

# 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*

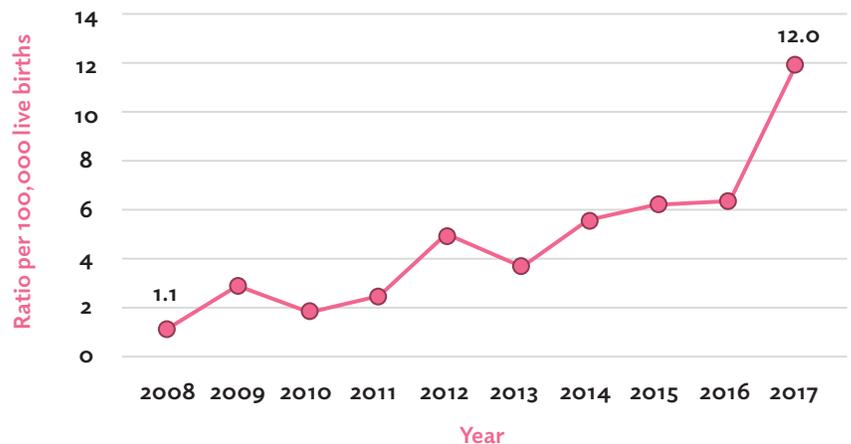


## The Problem

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**



*In Illinois between 2016-17, 40% of pregnancy-related deaths were related to mental health conditions including substance use disorder (Illinois Maternal Morbidity and Mortality Report, IDPH (April 2021).*

## Mothers and Newborns affected By Opioids (MNO-OB): 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, facilitate warm handoffs
- ▶ 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	December 2020 Status	December 2020 Goal
screened with a universal validated screener prenatally	5%	50%	≥50%
screened with a universal screener during delivery admission	3%	89%	≥80%
receiving MAT prenatally or by delivery discharge	41%	78%	≥70%
connected to Behavioral Health Counseling/ Recovery Treatment Services prenatally or by delivery discharge	47%	70%	≥70%
receiving Narcan counseling	<b>Narcan: 2%</b>	<b>Narcan: 45%</b>	≥60%

## MNO-OB Sustainability

MNO-OB teams transitioned to active sustainability in January 2021. Sustainability consists of hospital teams completing a plan with strategies for sustaining optimal OUD care for all patients (1) compliance monitoring of monthly QI data; (2) implementing new hire and continuing education on OUD, NAS, and respectful care; and (3) maintenance of system changes to support optimal OUD care such as: MNO folders, huddles, missed opportunity reviews and updates to MAT &

*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.*

## MNO-OB Initiative Successes

By December 2020, increased the number of pregnant patients with OUD connected to MAT prenatally or by delivery discharge from 41% to 76% and behavioral health recovery services from 47% to 70%. By the end of the initiative, decreased the disparity in connecting patients to MAT, with the greatest achievement seen among non-Hispanic Black birthing persons.

Increased the proportion of all pregnant women screened for substance use disorder with a universal validated screener during delivery admission from 3% to 88%.

Increased the proportion of women with OUD receiving Narcan counseling and prescription offer prenatally or by delivery discharge from 0% to 45%.

## Get Involved

Check out [ILPQC.org](http://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, community stakeholders, and public health leaders that aims to equitably improve outcomes and reduce disparities 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, Alliance for Innovation on Maternal Health.

