

Vermont Alliance For Innovation On Maternal Health

presents



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

Disclosures

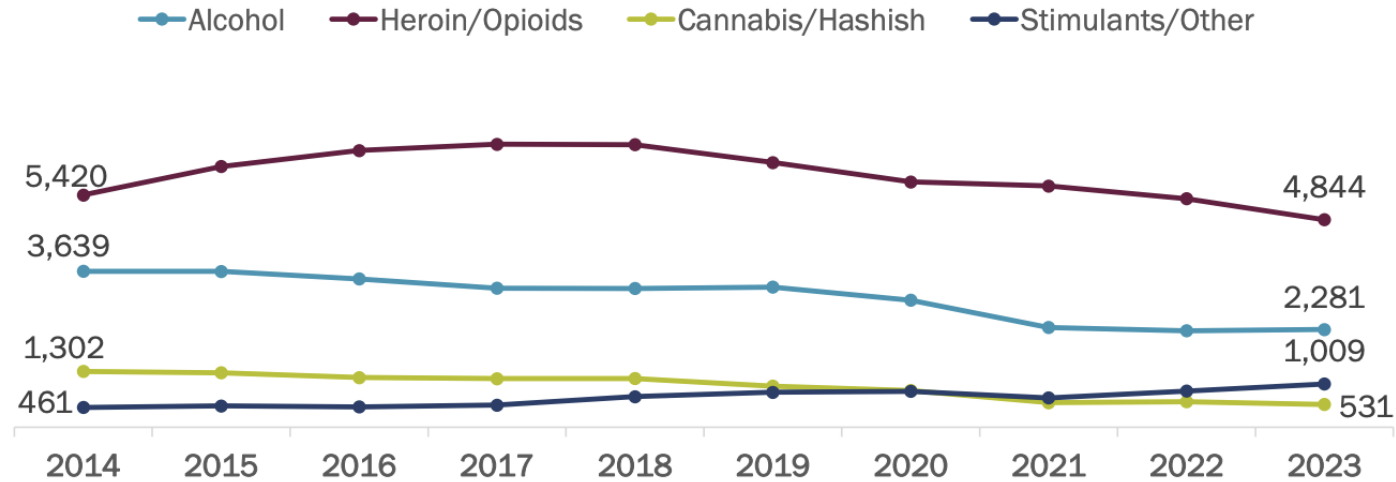
This webinar is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award for the Alliance for Innovation on Maternal Health. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS, or the U.S. Government.



Grounding the Work

Vermont's Landscape -

Vermonters Treated by Primary Substance and Fiscal Year



Substance	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Alcohol	3,639	3,635	3,461	3,244	3,240	3,270	2,966	2,328	2,251	2,281
Cannabis	1,302	1,269	1,160	1,133	1,138	959	858	572	594	531
Heroin/Opioids	5,420	6,084	6,456	6,605	6,594	6,178	5,724	5,629	5,335	4,844
Stimulants/Other	461	497	474	516	713	816	837	684	844	1,009

Vermont Department of Health

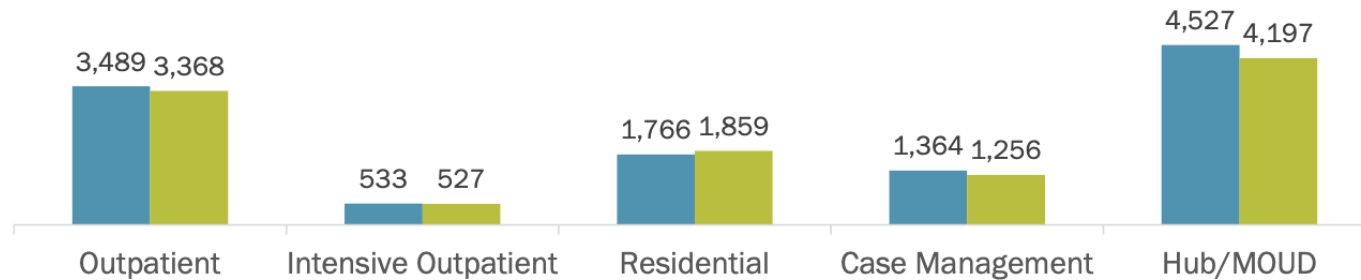
Source: Substance Abuse Treatment Information System (SATIS).

