

Since 2016, the Indiana Perinatal Quality Improvement Collaborative (IPQIC) has implemented a Perinatal Substance Use practice bundle in over 70 of Indiana’s birthing hospitals. The practice bundle was developed by a multidisciplinary team of health care, mental health, individuals with lived experience, community organizations, and substance use professionals. The bundle was originally composed of five modules which included the following:

- Pregnant and Postpartum Patient Focus:
 - Discharge Planning for Postpartum Patient
- Newborn Exposed Prenatally to Substance Use
 - Pharmacologic care.
 - Non-pharmacologic care;
 - Transfer to Higher Level of Care; and
 - Newborn Discharge Planning; and

In 2020, all modules were reviewed and updated to ensure the most current information and resources were incorporated. An additional module was developed that focused on prenatal screening. This new module was designed to support the implementation of House Enrolled Act 1007 which requires health care providers who provide maternity health care services to use a validated and evidence based verbal screening tool to assess a substance use disorder in pregnancy. This is for all pregnant patients who are seen by the health care provider as early as possible at the onset of prenatal care and throughout the pregnancy, including during the first, second, and third trimester.

In 2021, the Alliance for Innovation on Maternal Health (AIM), a project of the American College of Obstetricians and Gynecologists (ACOG), released the *Care for Pregnant and Postpartum People with Substance Use Disorder Practice Bundle*. This new bundle follows the structure of all AIM bundles with the four Rs: Readiness, Recognition and Prevention, Response, and Reporting. A fifth R is added – Respectful, Equitable and Supportive Care.

Consistent with IPQIC’s commitment to support evidence-based practices, the new AIM bundle will be integrated with the existing pregnant and postpartum patient focused materials in the existing PSU practice bundle to create a comprehensive toolkit that addresses both prenatal/postpartum people as well as their newborns.

Pregnant and Postpartum Modules and Focus

A. Readiness

1. Provide education to pregnant and postpartum people related to substance use disorder (SUD), naloxone use, harm reduction strategies, and care of infants with in-utero substance exposure.
2. Develop trauma-informed protocols and anti-racist training to address health care team member biases and stigma related to SUDs.

3. Provide clinical and non-clinical staff education on optimal care for pregnant and postpartum people with SUD, including federal, state, and local notification guidelines for infants with in-utero substance exposure and comprehensive family care plan requirements.
4. Engage appropriate partners to assist pregnant and postpartum people and families in the development of family care plans, starting in the prenatal setting.*
5. Establish a multidisciplinary care team to provide coordinated clinical pathways for people experiencing SUDs.
6. Develop and maintain a set of referral resources and communication pathways between obstetric providers, community-based organizations, and state and public health agencies to enhance services and supports for pregnant and postpartum families for social determinants of health needs, behavioral health supports, and SUD treatment.

Note: The Readiness module and supporting materials can be found at:

<https://www.in.gov/health/mch/files/Module-One-Readiness-Final-links.pdf>

B. Recognition and Prevention

1. Screen all pregnant and postpartum people for SUDs using validated self-reported screening tools and methodologies during prenatal care and during the delivery admission.
2. Screen each pregnant and postpartum person for medical and behavioral health needs and provide linkage to community services and resources.
3. Screen for structural and social drivers of health that might impact clinical recommendations or treatment plans and provide linkage to resources.

Note: The Recognition and Prevention module and materials can be found at:

<https://www.in.gov/health/mch/files/Module-Two-Recognition-and-Prevention-Final-links.pdf>

C. Response

1. Assist pregnant and postpartum people with SUD to receive evidence-based, person-directed SUD treatment that is welcoming and inclusive in an intersectional manner and, discuss readiness to start treatment, as well as referral for treatment with warm hand-off and close follow-up.
2. Establish specific prenatal, intrapartum and postpartum care pathways that facilitate coordination among multiple providers during pregnancy and the year that follows.
3. Offer comprehensive reproductive life planning discussions and resources.

Note: The Response module and materials can be found at:

<https://www.in.gov/health/mch/files/Module-Three-Response-Final-links.pdf>

D. Reporting and System Learning

1. Identify and monitor data related to SUD treatment and care outcomes and process metrics for pregnant and postpartum people with disaggregation by race, ethnicity, and payor as able.
2. Convene inpatient and outpatient providers and community stakeholders, including those with lived experience in an ongoing way, to share successful strategies and identify opportunities to improve outcomes and system-level issues.

Note: The Reporting and System Learning module and materials are still in development.

E. Respectful, Equitable, and Supportive Care

1. Engage in open, transparent, and empathetic communication with the pregnant and postpartum people and their identified support person(s) to understand diagnosis, options, and treatment plans.
2. Integrate pregnant and postpartum persons as part of the multidisciplinary care team to establish trust and ensure informed, shared decision-making that incorporates the pregnant and postpartum person's values and goals.
3. Respect the pregnant and postpartum person's right of refusal in accordance with their values and goals.

Note: The Respectful, Equitable, and Supportive Care module and materials can be found at:

<https://www.in.gov/health/mch/files/Module-Five-Respectful,-Equitable,-and-Supportive-Care-Final-links.pdf>

Definitions:

- MAT: Medication Assisted Treatment
- MOUD: Medication for Opioid Use Disorder
- NAS: a constellation of clinical signs of withdrawal that may occur in neonates after in utero exposure to opioids and other substances.
- NOWS: a constellation of clinical signs of withdrawal that may occur in neonates after in utero exposure to opioids only. NOWS is a subset of NAS.
- Senate Bill 186: The statute applies to (i) a verbal screenings or questioning concerning drug or alcohol use, (ii) urine tests, and (iii) a blood tests provided to pregnant women. Without the patient's consent or a court order, health care professionals cannot release the results of such screenings to law enforcement agencies.
- SUD: Substance Use Disorder
- Trauma Informed Care (TIC): a whole-person approach to health care that acknowledges the impact of trauma on health and facilitates long-term engagement in care that is inherently patient-centered.