

Care for pregnant and postpartum people with substance use disorder



2025

Disclaimer

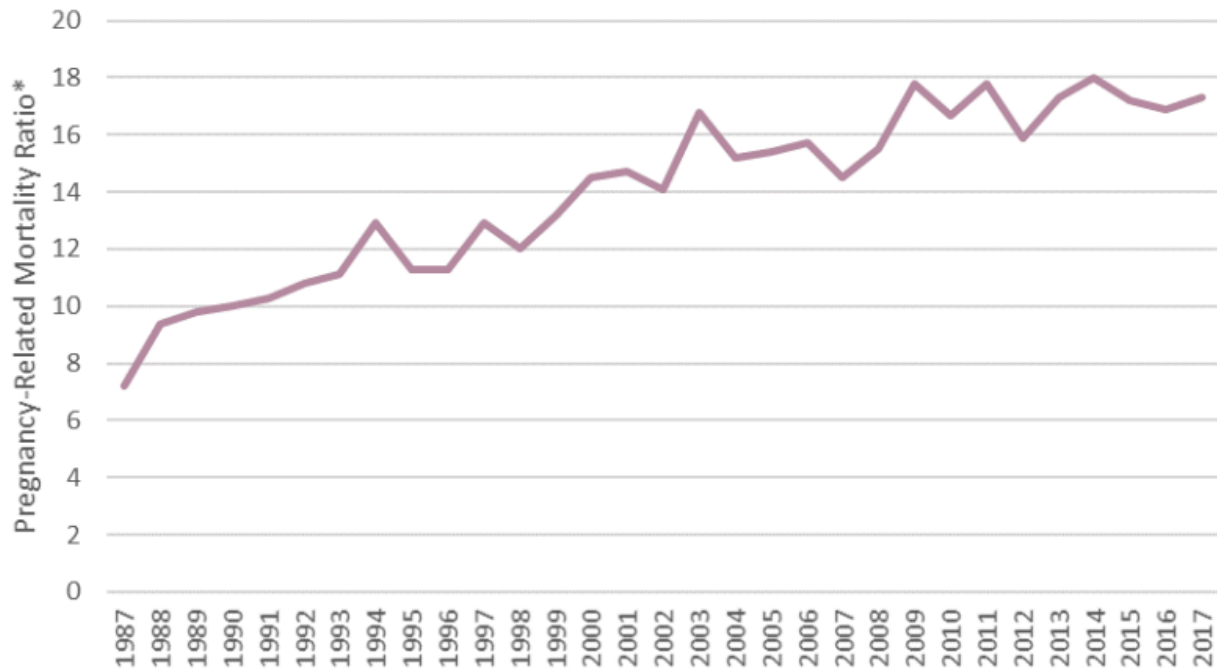
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No materials, advice, discussion, coaching or other information provided by AzHHA through this program creates a standard of care or treatment.

Nothing provided by AzHHA through this program is intended to be a substitute for professional medical advice, diagnosis or treatment.

Increase in pregnancy-related mortality in the U.S.

