital discharge data. From 2008 to 2014, the rate of NAS/NOWS increased from 1.8 cases per 1,000 hospital births to 8.2 cases per 1,000 hospital births.

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The cLOUDi Prenatal Pilot Project will promote the use of validated screening tools for substance abuse among pregnant women¹ in prenatal care settings.

Mission:

Provide the facilitation, support, and education necessary to identify and deliver optimal (or evidence-based care) care for pregnant women with substance use disorder.

Aim:

Working with perinatal quality improvement teams and participating prenatal care clinics, all pregnant women receiving prenatal care will be screened for substance use disorder using equitable and evidence-based universal verbal or written screening tools. All women who screen positive for substance use disorder are referred for further substance use assessment and/or care.

Scope:

We will work with prenatal quality improvement teams in participating outpatient prenatal clinics.

Method:

Invite teams from prenatal care sites to participate in the collaborative. PQCNC will facilitate the collaborative structure to include learning sessions, web conferencing, coaching to support prenatal quality improvement teams, education regarding quality improvement strategies and development of data systems to support most effective implementation of the cLOUDi Prenatal Pilot Action Plan.

Measurement Strategy includes:

1. 100% of pregnant women are screened for substance use disorder at each prenatal visit.
2. 100% of women who screen positive for substance use disorder are referred for further substance use assessment and/or care.

¹ Though the term “women” is used throughout this Charter, it is important to recognize that some who experience pregnancy do not identify as women. This initiative is meant to be inclusive of all who experience pregnancy, regardless of gender identity.