



ALLIANCE FOR INNOVATION
ON MATERNAL HEALTH



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

Core Data Collection Plan
Version 2.0 January 2024



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

Core Data Collection Plan

Measurement Statement: For the purposes of quality improvement measurement and standardized data collection and reporting, AIM includes the following substances as part of its definition of SUD: opioids, amphetamines/stimulants, sedatives, and cocaine. A list of ICD-10 codes is at the end of this document.

State Surveillance Measures

Metric	Name	Description	Notes
SUD SS1	Substance Use Disorders (SUDs) among Pregnant and Postpartum People	<p>Report N/D for each submeasure Disaggregate by race and ethnicity, payor</p> <p>SUD SS1A Denominator: All qualifying pregnant and postpartum people during their birth admission</p> <p>Numerator: Among the denominator, those with any a diagnosis of substance use disorder</p> <p>SUD SS1B Denominator: All qualifying pregnant and postpartum people during their birth admission</p> <p>Numerator: Among the denominator, those with a diagnosis of opioid use disorder</p>	Use the Severe Maternal Morbidity denominator criteria, to calculate the denominator for this measure.

Metric	Name	Description	Notes
SUD SS2	Severe Maternal Morbidity among People with SUDs (excluding transfusion codes alone)	<p>Report N/D for each submeasure <i>Disaggregate by race and ethnicity, payor</i></p> <p>SUD SS2A Denominator: All qualifying pregnant and postpartum people during their birth admission with substance use disorder</p> <p>Numerator: Among the denominator, those who experienced severe maternal morbidity, excluding those who experienced transfusion alone</p> <p>SUS SS2B Denominator: All qualifying pregnant and postpartum people during their birth admission with opioid use disorder (OUD)</p> <p>Numerator: Among the denominator, those who experienced severe maternal morbidity, excluding those who experienced transfusion alone</p>	
SUD SS3	Proportion of Pregnancy-Associated Deaths Due to Overdose	<p>Report N/D <i>Disaggregate by race and ethnicity, payor</i></p> <p>Denominator: Total pregnancy-associated deaths</p> <p>Numerator: Among the denominator, pregnancy-associated deaths due to overdose</p>	

Outcome Measures

Metric	Name	Description	Notes
SUD O1	Percent of Newborns Exposed to Substances in Utero Who Were Discharged to Either Birth Parent	<p>Report N/D <i>Disaggregate by race and ethnicity, payor</i></p> <p>Denominator: Newborns exposed to substances in utero</p> <p>Numerator: Among the denominator, those who were discharged to either birth parent</p>	This outcome may also be interpreted as a balancing measure.
SUD O2	Percent of Pregnant and Postpartum People with OUD who Received or Were Referred to Medication for Opioid Use Disorder (MOUD)	<p>Report N/D <i>Disaggregate by race and ethnicity, payor</i></p> <p>Denominator: Pregnant and postpartum people with a diagnosis of opioid use disorder</p> <p>Numerator: Among the denominator, those with documentation of having received or been referred to MOUD prior to discharge from their birth admission</p> <p>Refer to SUD P3 for complementary measure.</p>	<p>Include in the numerator:</p> <ul style="list-style-type: none"> • Those who received MOUD at any point during their pregnancy, regardless of current use • Those who did not receive MOUD during pregnancy but were referred to MOUD prior to discharge from birth hospitalization

Metric	Name	Description	Notes
SUD O3	Percent of Pregnant and Postpartum People with SUD who Received or Were Referred to Recovery Treatment Services	<p>Report N/D <i>Disaggregate by race and ethnicity, payor</i></p> <p>Denominator: Pregnant and postpartum people with a diagnosis of substance use disorder, including opioid use disorder</p> <p>Numerator: Among the denominator, those with documentation of having received or been referred to recovery treatment services prior to discharge from their birth admission.</p>	<p>Include in the numerator:</p> <ul style="list-style-type: none"> • Those who received recovery treatment services at any point during their pregnancy, regardless of current utilization • Those who did not receive recovery treatment services during pregnancy but were referred to them prior to discharge from birth hospitalization <p>Recovery treatment services include:</p> <ul style="list-style-type: none"> • Residential treatment or inpatient recovery programs • Outpatient treatment • Behavioral health counseling • Peer support counseling, such as a 12-step program • Methadone treatment program
SUD O4	Percent of Pregnant and Postpartum People with SUD who Received or Were Prescribed Naloxone Prior to Delivery Discharge	<p>Report N/D <i>Disaggregate by race and ethnicity, payor</i></p> <p>Denominator: Pregnant and postpartum people with a diagnosis of substance use disorder</p> <p>Numerator: Among the denominator, those with documentation of having received or been prescribed Naloxone prior to discharge from their birth admission</p>	<p>This outcome may also be interpreted as a balancing measure.</p>