[Click here to return data chart list](#) 11

Vermont's Landscape -

Type of Substance Use Disorder Treatment Received By Clients
in Fiscal Years 2022 & 2023

■ 2022 ■ 2023



Note: Clients may receive more than one type of treatment in the year

State Fiscal Year	Outpatient	Intensive Outpatient	Residential	Case Management	Hub/MOUD	Total Clients
2022	3,489	533	1,766	1,364	4,527	9,024
2023	3,368	527	1,859	1,256	4,197	8,665

Vermont Department of Health

Source: Substance Abuse Treatment Information System (SATIS).

[Click here to return data chart list](#)

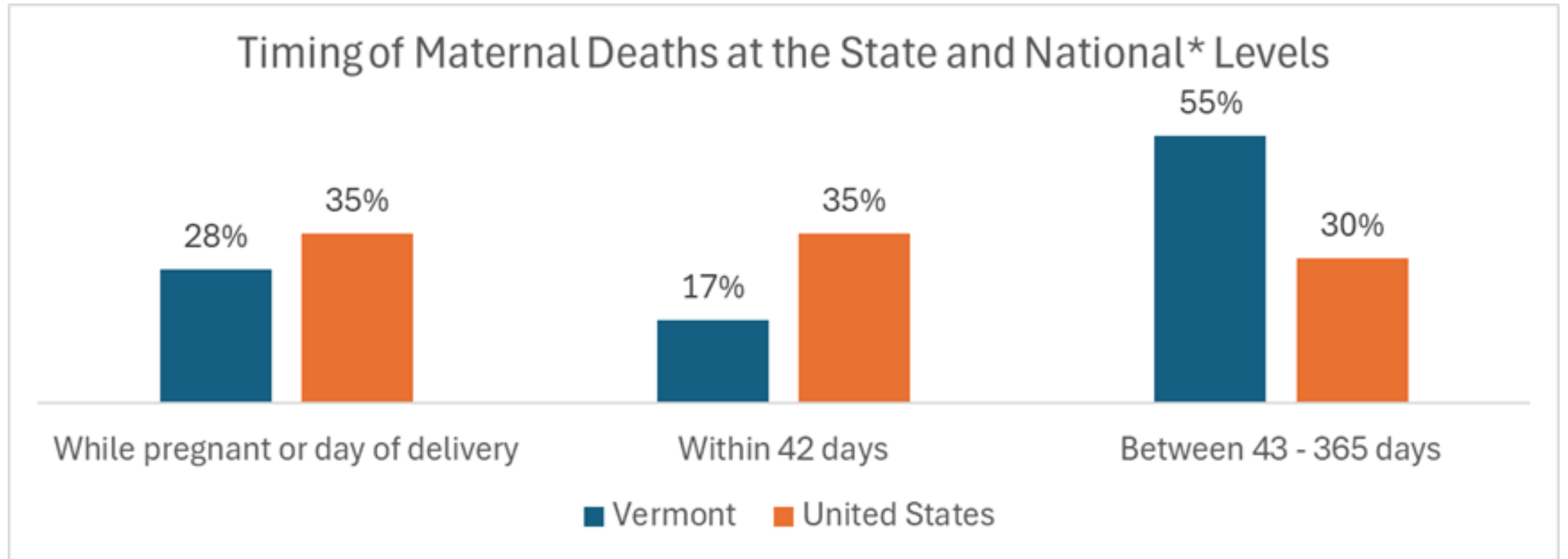
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Vermont's Maternal Mortality Review Data

- Since 2012, 43% of perinatal deaths in Vermont were the result of accidental overdose. Substance misuse contributed to a significant majority of overall deaths.
- Of the 8 maternal deaths reviewed by the panel since 2021, all were related to opioid misuse – 7 were directly caused by overdose and one by endocarditis due to IV drug use.



