



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

Recognition & Prevention — Every Patient

Recognition Element	Key Points
<p>Screen all pregnant and postpartum people for SUDs using validated self-reported screening tools and methodologies during prenatal care and during the delivery admission</p>	<p>Providers screening for SUDs should:</p> <ul style="list-style-type: none"> • Utilize validated screening tools to identify drug, alcohol, and polysubstance use. • Incorporate a screening, brief intervention and referral to treatment (SBIRT) approach. • Recognize that urine toxicology (urine drug testing) is not an appropriate method of screening for substance use or substance use disorders and this approach can discourage pregnant and postpartum people from seeking care.
<p>Screen each pregnant and postpartum person for medical and behavioral health needs and provide linkage to community services and resources</p>	<p>Providers screening for medical and behavioral health needs should:</p> <ul style="list-style-type: none"> • Screen and evaluate for complications related to injection drug use (e.g. Screen for HIV, Hepatitis B and C, and assess for Endocarditis). • Provide screening, resources, and interventions for behavioral health conditions, and physical and sexual violence. • Provide resources and interventions for tobacco cessation. • Ensure that resources provided should align with: <ul style="list-style-type: none"> o health literacy o cultural needs o language proficiency • Consider naloxone co-prescribing per institutional policy for anyone who may potentially witness an overdose.

Response — Every Event

Response Element	Key Points
<p>Assist pregnant and postpartum people with SUD to receive evidence-based, person-directed SUD treatment that is welcoming and inclusive in an intersectional manner, discuss readiness to start treatment, as well as referral for treatment with a warm hand-off and close follow-up</p>	<p>Providers and health systems providing assistance should:</p> <ul style="list-style-type: none"> • Establish communication with SUD treatment providers and obtainment of consents for sharing patient information. • Assist in linking to local resources (e.g. peer recovery services) that support recovery.



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Response — Every Event (continued)

Response Element	Key Points
<p>Establish specific prenatal, intrapartum and postpartum care pathways that facilitate coordination among multiple providers during pregnancy and the year that follows</p>	<p>Providers and health systems facilitating coordination should:</p> <ul style="list-style-type: none">• Provide referrals to other needed healthcare providers (e.g. behavioral health, mental health, infectious disease).• Provide breastfeeding and lactation support if desired for all postpartum people receiving SUD treatment.• Develop a transparent, patient-centered communication strategy with an identified lead provider responsible for care coordination among the obstetric provider, SUD treatment provider, health system clinical staff (i.e. inpatient maternity staff, social services) and child welfare services.• Specify the duration of coordination and assuring a “warm handoff” between inpatient and outpatient care or with any change in the lead provider.• Expand the period of postpartum engagement as needed to ensure a warm handoff to ongoing care providers.
<p>Offer comprehensive reproductive life planning discussions and resources</p>	<p>Comprehensive Reproductive Life Planning Discussions should:</p> <ul style="list-style-type: none">• Include the full range of contraceptive options in accordance with safe therapeutic regimens.• Respect the individual’s choices, values, and goals.