

## Measures and Strategies Addressing Severe Maternal Mortality and Morbidity with a focus on Opioid Use Disorder among Perinatal Women

**About Technical Assistance Briefs.** The MCH Evidence Center provides ongoing technical assistance (TA) to Title V agencies related to the emerging evidence base, strategies, and measures related to many topics interconnected with National Performance Measures and other critical topics in MCH. *Technical Assistance Briefs* are an outcome of these TA sessions that are designed to act as *conversation starters* in thinking about programs that can be developed to address issues that affect women, infants, children, adolescents, youth, families, and communities. These briefs are not meant to be comprehensive; full analyses of the NPM topic areas are provided in [Evidence Analysis Reports](#).

The Center makes these customized briefs available during TA and on the program website to identify evidence-based/informed strategies, promising practices, examples of ESMs from the field and peer-reviewed resources. Please [contact us](#) if you would like us to develop a similar report for topics that you are working on.

**Initial Query for this Brief.** Identify measures and best practices around Severe Maternal Mortality and Morbidity with a focus on Opioid Use Disorder among Perinatal Women.

### Evidence-Based Strategy Measures

**ESM: Program Integration.** These ESMs have been chosen by other states. You can review the ESMs to see if any resonate with your goals. Evidence Center staff are available to talk through how you could modify select ESMs to serve your needs.

State	ESMs
OH	Percent of birthing hospitals implementing AIM hypertension model
AS	Percent of pregnant women beginning prenatal care in the first trimester of pregnancy
PA	Number of behavioral health providers trained in pregnancy intention assessment
PA	Percent of women who receive a maternal health assessment within 28 days of delivery through the 4th trimester pilot program
PA	Number of MMRC recommendations implemented annually
PA	Number of substance use and brain injury professionals receiving brain injury and opioid training
TN	Number of presentations completed by the speaker's bureau
TN	Number of high-risk obstetric consultations
TN	Percent of identified maternal deaths reviewed
TN	Number of hospitals participating in the Opioid Exposed Newborns and/or Opioid Use Disorder projects
TN	Number of Maternal Health Task Force members
TN	Number of community agencies funded to implement Maternal Mortality Review Committee (MMRC) recommendations

TN	Number of recommendations implemented for preventing maternal deaths
MI	Number of birthing hospitals participating in Michigan AIM
RI	AIM Nurse Education
SC	Percent of SC birthing facilities that adopt evidence-based safety bundles.
SC	Percent of birthing facilities that receive education on providing post-birth messaging to women at risk of maternal morbidity and mortality
SC	Develop and disseminate annual topic-specific data briefs centered around SC MMMRC Committee findings
NH	Percentage of postpartum women whose infant was monitored for the effects of in utero substance exposure who had a documented Plan of Safe /Supported Care (POSC).

## Evidence-Based Strategies – What Works for Health

The following programs have been identified as effective models related to severe maternal mortality and morbidity with a focus on opioid use disorder among perinatal women.

Title	Description	Category
<a href="#"><u>Computerized clinical decision support system (CDSS)</u></a>	Computerized clinical decision support systems (CDSS) are electronic tools that prompt provider behaviors in various areas of patient care, including medication ordering, chronic disease management, health care screening, and vaccination. CDSS can provide physicians, nurses, pharmacists, and other care providers with patient-specific prompts or warnings, treatment guidelines (e.g., order sets), automatic medication dosing calculators, or reports of overdue tests and medications as appropriate.	Scientifically Supported
<a href="#"><u>Patient Financial Incentives for preventive care</u></a>	Financial incentives such as payments and vouchers are often used to encourage patients to undergo preventive care such as screenings, vaccinations, and other brief interventions.	Scientifically Supported
<a href="#"><u>Centering Pregnancy</u></a>	Centering Pregnancy is a multifaceted model of group maternity care that incorporates health assessment, education, and support. Eight to 10 women with similar gestational ages meet to learn care skills, participate in a facilitated discussion, and develop a support network with other group members. Each pregnancy group follows the recommended schedule of 10 prenatal visits; visits range from 90 minutes to two hours long.	Scientifically Supported
<a href="#"><u>Community Health Workers</u></a>	Community health workers (CHWs), sometimes called lay health workers, promotores de salud, community health representatives, or community health advisors, serve a variety of functions including providing outreach, education, referral and follow-up, case management, advocacy, and home visiting services.	Some Evidence
<a href="#"><u>Mobile Reproductive health clinics</u></a>	Mobile reproductive health clinics are medically equipped vans with clinicians that offer reproductive health services, such as pregnancy tests, prenatal and postpartum care, gynecological exams, sexually	Some Evidence