Trends in Pregnancy-Related Mortality in the United States: 1987-2017

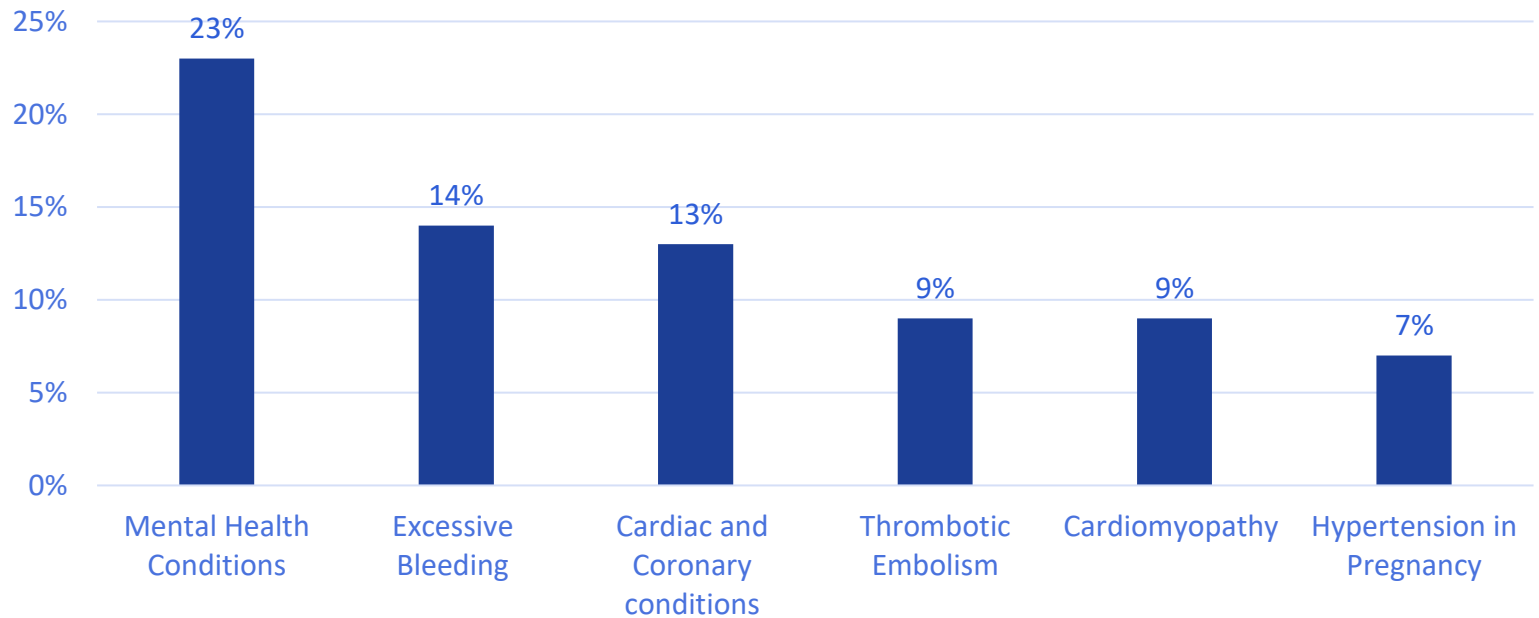


*Number of pregnancy-related deaths per 100,000 live births per year

Source: CDC, 2022

Leading cause of death in the U.S. 2017-2019

Pregnancy Related Deaths 2017-2019 in U.S.