A deeper look into timing -



From the Newborn Lens -

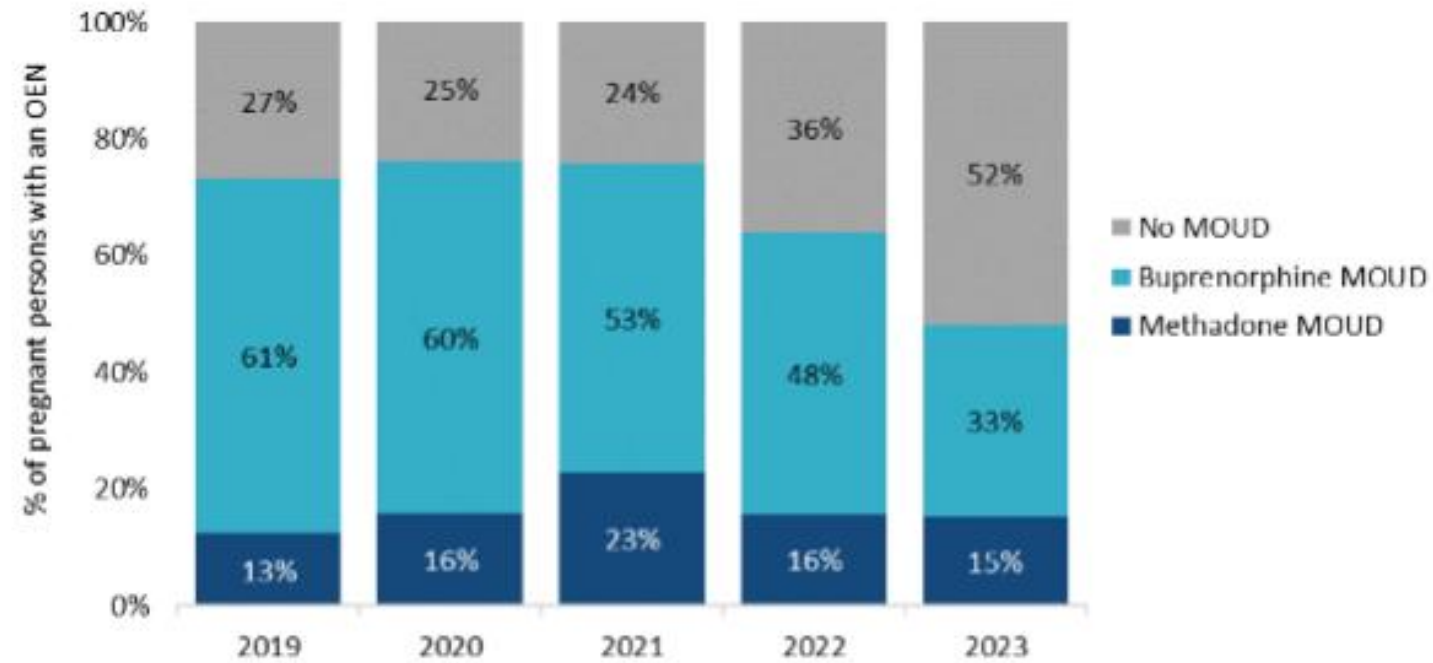


Figure 6: The proportion of pregnant individuals with an OEN receiving treatment with MOUD during the current pregnancy by medication type, 2019 to 2023. Receiving methadone MOUD (dark blue), receiving buprenorphine MOUD (light blue), no MOUD treatment reported (grey).

Evaluation and Report of Improving Care of
Opioid-Exposed Newborns, 2024

Partners In This Work

➤ Perinatal Substance Use
Community Education
[OD2A/CDC]

➤ Maternal Mortality Review
Panel [MMRP/CDC]

➤ Birth Certificate Quality
Improvement [PQC/CDC]

➤ Regional Collaboration
Planning with the 3 NE PQC's
and NNEPQIN [Medicaid]

➤ Improving Care of Newborns
with Substance Exposure
[ICoNS/Medicaid]

➤ Alliance for Innovation on
Maternal Health Patient
Safety Bundles [AIM/HRSA]

➤ Perinatal Mood Disorders
Systems Support [Perinatal
CARES/HRSA]

➤ Maternal Health Innovation
Grant [HRSA]

➤ Neonatal Clinical Skills Training
and Community Outreach
[Medicaid]

➤ Hospital and Community
Perinatal Reports [Medicaid]

➤ Addressing Systems of Care
for Perinatal Substance Use &
the Child Welfare System
[IDTA/Medicaid]

➤ Clinical Care & Community
Services Integration
(PQC/CDC)

