Opioid Use and Pregnancy

- Rates of death associated with opioid analgesics rose 400% between 2000 and 2014 (National Center for Health Statistics)
- In 2007, 22.8% of women enrolled in Medicaid across 46 states filled an opioid prescription during pregnancy (Zmolk, Hernandez-Diaz, Boxerman, & Humphreys, 2013)
- Rise in neonatal abstinence syndrome from 1.5 cases per 1000 hospital births in 1999 to 6.0 per 1000 in 2013 (Patrick, Davis, Lehmann, & Cooper, 2015)
- $1.5 billion in related annual hospital charges (Patrick, Davis, Lehmann, & Cooper, 2015)
- Maternal mortality reviews in several states identified substance use as a major risk factor for maternal death (Virginia Department of Health, 2015; Maryland Department of Health and Mental Hygiene, 2016)

Alliance for Innovation on Maternal Health (AIM)

Goal:
- Eliminate preventable maternal mortality and severe morbidity in every US birth center

By:
- Promoting safe maternal care for every US birth
- Engaging multidisciplinary partners at the national, state, and local health/cclinical levels
- Developing and implementing evidence-based maternal safety bundles
- Utilizing data-driven quality improvement strategies
- Aligning existing safety efforts and developing/collecting resources
Slide 1

JM1  Insert (AIM)
       Jamila McLean, 1/9/2018

Slide 3

JM2  Instead of using hospital, perhaps local health/ clinical settings?
       Jamila McLean, 1/9/2018
**AIM Maternal Safety Bundles**

**AIM Safety/Quality Improvement Bundles**

- Obstetric Hemorrhage
- Severe Hypertension in Pregnancy
- Venous Thromboembolism Prevention
- Preeclampsia/Eclampsia
- Patient, Family and Staff Support
- Safe Reduction of Primary Cesarean Births

**AIM Maternal Opioid Bundle 4 “R”s: Readiness, Recognition & Prevention, Response, Reporting**

**Readiness**
- Provide patient and family education
- Provide clinical and non-clinical staff education on SUDs
- Establish clinical pathways with care coordination in place
- Develop pain protocols
- Provide staff education about reporting guidelines and requirements for substance abuse care
- Identify local SUD treatment facilities that provide woman-centered care

**Recognition & Prevention**
- Assess ALL pregnant women for substance use disorder
- Identify polysubstance use
- Evaluate for common co-morbidities
- Provide smoking cessation resources
- Identify each woman’s stage of recovery or readiness to change

**Response**
- Ensure that all patients with OUD are enrolled in treatment
- Establish communication between providers
- Provide linkages to local resources
- Incorporate family planning, breastfeeding education and lactation support for all postpartum women with OUD.
- Engage child welfare in developing safe care protocols tailored to the patient’s needs

**Reporting & Systems Learning**
- Collect data
- Monitor process and outcome measures
- Multidisciplinary case review teams
- Continuing education for staff
- Engage child welfare, legal systems, and community
JM3  Perhaps spell out VTE for folks who may not be familiar
   Jamila McLean, 1/9/2018

JM4  Suggest spelling out acronym
   Jamila McLean, 1/9/2018

Slide 5

JM5  List R’s: Response, Reporting, Readiness, Recognition & Prevention
   Jamila McLean, 1/9/2018
States Implementing Opioid Bundle

States:
- Maryland
- Virginia
- Ohio
- Illinois
- Massachusetts
- Tennessee
- Oklahoma
- New Mexico
- Texas
- New Jersey
- New York
- Maine
- Vermont
- New Hampshire

Barriers to Improving Outcomes

Barriers:
- Culture Change
- “We don’t have a problem”
- Volume/Capacity/Access
- Patients fear being reported
- Need better screening/ Biological vs behavioral
- Child welfare removing baby if mother is on methadone
- Lack of knowledge about available services
- Data collection in outpatient settings

Opioid Collaborative Strategy

Workgroups
Advisory Group
Implementation and Data Collection
Buprenorphine Trainings with ASAM
Strengthening Collaboration
Recommend listing the states in a box on the right hand side of the map so they are easy to identify

Jamila McLean, 1/9/2018
References