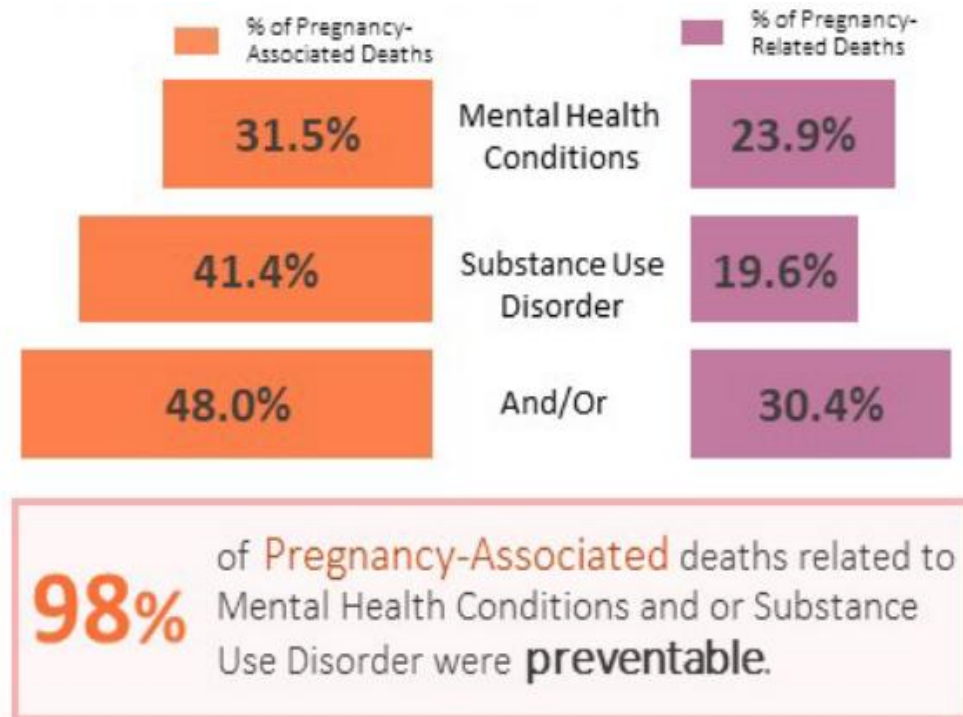
Source: CDC, 2022

Prevalence of perinatal mental health and substance use disorders

- Annually an estimated 500,000 pregnant women in the U.S. will experience a mental disorder either prior to or during pregnancy
- Untreated perinatal mental disorders may lead to harmful outcomes such as high-risk pregnancies.
- 75% of pregnant persons affected by mental health symptoms remain untreated.
- Substance misuse and dependence are also often undertreated, with only one-third receiving treatment with methadone and buprenorphine.
- Disparities in the screening and treatment of perinatal mental health conditions and substance use disorder exist by race and socioeconomic status.
- Effective pharmacologic and nonpharmacologic treatments exist that can be used safely during perinatal period.

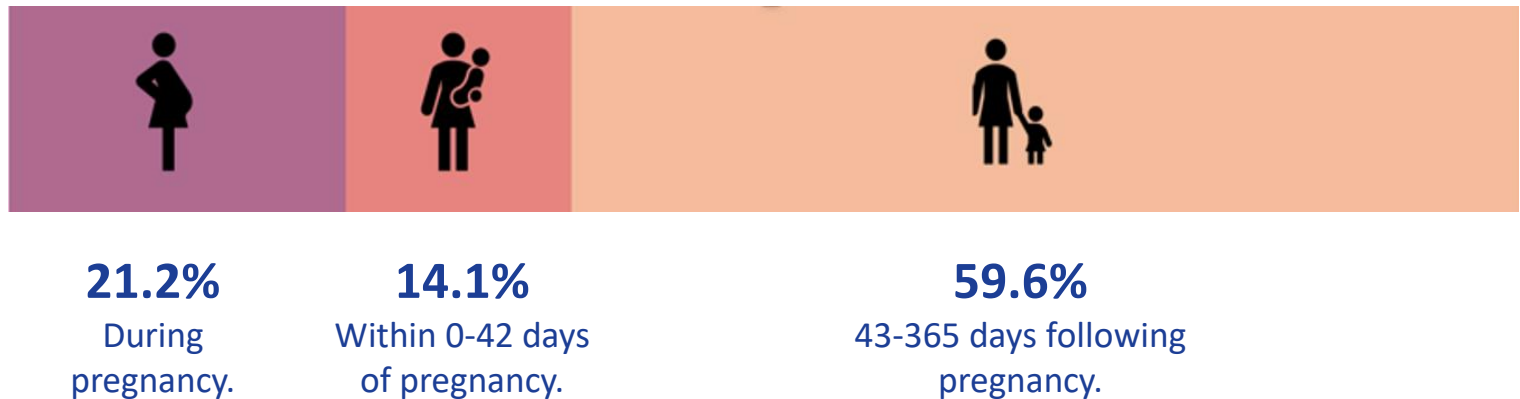
Source: AIM, 2024

Almost half of all pregnancy-associated deaths in Arizona were related to mental health conditions or substance use disorder



Source: ADHS, 2022

Almost two thirds of pregnancy associated deaths related to mental health conditions or substance use disorder occurred between 42 and 365 days postpartum.



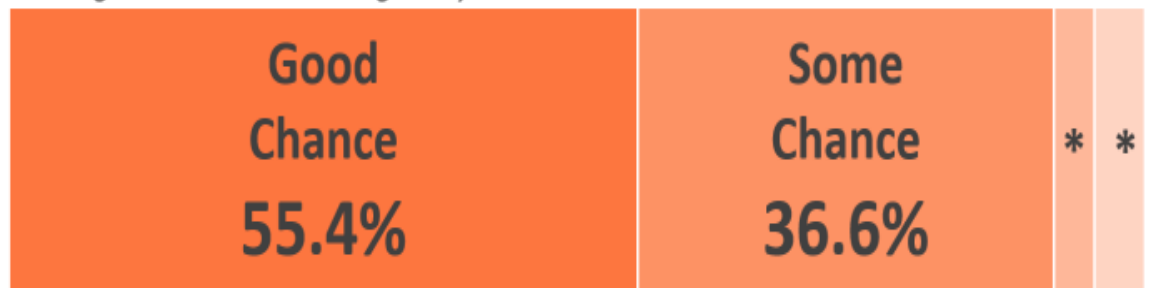
Source: ADHS, 2022

Preventability and chance to alter outcome of pregnancy-associated deaths

Among MMRC reviewed pregnancy-associated deaths in Arizona of women 15-49 years old, 2016-2017 (n=134).

