



Evidence-Based Care for Maternal- Infant Dyads Affected by SUD

September 4, 2024

IN PARTNERSHIP WITH THE



Agenda

Review the Evidence

Missouri Data and Call to Action

AIM Bundle Components

Resources

Q&A



EVIDENCE-BASED CARE FOR
MATERNAL-INFANT DYADS AFFECTED
BY SUBSTANCE USE DISORDER
RESOURCE WORKBOOK

The Evidence

Substance Use Disorder is a chronic medical condition with evidence-based care guidelines

Universal SUD Screening with a validated verbal screening tool

- Not universal urine drug testing

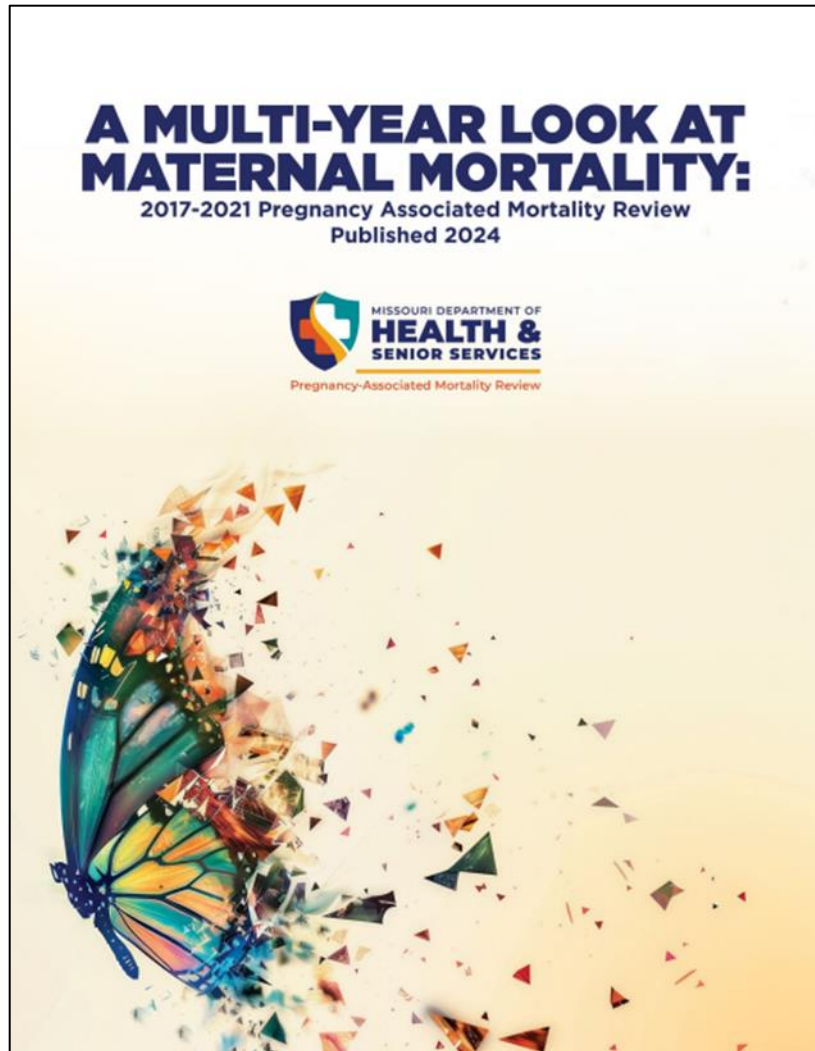
Medications for opioid use disorder are recommended for pregnant and postpartum people

- Not medically supervised withdrawal

Plans of Safe Care or Family Care Plans help families gain access to needed services and teams share information/coordinate care

Eat, Sleep, Console fosters bonding between the birthing person and baby

Missouri Data and Call to Action



2024 Missouri PAMR report (2017-2021) found mental health conditions, including SUD, were the second underlying cause of pregnancy-related deaths.

