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

Reporting and Systems Learning - Every Unit

Reporting Element	Key Points
Identify and monitor data related to SUD treatment and care outcomes and process metrics for pregnant and postpartum people with disaggregation by race, ethnicity, and payor as able	**Systems collecting and reporting quality improvement data should consider:** • In addition to Black and other people of color, young people and people on Medicaid are more likely to be tested for drug and alcohol use than people with private/employer-based insurance, and to receive harsher state interventions. Maternity care programs should review their data, disaggregated by race, ethnicity, and payor (as surrogate for income level) to identify and address discriminatory practices. • Disaggregating data by various parameters may result in small numbers for certain subgroups which may have implications for the feasibility of data comparisons. • Participation in a state or national collaborative, if available, may be helpful for sharing data, comparing performance, and driving quality improvement.
Convene inpatient and outpatient providers and community stakeholders, including those with lived experience in an ongoing way, to share successful strategies and identify opportunities to improve outcomes and system-level issues	**Establishment of this working group is envisioned as:** • Multidisciplinary, to include social workers, SUD counselors, obstetrical care providers, home visitors, and key community organization representatives. • Representing each step of the care continuum, from entry to care to postpartum support. • Empowered with authority to recommend and/or effect change to policy, planning, and care in systems participating. • Specifically welcoming in a trauma-informed way to those with lived experience who are participating.