Clinical Practice Assessment

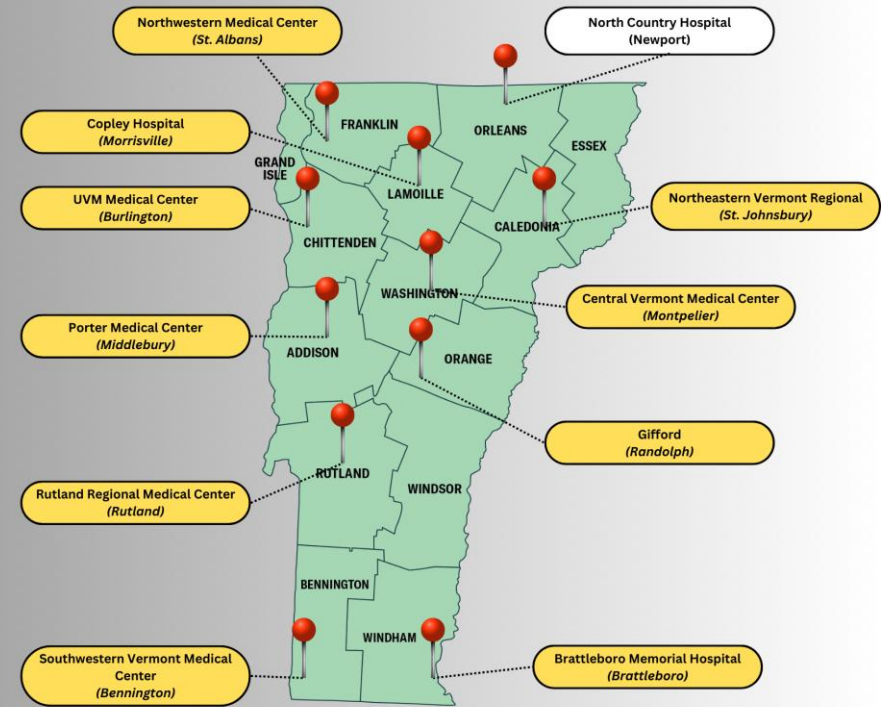
October 2024-January 2025

10 out of 11 Health Districts have
clinics serving perinatal people

16 clinics were
identified throughout
Vermont

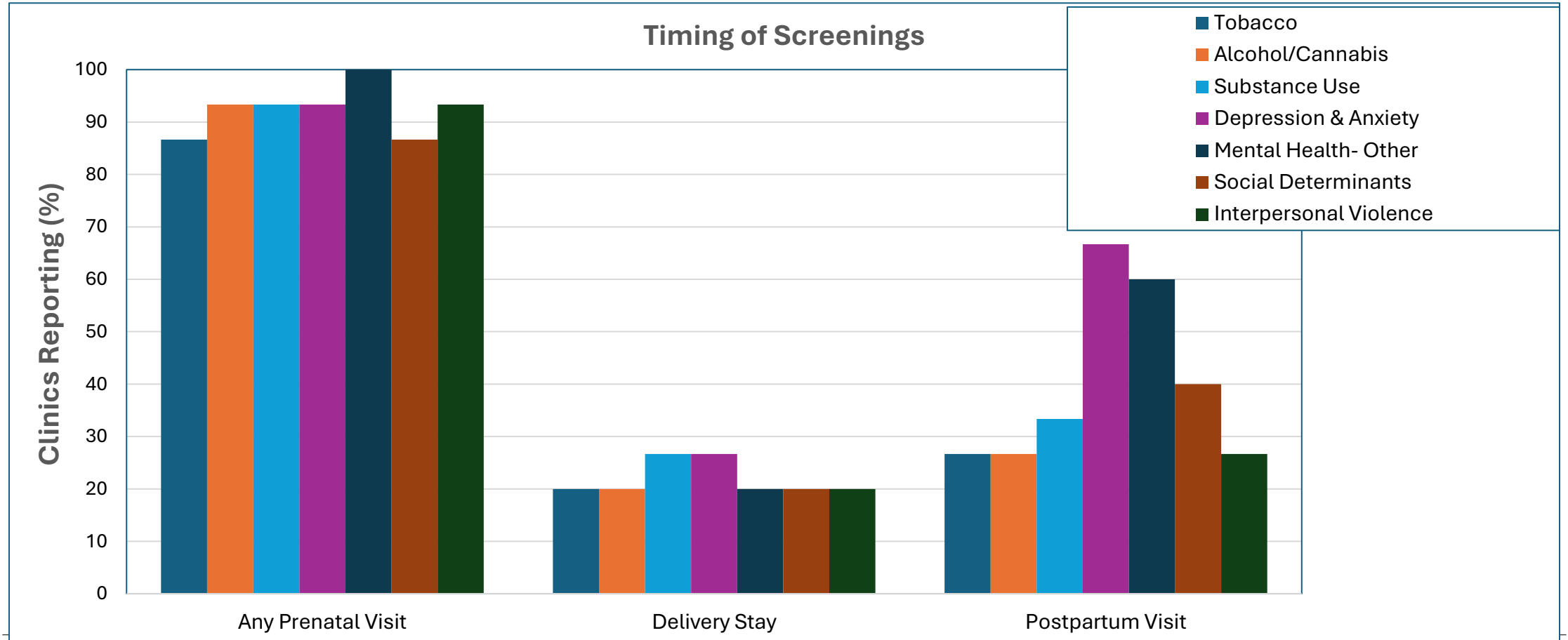
13 Responded
~ 81%

VT AIM Hospitals



Screening: Clinic Assessment Data

100% of
practices report
