Mothers and Newborns affected by Opioids (MNO)-Obstetric Initiative

AIMs

- **Improve identification of pregnant women with opioid use disorder (OUD)** through standardized universal screening and assessment for OUD (validated screening tool) on: admission to labor and delivery, emergency rooms and affiliated outpatient prenatal sites; with a Screening, Brief Intervention, and Referral to Treatment (SBIRT) protocol to improve response to screen positive patients.

- **Improve linkage to addiction care for moms with OUD** through standardized mapping of local resources to link moms to addiction services/MAT/behavioral health services in your area. Share completed local linkage to care resources Mapping Tool and standardize process flow for navigating moms with OUD to MAT and needed services, with OB units, ER, and affiliated prenatal care sites.

- **Optimize clinical care of pregnant women with OUD** through implementation of clinical care checklist (prenatally, and L&D) and consultations to be completed prior to or during delivery admission, standardized patient education on OUD and NAS, and engaging in newborn care, and standardized provider/nurse education on screening, protocols and addressing stigma.

- **Optimize prevention of OUD** through provider and patient education on OUD prevention; improve provider compliance with IL state law for IL PMP look up and documentation when prescribing opioids/narcotics; and implementation of clinical strategies to reduce opioid over-prescribing after delivery.

**PROBLEM**

The use of opioids in pregnancy and related maternal morbidity and mortality has drastically increased in recent years. In Illinois, there was a 116% increase in maternal antenatal opioid use and a 53% increase in the Neonatal Abstinence Syndrome (NAS) rate between 2011 and 2015/2016. There has been a 6-fold increase in opioid overdose maternal deaths in Illinois between 2008 and 2016. The increase in mothers and newborns affected by opioids can be attributed to a rise in over prescription of opioids, abuse of prescription opioids, and illicit use.

**EVIDENCE-BASED PRACTICES**

The recently released ACOG committee opinion on opioid use and OUD in pregnancy and the Alliance for Innovation on Maternal Health (AIM) patient safety bundle regarding obstetric care for women with OUD provide guidelines for improving care for women with OUD.

**SCOPE**

One hundred seven Illinois birthing hospitals are participating in the ILPQC Mothers and Newborns affected by Opioids-Obstetric Initiative.

ILPQC provides collaborative learning opportunities, rapid response data, and quality improvement supports to implement these and other evidence-based tools and guidelines using quality improvement strategies to achieve the initiative AIMs. Key opportunities of focus in 2018 to improve outcomes for pregnant women and their newborns have included early identification of OUD through validated self-reported screening tools, SBIRT protocol to standardize response to screen positive patients and system to help link women to Medication Assisted Treatment (MAT) and other services, and implementing a clinical checklist to be completed for all screen positive women in the prenatal, and L&D medical record, standardized provider/nurse education regarding screening, SBIRT, protocols and stigma, as well as standardized patient education on OUD/NAS and engagement in NAS care.

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**MNO-OB OPPORTUNITIES FOR IMPROVEMENT**

Baseline (October - December 2017) data from MNO-OB teams identifies key opportunities for improving care for mothers affected by opioids. Baseline data consisted of 345 women with OUD.

**Screening & Linkage to Care**
- 3% of random sample of deliveries had documentation of screening for OUD using a validated self-report screening tool prenatally or on L&D
- 40% of women with OUD were on MAT at delivery
- 31% of women with OUD received a pediatric/neonatal consult prenatally or during delivery admission, prior to delivery

**Optimizing Care**
- 2% received documented Narcan counseling and prescription offer
- 48% received documented contraception counseling
- 62% received behavioral health/social work consult
- 40% received Hepatitis C screening
- 20% received documentation of prenatal education on OUD and NAS newborn care
- 53% of mothers and their newborns roomed together during maternal hospitalization
- 56% of eligible mothers were breastfeeding or providing some breast milk at maternal discharge

**APPRAOCH**

The ILPQC OB Advisory Workgroup began planning the Mothers and Newborns affected by Opioids (MNO) Initiative in January 2017. ILPQC worked with the Illinois Department of Public Health (IDPH), State Quality Council, IDPH Neonatal Advisory Committee, and Regionalized Perinatal Program, AIM and other state collaboratives to develop key driver diagrams, process, outcome, and structure measures, data forms, and collaborative learning implementation.

Thirty volunteer wave 1 teams started meeting in January 2018 to test and provide feedback on data collection strategies and quality improvement toolkit development. In May 2018, 70 additional hospitals joined the initiative.

All participating hospitals attended a two-hour educational webinar and over 350 participants from 100 hospital teams attended a full-day Face-to-Face Meeting in Springfield, Illinois in May 2018, and received the MNO-OB Initiative Toolkit Binder and a starter set of patient materials.

**Key QI Strategies**
- Implement universal screening and documentation (prenatal/L&D)
- Ensure standard SBIRT protocol response for screen positive
- Complete and share Mapping Tool to identify local resources for MAT/ addiction services and process for linking patients
- Implement Clinical Care Checklist (prenatal / L&D)
- Standardize Provider Training- stigma and bias, screening, SBIRT, care protocol

**OUD Protocol**
- Screen and document positive result
- Provide SBIRT risk assessment and brief counseling re: benefits of treatment, next steps for linking patient to care
- Activate care coordination and navigation to link woman to MAT, addiction services and behavioral health support
- Insert and complete OUD clinical care checklist in electronic medical record (or paper chart) (prenatal / L&D)
- Provide patient education re: OUD and NAS , engaging in newborn care with pediatric consult, counseling, hand-outs.

Since June 2018, teams have been attending monthly one-hour collaborative learning webinars, collecting, reporting, and monitoring data on all mothers affected by OUD to the ILPQC web-based real-time data system, and beginning to use quality improvement strategies to test and implement standardized protocols for screening & linking women to care, optimizing the care of mothers and newborns affected by opioids, and preventing OUD. Baseline data included retrospective record review for October thru December 2017.

To date, teams have participated in five one-hour collaborative learning webinars, averaging 170 participants per call to discuss implementation of: standardized validated self-report screening tool, Brief Intervention and Referral to Treatment (SBIRT) protocol, community mapping of resources, protocols/checklists for care of women with OUD prenatally, on L&D, and postpartum, and addressing stigma.

ILPQC also partnered with ACOG and ASAM to offer three courses to train providers in prescribing outpatient Buprenorphine to pregnant women with OUD for providers in southern and central Illinois, and the Chicagoland area.

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