All those deaths were found to be preventable.

Disparate outcomes were noted for Black birthing people and those with Medicaid Insurance

Barriers and Challenges in Missouri

Stigma and Implicit
Bias against persons
with SUD

Lack of Validated
Verbal Screening

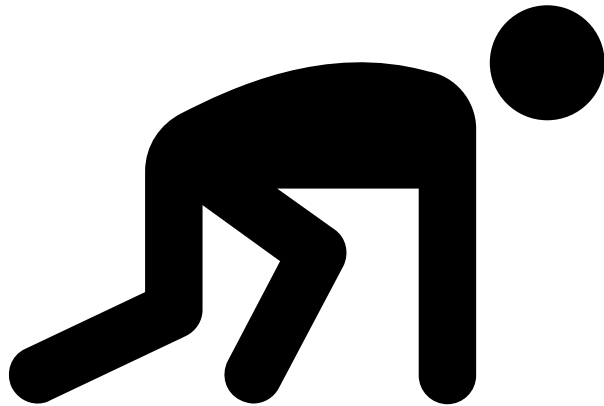
Gaps in Referral
Options/Knowledge
of Referral Options

Availability and
Accessibility of Care

Persons with SUD
have complex
medical and social
needs

Fear of Children's
Division Involvement

AIM Bundle Components



Readiness – Every Unit

Provide education to pregnant and postpartum people related to SUD, naloxone use, harm reduction strategies, and care of infants with in-utero substance exposure.*

Develop trauma-informed protocols and anti-racist training to address health care team member biases and stigma related to SUDs.

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.*

AIM Bundle Components



Readiness – Every Unit

Engage appropriate partners to assist pregnant and postpartum people and families in the development of family care plans, starting in the prenatal setting.*

Establish a multidisciplinary care team to provide coordinated clinical pathways for people experiencing SUDs.*

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.*

AIM Bundle Components

Recognition & Prevention — Every Patient

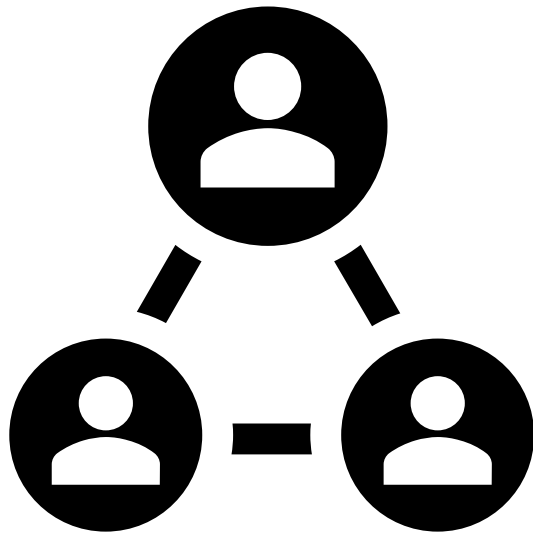
Screen all pregnant and postpartum people for SUDs using validated self-reported screening tools and methodologies during prenatal care and during the delivery admission.*

Screen each pregnant and postpartum person for medical and behavioral health needs and provide linkage to community services and resources.*

Screen for structural and social drivers of health that might impact clinical recommendations or treatment plans and provide linkage to resources.



