



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

Further details are offered here to support implementation of the Care for Pregnant and Postpartum People with Substance Use Disorder Bundle.

## Readiness — Every Unit

Readiness Element	Key Points
<p>Provide education to pregnant and postpartum people related to substance use disorder (SUD), naloxone use, harm reduction strategies, and care of infants with in-utero substance exposure</p>	<p><b>Education on Substance Use Disorders (SUDs) naloxone use, harm reduction strategies, and care of infants with in-utero substance exposure should:</b></p> <ul style="list-style-type: none"> <li>• Use appropriate lay terminology.</li> <li>• Be aligned with pregnant or postpartum person’s:               <ul style="list-style-type: none"> <li>o Health literacy</li> <li>o Culture</li> <li>o Language</li> <li>o Accessibility needs</li> </ul> </li> <li>• Be inclusive of a designated support person.</li> </ul> <p><b>Education on SUDs should emphasize:</b></p> <ul style="list-style-type: none"> <li>• SUDs, including OUD, are chronic medical conditions, treatment is available, support networks are important, and recovery is possible.</li> <li>• Medications for opioid use disorders (MOUD) (i.e. methadone, buprenorphine) are effective for treatment of OUD and are safe during pregnancy and lactation.</li> <li>• Cognitive Behavioral Therapy approaches, with or without contingency management, are evidence-based treatments for SUDs.</li> <li>• The majority of overdose deaths occur during the high-risk time period from 42-365 days after the end of a pregnancy. Coordination of care should continue uninterrupted in the postnatal period.</li> </ul> <p><b>Education on care of infants with in-utero substance exposure should include:</b></p> <ul style="list-style-type: none"> <li>• Awareness of the signs and symptoms of Neonatal Opioid Withdrawal Syndrome (NOWS).</li> <li>• Interventions to decrease NOWS severity.</li> <li>• Benefits of non-pharmacologic care such as breastfeeding, skin-to-skin, and rooming in.</li> <li>• Planned support for NOWS at delivering birth facility, such as Eat, Sleep, Console or other methods.</li> <li>• Federal and state requirements regarding the Family Care Plan.</li> </ul>



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## Readiness — Every Event (continued)

Readiness Element	Key Points
<p>Provide clinical and non-clinical staff education on optimal care for pregnant and postpartum people with SUD, including federal, state, and local notification guidelines for infants with in-utero substance exposure and comprehensive family care plan requirements</p>	<p><b>Clinical and Non-Clinical Staff Education should emphasize:</b></p> <ul style="list-style-type: none"> <li>• SUDs are chronic medical conditions that can be treated.</li> <li>• Stigma, bias and discrimination negatively impact pregnant people with SUD and their ability to receive high quality care.</li> <li>• Providers should match treatment response to each person’s stage of recovery and/or readiness to change.</li> </ul> <p><b>Clinical and Non-Clinical Staff Training should include:</b></p> <ul style="list-style-type: none"> <li>• Trauma-informed care</li> <li>• Naloxone and harm reduction strategies</li> <li>• Anti-racism and bias</li> <li>• Regional and local data on SUDs</li> <li>• Regional and local support services, programs, and resources</li> </ul> <p><b>Obstetric providers should consider receiving training on outpatient treatment of SUD, including MOUD (buprenorphine) to improve access to care.</b></p>
<p>Engage appropriate partners to assist pregnant and postpartum people and families in the development of family care plans, starting in the prenatal setting</p>	<p><b>Family Care Plan development should:</b></p> <ul style="list-style-type: none"> <li>• Engage the pregnant or postpartum person and their identified support network to develop a plan by time of discharge.</li> <li>• Be tailored to the person’s treatment and resource needs with family preservation prioritized.</li> </ul> <p><b>Collaborators in developing this plan may include:</b></p> <ul style="list-style-type: none"> <li>• Social workers</li> <li>• Case managers</li> <li>• Neonatology/pediatrics consult</li> <li>• Obstetric care providers</li> </ul>



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### Readiness — Every Event (continued)

Readiness Element	Key Points
<p>Establish a multidisciplinary care team to provide coordinated clinical pathways for people experiencing SUDs</p>	<p><b>Collaborators in developing coordinated clinical pathways may include:</b></p> <ul style="list-style-type: none"><li>• obstetrics</li><li>• maternal-fetal medicine</li><li>• addiction medicine</li><li>• psychiatry</li><li>• social work</li><li>• neonatology</li><li>• pediatrics</li><li>• nursing</li><li>• lactation counselor or consultant</li><li>• patient navigator</li><li>• those with lived experience</li></ul> <p><b>The multidisciplinary care pathway should include:</b></p> <ul style="list-style-type: none"><li>• Pain management approaches that account for each person's unique pain sensitivity and avoid the use of mixed agonist-antagonist opioid analgesics such as nalbuphine.</li><li>• Pain management approaches that utilize shared medical decision-making congruent with the pregnant and post-partum person's goals and values in accordance with a safe therapeutic regimen.</li></ul>



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## Readiness — Every Event (continued)

Readiness Element	Key Points
<p>Develop and maintain a set of referral resources and communication pathways between obstetric providers, community-based organizations, and state and public health agencies to enhance services and supports for pregnant and postpartum families for social determinants of health needs, behavioral health supports, and SUD treatment</p>	<p><b>Ensure that:</b></p> <ul style="list-style-type: none"> <li>• Patient and family resource needs are met (i.e. wrap-around services such as housing, childcare, transportation and home visitation) through collaboration with SUD/ODD treatment programs.</li> <li>• Pregnant and postpartum people have access to drug and alcohol counseling and/or behavioral health services.</li> <li>• Hospitals/prenatal sites should implement resource mapping to identify local resources, support services, and drug treatment programs so that this information is available to providers and other care team members to optimize referrals.</li> </ul> <p><b>Ensure that:</b></p> <ul style="list-style-type: none"> <li>• Every clinical setting, health system, and providers are welcoming and inclusive of all people no matter backgrounds, race, ethnicity, gender, social class, language, ability, and other personal or social identities and characteristics.</li> </ul> <p><b>Recognize that:</b></p> <ul style="list-style-type: none"> <li>• Some of the identities above may be marginalized and to care for people in an intersectional manner is to treat the patient as a whole person and acknowledge all the identities that might impact equitable, supportive, and quality care.</li> </ul>