83.6%
Of all
Pregnancy-Associated
Deaths were
Preventable

*Among All **Preventable** Pregnancy-Associated Deaths:*



* Suppressed value < 6

Note: Due to limitations of cases reviewed prior to full implementation of MMRIA, some data are incomplete ("Missing")

■ Unable to Determine
■ Missing Chance to Alter

Perinatal substance use disorder

Substance use disorders (SUDs) during the perinatal period, more than any other chronic medical condition, are highly stigmatized and often associated with severe legal and personal consequences for pregnant people. Even though substance use is common across class, gender and race/ethnicity, regulation of substance use during pregnancy is disproportionately used as an instrument of structural violence against birthing people of color and those who are low income.

Why is this important?

Improving care for birthing people with substance use disorders involves change across care settings and disciplines. This change package was created to provide some of the many resources available for teams implementing the AIM Care for Pregnant and Postpartum People with SUD Patient Safety Bundle and aims to destigmatize substance use disorder and lay the foundation for respectful, equitable and supportive care for all.

Lived experience story

See Me Differently - Real
Stories from Women in
Recovery

Readiness

Early universal screening, brief intervention (such as engaging a patient in a short conversation, providing feedback and advice) and referral for treatment of pregnant women with opioid use and opioid use disorder improve maternal and infant outcomes. In general, a coordinated multidisciplinary approach without criminal sanctions has the best chance of helping infants and families

Readiness – every unit

- 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.
- Develop trauma-informed protocols and anti-racist training to address health care team member biases and stigma related to SUDs.
- 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.

Readiness – every unit

- Engage appropriate partners to assist pregnant and postpartum people and families in the development of family care plans, starting in the prenatal setting.
- Establish a multidisciplinary care team to provide coordinated clinical pathways for people experiencing SUDs
- 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.

Readiness – every event

Clinical and non-clinical staff education should emphasize:

- SUDs are chronic medical conditions that can be treated.
- Stigma, bias and discrimination negatively impact pregnant people with SUD and their ability to receive high quality care.
- Providers should match treatment response to each person's stage of recovery and/or readiness to change

Clinical and non-clinical staff training should include:

- Trauma-informed care
- Naloxone and harm reduction strategies
- Anti-racism and bias
- Regional and local data on SUDs
- Regional and local support services, programs and resource

Readiness – every event

Engage appropriate partners to assist pregnant and postpartum people and families in the development of family care plans, starting in the prenatal setting

Family Care Plan development should:

- Engage the pregnant or postpartum person and their identified support network to develop a plan by time of discharge.
- Be tailored to the person's treatment and resource needs with family preservation prioritized

Collaborators in developing this plan may include:

- Social workers
- Case managers
- Neonatology/pediatrics consult
- Obstetric care provider

Readiness – every event

Establish a multidisciplinary care team to provide coordinated clinical pathways for people experiencing SUD.

Collaborators in developing coordinated clinical pathways may include:

- obstetrics
- maternal-fetal medicine
- addiction medicine
- psychiatry
- social work
- neonatology
- pediatrics
- nursing
- lactation counselor or consultant
- patient navigator
- those with lived experience

The multidisciplinary care pathway should include:

- Pain management approaches that account for each person's unique pain sensitivity and avoid the use of mixed agonist-antagonist opioid analgesics such as nalbuphine.
- Pain management approaches that utilize shared medical decision-making congruent with the pregnant and post-partum person's goals and values in accordance with a safe therapeutic regimen.
- 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.

Ensure that:

- Patient and family resource needs are met (i.e. wrap-around services such as housing, childcare, transportation and home visitation) through collaboration with SUD/ODU treatment programs.
- Pregnant and postpartum people have access to drug and alcohol counseling and/or behavioral health services.
- Hospitals/prenatal sites should implement resource mapping to identify local resources, support services and drug treatment programs so that this information is available to providers and other care team members to optimize referrals.

