



69 West Washington Street, Suite 3500 • Chicago, Illinois 60602-3027 • www.dph.illinois.gov

March 22, 2018

Re: Statewide Perinatal Quality Improvement Initiatives for 2018-2019 led by ILPQC:

- **Mothers and Newborns affected by Opioids (MNO)**
- **Immediate Postpartum Long Acting Reversible Contraception (IPLARC)**

Dear Hospital Administrator:

We have two important new statewide quality initiatives selected by the Illinois Department of Public Health (IDPH) Statewide Quality Council and Perinatal Advisory Committee for 2018-2019 that we would like to bring to your attention. The initiatives, which will be led by the Illinois Perinatal Quality Collaborative (ILPQC) are: (1) the Mothers and Newborns affected by Opioids (MNO) initiative and (2) the Immediate Postpartum Long Acting Reversible Contraception (IPLARC) initiative.

As with any of our quality initiatives, we know that we cannot achieve lasting results without your active partnership. Attached you will find details on these initiatives, and what we need from your hospitals. We hope that you will join us on these efforts. We know that if we work together we will bring about improvement in quality outcomes for both moms and babies.

Should you have any questions on these initiatives, or on anything related to perinatal quality outcomes, please feel free to reach out to either of us. We look forward to your partnership.

Very truly yours,

Nirav D. Shah

Nirav D. Shah, MD, JD
Director
Illinois Department of Public Health

Ann Borders

Ann Borders, MD, MSc, MPH
Executive Director
Illinois Perinatal Quality Collaborative

1. ILPQC Mothers and Newborns affected by Opioids (MNO) Initiative

Opioid use in pregnancy has increased drastically in recent years as the result of clinician-approved use of prescription opioids, abuse of prescription opioids, and illicit use, resulting in a significant increase in maternal morbidity and mortality. The rise in opioid use in pregnancy has also led to a significant increase in Neonatal Abstinence Syndrome (NAS), a drug withdrawal syndrome in newborns that includes nervous system irritability, severe feeding difficulties, poor weight gain, and possibly seizures. Significant increase in NAS admissions have been seen across the United States and in Illinois a percent increase of 53% from 2011 to 2016 has been reported. In addition, maternal overdose is now a prominent contributor to maternal morbidity and mortality during pregnancy and in the first year postpartum. Improving health outcomes for mothers and newborns affected by opioids can be achieved by screening pregnant women for opioid use disorder (OUD), linking them to medication assisted therapy (MAT) and support services, and engaging mothers in non-pharmacologic care of their newborn. This care includes “rooming-in” throughout the entire infant hospitalization, active maternal participation, and improved breastfeeding strategies for newborns with NAS, in an effort to decrease pharmacological therapy in substance exposed neonates. The Alliance for Innovation on Maternal Health (AIM) and the Council on Patient Safety in Women’s Health Care representing 18 professional societies recently released an Obstetric Care for Women with Opioid Use Disorder Patient Safety Bundle to facilitate quality improvement in hospitals nationwide.

With support from IDPH, the NAS Advisory Committee, the Regionalized Perinatal Health Program and other stakeholders, ILPQC will implement a statewide initiative for obstetric and neonatal teams across all Illinois birthing/newborn hospitals to improve the quality of care provided to Mothers and Newborns affected by Opioids (MNO). The goal of the initiative is to (1) prevent opioid use disorder (OUD) through a systems-based approach to reduce the number of opioids prescribed for routine deliveries, increase documentation of PMP look up by providers prior to prescribing opioids, as well as provide education on OUD prevention and stigma reduction for providers, staff and pregnant women, (2) increase validated screening and linkage to MAT for mothers with opioid use disorder through implementation of validated screening tools in inpatient and outpatient settings, systematic mapping of available local resources to link pregnant and postpartum women to MAT and needed support services, as well as protocols for management of women who screen positive, and (3) optimize care for mothers and newborns affected by opioids. This will include prenatal, intrapartum, and postpartum checklists and protocols to optimize clinical care and support services provided for mothers with OUD. For substance-exposed infants, the initiative will attempt to optimize the provision of non-pharmacological care in order to reduce the amount of opiates given to newborns who experience NAS, and will facilitate a safe discharge plan for the infant. The initiative will work closely with AIM and leaders in obstetrics, neonatology/pediatrics, and addiction medicine to provide hospital teams with obstetric and newborn toolkits. The initiative began in January 2018 with approximately 30 Wave 1 hospitals with representation across statewide perinatal regions and perinatal levels. The MNO initiative will expand to all participating Illinois hospitals with an April 2018 launch webinar, followed by a kick-off collaborative face-to-face meeting and monthly collaborative webinars for all hospital teams. ILPQC will also provide QI support, and real-time data reports so that hospital teams can

track progress across time and compare their progress to hospitals across Illinois to help drive quality improvement efforts.