screening
perinatal
patients



Screening: Clinic Assessment Data

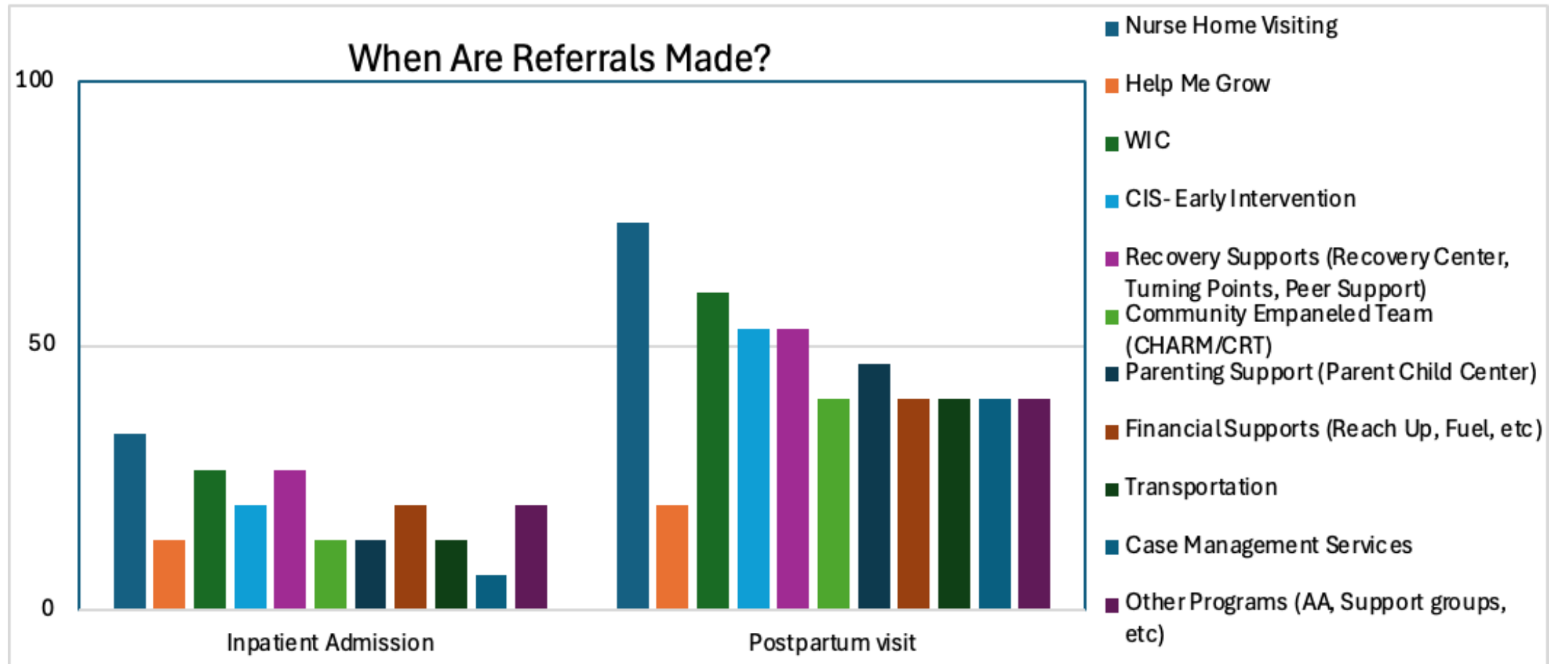
First Prenatal Appointment

<u>Screening Topic</u>	<u>Percentage</u>
Tobacco	84.6
Alcohol	92.3
Cannabis	92.3
SUD	92.3
Mental Health- Depression	92.3
Mental Health- Anxiety	92.3
Mental Health- Other	100.0
SDoH	92.3
Interpersonal Violence	100.0