Readiness – every event

Ensure that:

Every clinical setting, health system, and providers are welcoming and inclusive of all people no matter backgrounds, race, ethnicity, gender, social class, language, ability and other personal or social identities and characteristics.

Recognize that:

Some of the identities above may be marginalized and to care for people in an intersectional manner is to treat the patient as a whole person and acknowledge all the identities that might impact equitable, supportive and quality care.

Recognition – every patient

Screening for all pregnant and postpartum patients

- Helps with early identification of women who need treatment for substance use disorder and mental health.
- Create an open and nonjudgemental environment.
- Screen for social determinates of health and social needs with appropriate tool. - [Guide to social needs screening](#)

Screening tools

- Tobacco, Alcohol, Prescription medication and other Substance use (TAPS) Tool
- Opioid risk tool – OUD (ORT-OUD) | National Institute on Drug Abuse (NIDA)
- CRAFT
- OMS - ASSIST V3
- 5Ps-screening-tool-and-follow-up-questions.pdf
- Teens screening tool: Screening to brief intervention (S2BI)
- Teens screening tool: Brief screener for tobacco, alcohol and other drugs

Video link to guide screening conversation



Screening, Brief
Intervention, & Referral to
Treatment (SBIRT): A
Universal Tool for Pregnant
Women

Source: AIM, 2024

Screening for postpartum depression

Perinatal depression, which includes major and minor depressive episodes that occur during pregnancy or in the first 12 months after delivery, is one of the most common medical complications during pregnancy and the postpartum period, affecting one in seven women. It is important to identify pregnant and postpartum women with depression because untreated perinatal depression and other mood disorders can have devastating effects.

- [PHQ-9](#)
- [Scoring sheet for EPDS, MDQ, GAD-7, PC-PTSD-5](#)
- [Edinburgh screening tool](#)
- [AdultProviderToolkit 2019.pdf](#)

Source: AIM, 2024

Clinical guidelines for treating pregnant and parenting patients with opioid use

This Clinical Guide provides comprehensive, national guidance for optimal management of pregnant and parenting women with opioid use disorder and their infants. The Clinical Guide helps healthcare professionals and patients determine the most clinically appropriate action for a particular situation and informs individualized treatment decisions.

- [Clinical guidance for treating pregnant and parenting women with opioid use disorder and their infants](#)
- [MCPAP for Moms Toolkit SUD treatment provider.pdf](#)
- [Maternal opioid use during pregnancy | Institute for Health and Recovery](#)
- [Management and effects of substance use during pregnancy.pdf](#)

Reporting- Data and statistics about opioid use during pregnancy

Timely data help drive public health action for optimal care of pregnant women and children with prenatal exposure to opioids.

- [The MATernaL and Infant Network to understand outcomes associated with treatment of opioid use disorder during pregnancy \(MAT-LINK\): Surveillance opportunity – PMC](#)
- [Perinatal opioid use disorder research, race and racism: A scoping review | Pediatrics | American Academy of Pediatrics](#)

Respectful and equitable care

Creating a culture of respectful care for pregnant and postpartum people with substance use disorder. By collaborating the treatment of pregnant women with opioid use disorders.

- A collaborative approach to the treatment of pregnant women with opioid use disorders
- Substance use disorder hurts moms & babies
| National Partnership for Women & Families



A collaborative approach to the treatment of pregnant women with opioid use disorders.

Source: SAMHSA, 2024

References

- Alliance for Innovation on Maternal Health. (2024). Care for pregnant and postpartum people with substance use disorder patient safety bundle - implementation resources. *Alliance for Innovation on Maternal Health*. [R3 AIM Bundle CPPPSUD resources.pdf](#)
- Arizona Department of Health Services. (2022).
- Centers for Disease Control. (2022).
- Substance Abuse and Mental Health Services Administration. (2024). Practice and policy considerations for child welfare, collaborating and service providers - a collaborative approach to the treatment of pregnant women with opioid use disorder. *Substance Abuse and Mental Health Services Administration*. [A collaborative approach to the treatment of pregnant women with opioid use disorders](#)



THANK YOU

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