AIM Bundle Components



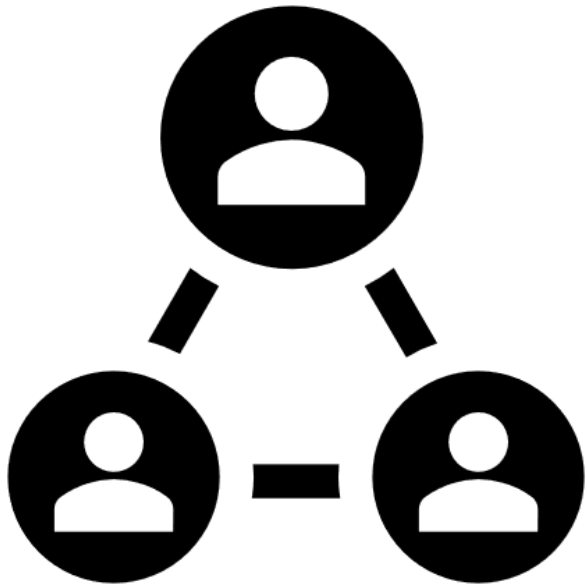
Response

Assist pregnant and postpartum people with SUD to receive evidence-based, person-directed SUD treatment that is welcoming and inclusive in an intersectional manner and, discuss readiness to start treatment, as well as referral for treatment with warm hand-off and close follow-up.*

Establish specific prenatal, intrapartum and postpartum care pathways that facilitate coordination among multiple providers during pregnancy and the year that follows.*

Offer comprehensive reproductive life planning discussions and resources.*

AIM Bundle Components



Response (Addition for
Dyad project)

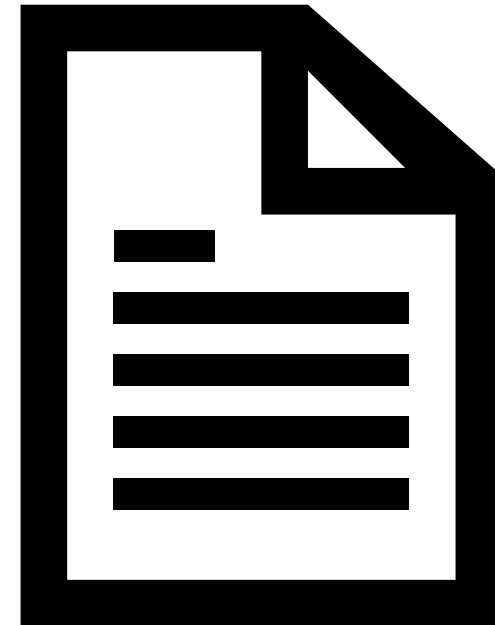
Establish Eat, Sleep,
Console model of
care substance
exposed newborns

AIM Bundle Components

Reporting and Systems Learning – Every Unit

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.*

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.*



AIM Bundle Components



Respectful, Equitable and Supportive Care –Every Unit/Provider/Team member

Engage in open, transparent, and empathetic communication with the pregnant and postpartum people and their identified support person(s) to understand diagnosis, options, and treatment plans.*

Integrate pregnant and postpartum persons as part of the multidisciplinary care team to establish trust and ensure informed, shared decision-making that incorporates the pregnant and postpartum person's values and goals.*

Respect the pregnant and postpartum person's right of refusal in accordance with their values and goals.*

Resources

Optimizing Care of the Mother-Baby Dyad Affected by SUD

- On-demand webinars and slide presentations included
- 3 sections:
 - The Brain, SUDs and Parenting: A Health Care Professional's Guide
 - Pregnant and Parenting Families with SUD: Evidence-based treatment, Neonatal Opioid Withdrawal and Supporting the Infant-Parent Relationship
 - Stigma, Language and Implicit Bias: Moving Toward becoming a Stigma-free Provider
- Each section includes 3 presentations about 30 minutes in length

Screening tools

Urine drug testing guidance

Plans of Safe Care or Family Care Plans

Eat, Sleep, Console

Resources

Maternal Health Access Project

- Statewide perinatal psychiatry access program
- Free access to 1:1 phone consultations with perinatal psychiatrists, care coordination services, trainings and other educational resources
 - **Consultation line is LIVE!**
 - **(844) 538-2279**
 - **9:00 a.m. to 4:30 p.m., Monday – Friday**
- Any provider in Missouri treating patients during pregnancy or up to 12 months after delivery can enroll

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MATERNAL HEALTH ACCESS PROJECT

WHAT IS MHAP?

MHAP is a **statewide perinatal psychiatry access program** designed to give health care providers the resources they need to confidently **identify and manage** their patients' **perinatal mental and behavioral health conditions**.

