

TRANSFORMING CARE TO SAVE MOTHERS FROM OVERDOSE DEATH

Hospital teams across Illinois implement new protocols to improve pregnancy outcomes, reduce maternal deaths related to opioid use disorder, and support women achieving recovery

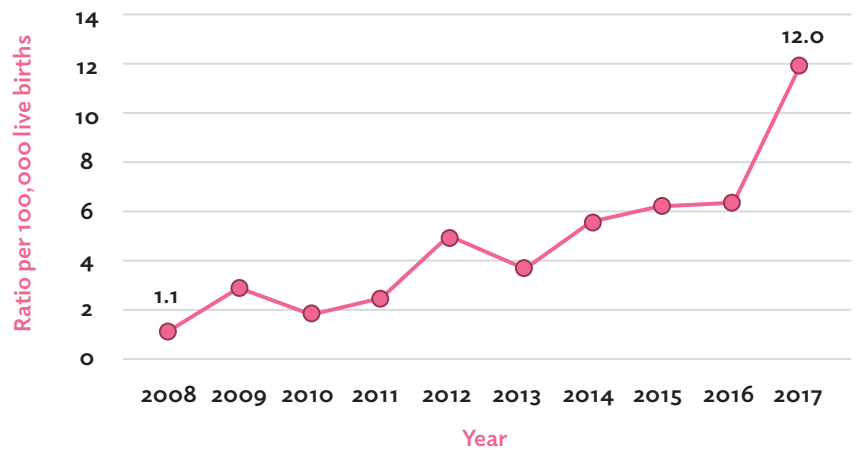


The Problem

Overdose is now the leading cause of maternal death in Illinois. Between 2008 and 2017, pregnancy-associated deaths from opioid poisoning increased tenfold.

SOURCE: Data Snapshot: Opioid Poisoning Deaths among Illinois Women of Reproductive Age, Illinois Department of Public Health Office of Women's Health and Family Services, March 2019

Pregnancy-Associated Death Ratio from Opioid Poisoning, Illinois Residents, Illinois Death Certificates, 2008-2017



Opioid use disorder (OUD) is a life-threatening chronic medical condition with life-saving treatment available.

Illinois Perinatal Quality Collaborative: Making Change Happen

Working with hospital-based teams, the Illinois Perinatal Quality Initiative (ILPQC) in 2018 launched a statewide obstetric initiative to implement American College of Obstetricians and Gynecologists and the Alliance for Innovation on Maternal Health guidelines. ILPQC worked with hospital teams to implement system changes such as implementation of screening, treatment algorithms, checklists and local resource mapping, as well as clinical culture change using OB provider education, debriefs of OUD cases to identify missed opportunities to improve

care, and regular data review to reduce risk and improve outcomes for every pregnant or postpartum woman with OUD.

More than 100 hospitals across the state are working to implement systems and clinical culture changes to:




- ▶ Screen every pregnant patient for OUD with a validated screening tool
- ▶ Assess readiness for and starting Medication-Assisted Treatment (MAT) and linking to Recovery Treatment Programs
- ▶ Complete an OUD Clinical Care Checklist, which includes providing Naloxone (Narcan) counseling and prescription
- ▶ Reduce stigma and bias across the clinical team
- ▶ Empower mothers through education to use non-pharmacological care for their newborns exposed to opioids.

Mothers And Newborns Affected By Opioids: Aims, Measures, And Achievements

Participating hospitals will increase screening and treatment of pregnant/postpartum women with OUD:	Baseline 2017	Current Status August 2019	Goal by May 2020
screened with a universal validated screener prenatally	5%	17%	≥80%
screened with a universal screener during delivery admission	3%	70%	≥80%
receiving MAT prenatally or by delivery discharge	41%	63%	≥70%
connected to Behavioral Health Counseling/Recovery Treatment Services prenatally or by delivery discharge	47%	76%	≥70%
receiving Narcan counseling, hepatitis C screening, contraception counseling, behavioral health and social work (BH/SW) consult prenatally or by delivery discharge	Narcan: 2% Contraception: 48% Hepatitis C: 39% BH/SW Consult: 65%	Narcan: 21% Contraception: 51% Hepatitis C: 58% BH/SW Consult: 84%	≥70%
receiving pediatric or neonatal consult on Neonatal Abstinence Syndrome (NAS) and role in newborn care prenatally or by delivery discharge	42%	61%	≥70%
receiving OUD/NAS education prenatally or by delivery discharge	16%	46%	≥70%

Linking pregnant/postpartum women with OUD to life-saving MAT reduces overdose deaths for moms, improves pregnancy outcomes and increases the number of women who can parent their newborn.

Key Successes so Far

-  **Increased** the number of women with OUD connected to MAT prenatally or by delivery discharge from **41% to 63%** and behavioral health recovery services from **47% to 76%**.
-  **Increased** the proportion of all pregnant women screened for substance use disorder with a universal validated screener during delivery admission from **3% to 70%**.
-  **Increased** the proportion of women with OUD receiving Narcan counseling and prescription offer prenatally or by delivery discharge from **0% to 20%**.

Get Involved

Check out ILPQC.org to learn more about the collaborative and identify opportunities to get involved.

The Illinois Perinatal Quality Collaborative (ILPQC) is a statewide network of perinatal clinicians, nurses, hospitals, patients, public health leaders and policymakers that aims to improve outcomes for mothers and babies across Illinois.

Thank you to our sponsors: Centers for Disease Control and Prevention, Illinois Department of Public Health, Illinois Department of Human Services, J.B. and M.K. Pritzker Family Foundation, Alliance for Innovation on Maternal Health.