Process Measures

Metric	Name	Description	Notes
ALL P1- Version 2*	Provider and Nursing Education – Respectful and Equitable Care	<p>Report estimate in 10% increments. (Round up)</p> <p>At the end of this reporting period, what cumulative proportion of OB clinicians[†] has received in the last 2 years education on respectful and equitable care?</p>	<p>[†]The overarching intention of this measure is to capture all clinicians who work in a primarily inpatient OB service line or on an L&D, Antepartum, Postpartum unit. These clinicians will likely be interdisciplinary and could be inclusive of, but not limited to, nurses and nurse managers, advance practice nurses, nurse midwives, physician associates, and Family Medicine physicians or other specialties with delivering privileges at your institution.</p>
SUD P1	Provider and Nursing Education – Substance Use Disorders	<p>Report estimate in 10% increments (Round up)</p> <p>At the end of this reporting period, what cumulative proportion of OB clinicians[†] has received in the last 2 years education on care for pregnant and postpartum people with substance use disorders?</p>	<p>[†]The overarching intention of this measure is to capture all clinicians who work in a primarily inpatient OB service line or on an L&D, Antepartum, Postpartum unit. These clinicians will likely be interdisciplinary and could be inclusive of, but not limited to, nurses and nurse managers, advance practice nurses, nurse midwives, physician associates, and Family Medicine physicians or other specialties with delivering privileges at your institution.</p>

* This measure appears in other patient safety bundle data collection plans and are also referred to as multi-bundle measures. For the purposes of collecting data and reporting to the AIM Data Center, please collect and report this measure once per reporting period, regardless of the number of times they appear across data collection plans.

Metric	Name	Description	Notes
SUD P2	Percent of Pregnant and Postpartum People Screened for SUDs	<p>Sample patient charts or report for all patients;</p> <p>Report N/D <i>Disaggregate by race and ethnicity, payor</i></p> <p>Denominator: Pregnant and postpartum people during their birth admission</p> <p>Numerator: Among the denominator, those with documentation of having been screened for substance use disorder using a validated verbal screening tool during their birth admission</p>	For sampling guidance, please refer to the AIM Sampling Workbook .
SUD P3	Percent of Pregnant and Postpartum People with OUD who Were Counseled on Medication for Opioid Use Disorder (MOUD)	<p>Report N/D <i>Disaggregate by race and ethnicity, payor</i></p> <p>Denominator: Pregnant and postpartum people with a diagnosis of opioid use disorder during their birth admission</p> <p>Numerator: Among the denominator, those with documentation of counseling for MOUD prenatally or during their birth admission</p> <p><i>Refer to SUD O2 for complementary measure</i></p>	

Metric	Name	Description	Notes
SUD P4	Percent of Pregnant and Postpartum People with SUD who Were Counseled on Recovery Treatment Services	<p>Report N/D Disaggregate by race and ethnicity, payor</p> <p>Denominator: Pregnant and postpartum people with a diagnosis of substance use disorder, including opioid use disorder during their birth admission</p> <p>Numerator: Among the denominator, those with documentation of counseling for recovery treatment services prenatally or during their birth admission</p> <p><i>Refer to SUD 03 for complementary measure</i></p>	<p>Recovery treatment services include:</p> <ul style="list-style-type: none"> • Residential treatment or inpatient recovery programs • Outpatient treatment • Behavioral health counseling • Peer support counseling, such as a 12-step program • Methadone treatment program
SUD P5	Percent of Pregnant and Postpartum People with SUDs who Received Naloxone Counseling	<p>Report N/D Disaggregate by race and ethnicity, payor</p> <p>Denominator: All pregnant and postpartum people during their birth admission with a diagnosis of substance use disorder</p> <p>Numerator: Among the denominator, those with documentation of counseling for Naloxone prenatally or during their birth admission</p> <p><i>Refer to SUD 04 for complementary measure</i></p>	