Enrolled providers have **free access** to 1:1 phone consultations with perinatal psychiatrists, as well as **care coordination services, trainings, and other educational resources**.

WHO CAN ENROLL?

Any provider in the state treating patients during pregnancy or in the 12 months following delivery.

PROGRAM GOALS

Universal Screening

Make screening for maternal mental health conditions and SUDs a standard practice.

Consultation

Provide real-time psychiatric consultation for front-line perinatal health providers.

Education

Provide toolkits and trainings to providers on best practices in perinatal mental health.

Resources

Provide linkages with community-based mental health services throughout the state.

ENROLL IN MHAP TO ACCESS...

Same-day phone consultation with perinatal psychiatrist - Schedule at your convenience! Monday - Friday 9:00AM - 4:30PM

Care coordination services

Live trainings, webinars, and other educational materials on perinatal mental & behavioral health

For questions or more information, please contact the MHAP program:



musompsychiatrymh1@missouri.edu

ENROLL TODAY



https://redcap.link/Registration_Form

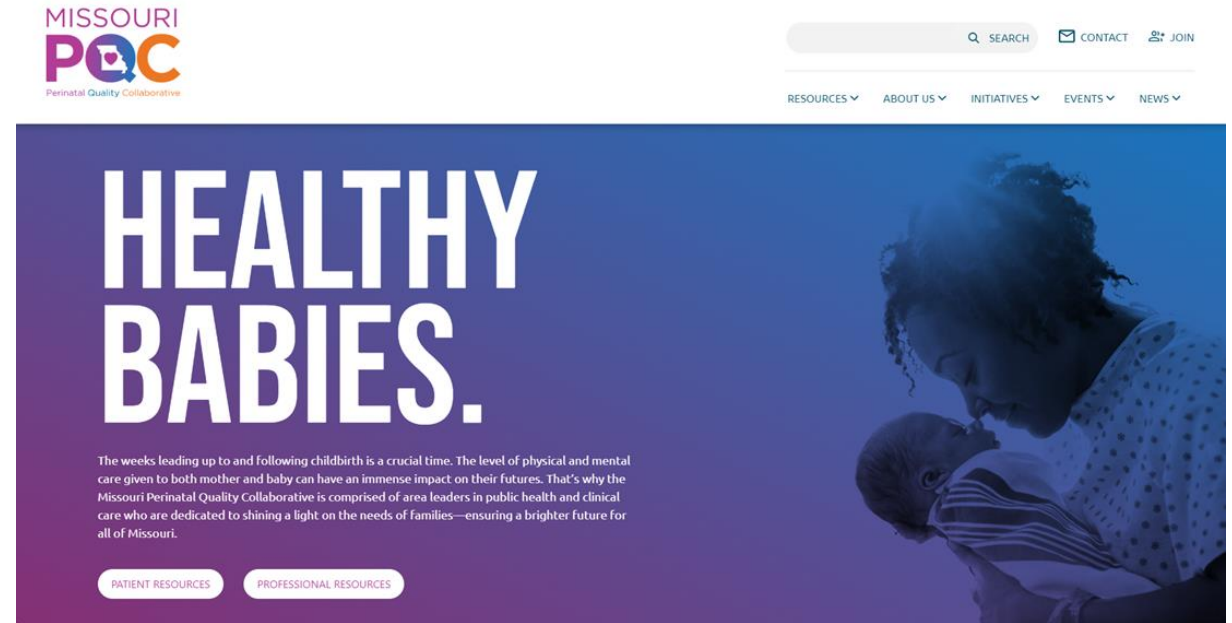


The Uplift Connection

SAMHSA [FindTreatment.gov](https://www.samhsa.gov/findtreatment)

Missouri PQC Participation

Click [here](#) to register for one or more of the Missouri PQC QI Projects.



Visit our website MOPQC.org and associated social media channels.



Questions?