Postpartum – OB Clinic

<u>Screening Topic</u>	<u>Percentage</u>
Tobacco	23.1
Alcohol	23.1
Cannabis	23.1
SUD	30.8
Mental Health- Depression	61.5
Mental Health- Anxiety	61.5
Mental Health- Other	53.8
SDoH	38.5
Interpersonal Violence	23.1

Referrals: Clinic Assessment Data



Referrals: Clinic Assessment Data

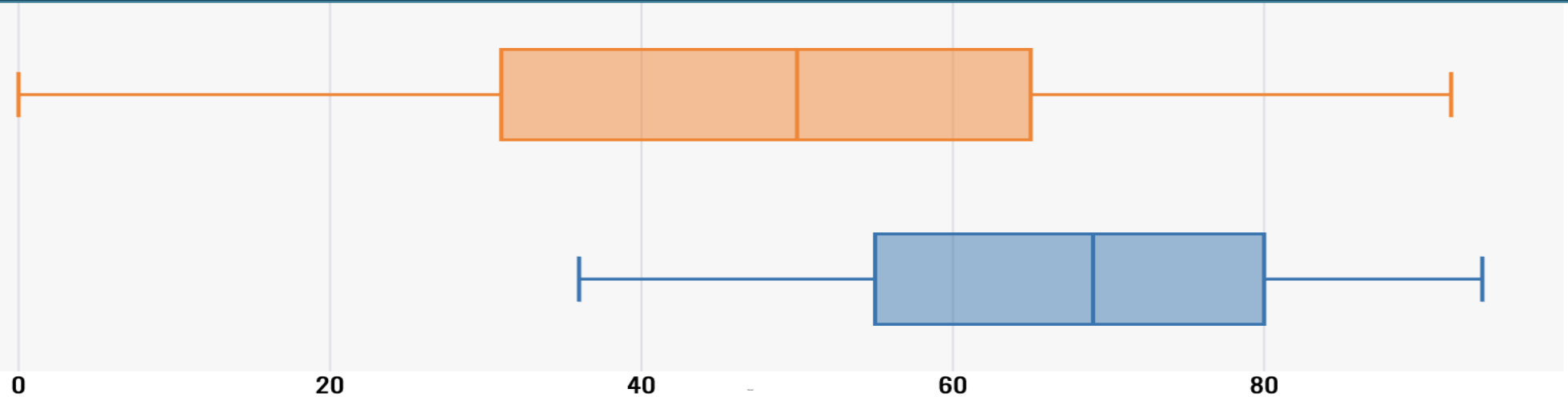
How Are Referrals Made?



Clinic Assessment Data

Does your current referral feedback system work?

Does your current referral system work?



Barriers to effective referral systems:

- Not all referrals are listed in the same place
- Not integrated into EMR
- Hard to tell if referral was successful
- Referral process paperwork is cumbersome



Areas of Focus -

Screening & Testing -

- NIDA & Screening tools
- Biochem testing (adult & newborn)
- Related infectious dx testing recommendations
- Referral Pathways
- Resource Mapping
- Prenatal Care Checklist

Community linkages & Referrals:

- Prenatal HMG referral
 - Family Care Plan (POSC)
 - Assessments completed by HH
- Feedback loops
- Each OB Practice/Hospital having a template that refers to local resources

Protocols/Guidelines -

- Prenatal
- Hospital
- Postpartum
- Reporting to DCF
- Naloxone Distribution

Patient Education –

- Why MOUD treatment?
- Family Care Plan
- What to Expect at Delivery
- DCF Reporting
- Universal Postpartum Naloxone Distribution

Health Care Provider Education -

- Prenatal checklist, Naloxone Rx
- Delivery planning
- Inpatient period: pain management, initiation of MOUD for active use, PP follow up care planning, nicotine replacement
- Family Care Plan
- DCF Reporting
- Stigma & Bias
- Trauma-informed Care
- Informed Consent

AIM Resources

- Upcoming Webinar: June 11th
 - The Inpatient Setting: Substance Use Treatment, Supportive Protocols, and Care of the Newborn
- All webinars are recorded and available
- Fall Webinar Schedule Coming Soon