Structure Measures

Metric	Name	Description	Notes
ALL S1*	Patient Event Debriefs	<p>Rate progress (1, not yet started – 5, fully in place) towards putting and keeping the structure measure fully in place.</p> <p>Has your department established a standardized process to conduct debriefs with patients after a severe event?</p>	<ul style="list-style-type: none"> • Include patient support networks during patient event debriefs, as requested. • Severe events may include <u>the The Joint Commission sentinel event definition</u>, severe maternal morbidity, or fetal death. • This measure is not intended to represent a disclosure conversation but rather reflects a standard part of care that is a discussion between the patient and their care team
ALL S7*	Resource Mapping/ Identification of Community Resources	<p>Rate progress (1, not yet started – 5, fully in place) towards putting and keeping the structure measure fully in place.</p> <p>Has your hospital created a comprehensive list of community resources, customized to include resources relevant for pregnant and postpartum people, that will be shared with all postpartum inpatient nursing units and outpatient OB sites?</p>	<ul style="list-style-type: none"> • Resource list should be updated annually. • Resource list should include OUD/SUD treatment resources as well as mental health resources and allow for customization based on patient population (e.g., BIPOC).

* This measure appears in other patient safety bundle data collection plans and are also referred to as multi-bundle measures. For the purposes of collecting data and reporting to the AIM Data Center, please collect and report this measure once per reporting period, regardless of the number of times they appear across data collection plans.

Metric	Name	Description	Notes
SUD S1	General Pain Management Guidelines	<p>Rate progress (1, not yet started – 5, fully in place) towards putting and keeping the structure measure fully in place.</p> <p>Has your hospital implemented post-delivery and discharge pain management prescribing guidelines for routine vaginal and cesarean births focused on limiting opioid prescriptions?</p>	
SUD S2	OUD Pain Management Guidelines	<p>Rate progress (1, not yet started – 5, fully in place) towards putting and keeping the structure measure fully in place.</p> <p>Has your hospital implemented specific pain management and opioid prescribing guidelines for patients with a diagnosis of opioid use disorder?</p>	
SUD S3	Validated Verbal Screening Tools and Resources Shared with Prenatal Care Sites	<p>Rate progress (1, not yet started – 5, fully in place) towards putting and keeping the structure measure fully in place.</p> <p>Has your hospital shared with all its prenatal care sites validated verbal screening and follow up tools for diagnosis of opioid use and substance use disorders?</p>	Follow up tools include Screening, Brief Intervention and Referral to Treatment (SBIRT) resources.

AIM Data SUD Codes List

Substance	Definition
Opioids	F1110, F1111, F11120, F11121, F11122, F11129, F1114, F11150, F11151, F11159, F11181, F11182, F11188, F1119, F1120, F1121, F11220, F11221, F11222, F11229, F1123, F1124, F11250, F11251, F11259, F11281, F11282, F11288, F1129, F1190, F11920, F11921, F11922, F11929, F1193, F1194, F11950, F11951, F11959, F11981, F11982, F11988, F1199
Sedatives	F1310, F1311, F13120, F13121, F13129, F1314, F13150, F13151, F13159, F13180, F13181, F13182, F13188, F1319, F1320, F1321, F13220, F13221, F13229, F13230, F13231, F13232, F13239, F1324, F13250, F13251, F13259, F1326, F1327, F13280, F13281, F13282, F13288, F1329, F1390, F13920, F13921, F13929, F13930, F13931, F13932, F13939, F1394, F13950, F13951, F13959, F1396, F1397, F13980, F13981, F13982, F13988, F1399
Cocaine	F1410, F1411, F14120, F14121, F14122, F14129, F1414, F14150, F14151, F14159, F14180, F14181, F14182, F14188, F1419, F1420, F1421, F14220, F14221, F14222, F14229, F1423, F1424, F14250, F14251, F14259, F14280, F14281, F14282, F14288, F1429, F1490, F14920, F14921, F14922, F14929, F1494, F14950, F14951, F14959, F14980, F14981, F14982, F14988, F1499
Amphetamines/Stimulants	F1510, F1511, F15120, F15121, F15122, F15129, F1514, F15150, F15151, F15159, F15180, F15181, F15182, F15188, F1519, F1520, F1521, F15220, F15221, F15222, F15229, F1523, F1524, F15250, F15251, F15259, F15280, F15281, F15282, F15288, F1529, F1590, F15920, F15921, F15922, F15929, F1593, F1594, F15950, F15951, F15959, F15980, F15981, F15982, F15988, F1599

This document was developed with support by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award, UC4MC49476, totaling \$3,000,000 with 0% financed with non-governmental sources. 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. For more information, please visit [HRSA.gov](https://www.hrsa.gov)

© 2023 American College of Obstetricians and Gynecologists. Permission is hereby granted for duplication and distribution of this document, in its entirety and without modification, for solely non-commercial activities that are for educational, quality improvement, and patient safety purposes. All other uses require written permission from ACOG.