



comprehensively lessening Opioid Use Disorder Impact (cLOUDi) Prenatal Pilot

The Perinatal Quality Collaborative of North Carolina (PQCNC) is launching its maiden voyage into the waters of prenatal care. While PQCNC has performed numerous successful perinatal quality improvement projects in North Carolina hospitals over the past 10 years, we are excited to now be addressing the broader spectrum of perinatal care in our state. Specifically, we are seeking interested prenatal clinics to help us address the challenges of opioid and substance use disorder for mothers and their babies. Experts from around the state engaged in the outpatient care of mothers with substance use disorder have partnered over the last 3 months to create a prenatal quality improvement initiative designed to improve the care of these mothers. This project will also offer us the chance to consider the opportunities that exist to partner with mothers not only in making sure they are offered the hope of recovery, but the ability to be a critical part of the care for their baby who may be at risk for withdrawal.

Comprehensively Lessening Opioid Use Disorder Impact for Moms and Babies (cLOUDi) Prenatal Pilot, in its first phase, will focus on achieving validated verbal screening for substance use disorder for all mothers. Today, the Pregnancy Medical Home Risk Screening Tool, which contains a validated screen for Substance Use Disorder (the 5 P's), is in theory offered to all mothers in Medicaid. We hope to confirm that is indeed the case and then to assess how those screen results are transmitted to providers and further intervention considered. For mothers not enrolled in Medicaid, we are requesting that clinics incorporate a validated verbal or written screen (there are several options to consider) as recommended by ACOG into their care of all mothers. For those mothers who screen positive, we are also recommending that a mother be informed about the risks for neonatal opioid withdrawal syndrome and the care it may require.

In developing the Prenatal cLOUDi initiative, the Expert Team fully recognized the challenges that they face, as will others, in what to do with moms who screen positive. The recommendations currently are, after screening, to offer a brief intervention (assess acute concerns, focus on increasing insight and dangers regarding substance use for mom and baby, and determine motivation toward behavioral change and referral for therapy) and then a referral for treatment (SBIRT). Based on meetings with the Expert Team, and a survey of practices, it is clear there is great opportunity to increase verbal or written validated screening. We anticipate that increased screening will uncover challenges in subsequently providing brief interventions and referral for treatment. There are several reasons this might be the case. These hurdles include available MAT providers,



mental and behavioral health support, and comfort level of providers in conducting such a screening. These are already concerns which several organizations are addressing, but as we advance screening it is PQCNC's intention to offer data to further facilitate the discussion on how to best optimize care for mothers with substance use disorder.

In the larger scheme of things, we hope to assist in creating an environment for the care of moms and their partners that clearly communicates we are determined to truly partner with them in their care and the care of their baby. As regards the infant, we are recommending that hospitals consider moving from Finnegan based scoring systems for treatment of babies with opioid withdrawal syndrome or neonatal abstinence syndrome to methods that are based on the three things every newborn should be able to do...Eat, Sleep and Console (ESC). ESC attempts to move from a model that hinges on pharmacologic treatment of babies with morphine or methadone to one which sees mom as the medicine to help her baby eat, sleep and console. There may be babies who require prn dosing of medication but ESC, when accepted and well executed, decreases baby exposure to drugs, shortens length of stay, and offers the opportunity for mom to have a critical role in the care of her baby.

North Carolina, along with the rest of the nation, is experiencing dramatic increases in maternal substance use disorder. This was on the rise pre-Covid and has only accelerated. We hope you will consider this project and join us in this vital effort. We thank you for considering and look forward to walking with you on the road to make North Carolina the best place to give birth and be born.

- Marty



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