2. ILPQC Immediate Postpartum Long Acting Reversible Contraception Initiative (IPLARC)

The goal of the IPLARC Initiative is to improve women's access to highly effective contraception options after delivery and to reduce barriers women commonly face to access Long Acting Reversible Contraception (LARC) by providing LARC post-delivery in the hospital prior to discharge in eligible hospitals across Illinois. Unplanned pregnancies and short interpregnancy intervals are associated with a higher rate of poor maternal and infant outcomes including preterm birth and low birth weight. LARC is the most effective of contraceptive options, and includes contraceptive implants and intrauterine devices (IUDs). LARC is safe, cost effective, and can be removed any time with restored fertility. When presented with contraceptive options, women most often choose LARC and report high satisfaction. The immediate postpartum period has several potential benefits for implant insertion or IUD placement given that 40 to 60% of women have intercourse without contraception prior to the six week postpartum visit and fewer than half of women return to the doctor for their six week postpartum visit limiting access to effective contraception and increasing the risk of short-interval pregnancy.

This initiative will support all birthing hospitals that can provide contraception at the hospital level to implement best practice IPLARC protocols to increase access to IPLARC for women who choose it prior to delivery discharge, to increase provider education on IPLARC placement and counseling, and to help hospitals implement standardized prenatal education for patients on postpartum contraception options including IPLARC. The American College of Obstetricians and Gynecologists (ACOG), the American College of Nurse-Midwives, the Society for Maternal-Fetal Medicine, The American Academy of Family Physicians and the Association of Women's Health, Obstetric and Neonatal Nurses and other professional associations support hospitals providing access to IPLARC during the delivery admission. South Carolina, Colorado, and other states have successfully increased access to IPLARC through statewide perinatal quality collaborative work.

ILPQC with support from IDPH, the Regionalized Perinatal Health Program and other stakeholders, will implement a statewide Immediate Postpartum Long Acting Reversible Contraceptive Initiative (IPLARC). The goal of the initiative is to empower women with information and improved access to effective contraception before discharge home after delivery to improve women's control over timing of future pregnancies, and in doing so reduce short interval and unintended pregnancies linked with adverse maternal and child health outcomes. The initiative will work closely with an expert panel of leaders in obstetrics and family planning to provide hospitals with a toolkit with resources to facilitate systems changes in the obstetric care process flow, implement IPLARC protocol, stock LARC in the pharmacy, simplify IPLARC billing, educate providers on counseling and placement, and educate patients on contraceptive options. The initiative will start in April 2018 with approximately 15 to 20 Wave 1 hospital teams with representation across statewide perinatal regions and perinatal levels with a launch webinar, a joint kick-off collaborative face-to-face meeting in May, and monthly collaborative webinars for participating hospital teams. ILPQC will provide QI support to implement IPLARC and real-time data reports to allow teams to track progress across time and compare their progress to hospitals

across Illinois to help drive quality improvement efforts. The IPLARC will expand to all participating Illinois hospitals in late 2018/early 2019 with the initial Wave I hospitals providing support and mentorship.

3. Next Steps

ILPQC, with support from IDPH, the Regional Perinatal Network and other stakeholders, will provide opportunities for collaborative learning, rapid-response data reports, and QI support to teams participating in the statewide quality improvement initiatives for 2018-2019. We ask that you support the development of quality improvement (QI) teams at your hospitals to participate in both the MNO and IPLARC initiatives.

ILPQC Mothers and Newborns affected by Opioids Initiative (MNO):

1. Both obstetric and neonatal teams will participate collaboratively in the MNO initiative.
2. Wave 1 MNO teams have already started working together to test MNO data collection strategies. **The remainder of Illinois birthing hospitals will be invited to submit their QI team rosters (names and contact information of physicians, nurses, and other key personnel who will lead the initiative at your hospital) by April 16, 2018.**
3. All hospital teams should plan to participate in the kick-off webinar on April 23, 2018 and the kick-off face-to-face obstetrical and neonatal meetings in Springfield on May 30-31, 2018.

ILPQC Immediate Postpartum Long Acting Reversible Contraception Initiative (IPLARC):

1. Obstetric teams will participate from all hospitals that can provide contraceptive services.
2. **Wave 1 IPLARC teams will start working together in April 2018** to test IPLARC data collection strategies and then work collaboratively to implement the IPLARC toolkit. **Hospital teams interested in Wave 1 should submit QI team roster by May 15, 2018.**
3. **The remainder of eligible Illinois birthing hospitals that do not participate in Wave 1 IPLARC will be invited participate in Wave 2 in late 2018/early 2019.**
4. All hospital teams should plan to participate in the kick-off face-to-face meeting in Springfield on May 30, 2018.

Additional information regarding the specific requirements of these projects will be provided under separate cover from ILPQC. Should you have any questions, please feel free to contact us.

Enclosures:

1. ACOG Committee Opinion: Opioid Use and Opioid Use Disorder in Pregnancy, Number 711, August 2017: <https://www.acog.org/-/media/Committee-Opinions/Committee-on-Obstetric-Practice/co670.pdf?dmc=1&ts=20180207T1648031454>
2. ACOG Committee Opinion: Immediate Postpartum Long-Acting Reversible Contraception, Number 670, August 2016: <https://www.acog.org/Clinical-Guidance-and-Publications/Committee-Opinions/Committee-on-Obstetric-Practice/Immediate-Postpartum-Long-Acting-Reversible-Contraception>
3. AIM Obstetric Care for Women with Opioid Use Disorder Patient Safety Bundle: <http://safehealthcareforeverywoman.org/patient-safety-bundles/obstetric-care-for-women-with-opioid-use-disorder/>