	transmitted infection (STI) screenings, health education, and referrals to social services. Vans can include a waiting room, private exam areas, an education area, and a laboratory, as well as monitors, diagnostic equipment, and educational materials. Vans sometimes offer screening and referral services for health concerns outside reproductive health. Mobile clinics typically serve vulnerable populations, such as low income or uninsured individuals, in both urban and rural areas. Clinics may partner with hospitals, health care systems, or public health departments.	
<a href="#"><u>Medication-assisted treatment access enhancement initiatives</u></a>	Medication-assisted treatment (MAT) for opioid dependence provides medications to individuals diagnosed with opioid use disorder, usually with counseling and behavioral therapies.	Expert Opinion
<a href="#"><u>Magnolia Project</u></a>	The Magnolia Project is a Healthy Start program that provides prenatal and interconception care and case management services to eligible women in five Jacksonville, Florida zip codes, where the majority of residents are black.	Expert Opinion
<a href="#"><u>Grady Memorial Hospital Interpregnancy Care Program</u></a>	Grady Memorial Hospital’s interpregnancy care program served black women in the Atlanta area who had recently delivered a very low birthweight infant. Participants received case management, care coordination, and medical care including reproductive care, oral health services, and chronic disease management, as well as treatment and referral for alcohol, tobacco, and substance abuse.	Expert Opinion
<a href="#"><u>The Healthy Births for Healthy Communities</u></a>	The Healthy Births for Healthy Communities (HBHC) Interconceptional Care Program provided comprehensive interconception services to women living in Chicago’s North Lawndale and Austin communities who had recently experienced a preterm birth, low birthweight birth, or fetal loss. Participants received case management, medical care, reproductive education, a medical home, and assistance setting reproductive and self-management goals in the 18 months following their adverse birth outcomes.	Insufficient Evidence

### Evidence-Based Strategies – Innovation Hub

The following programs have been identified as effective models in addressing severe maternal mortality and morbidity with a focus on opioid use disorder among perinatal women.

Title	Description	Category
<a href="#"><u>The Parent Child Assistance Program</u></a>	PCAP is a 3-year advocacy/case management model with high-risk mothers and their children. Mothers are enrolled during pregnancy or up to 6 months	Best

	postpartum and participate with their families for 3 years after enrollment. PCAP's goals are to help mothers build healthy families and prevent future births of children exposed prenatally to alcohol and drugs.	
<a href="#"><u>Women's Health Education Navigation (WHEN) Program</u></a>	<p>The goal of this program is to increase the incidence of healthy pregnancies, positive birth outcomes, and healthy infants in a vulnerable population of women and infants who are justice involved. Components include:</p> <ul style="list-style-type: none"> <li>○ Improving access and integration of services related to preconception care, primary care, prevention, and social support through a well-integrated referral network;</li> <li>○ Improving integration and access of services for pregnant women through case management; and</li> </ul> <p>Improving the level of knowledge about behaviors that promote healthy pregnancies, healthy birth outcomes, and positive parenting behaviors through planned educational sessions.</p>	Promising
<a href="#"><u>Perinatal Substance Use (PSU) Bundle</u></a>	The intended benefit of the practice bundle is to offer support resources to mothers, management recommendations to healthcare providers, and provide a standardized treatment plan for newborns exposed to perinatal substance use or diagnosed with NAS. The practice bundle promotes consistent communication between inpatient and outpatient health care providers and state social services.	Promising
<a href="#"><u>Building Resilience through Intervention: Growing Healthier Together (BRIGHT)</u></a>	BRIGHT is an attachment-based trauma-responsive therapeutic intervention for mothers with substance use disorder/opioid use disorder (SUD/ODU) and their infants/young children birth through age five that aims to improve the parent-child relationship and maternal mental health and decrease child maltreatment by increasing maternal sensitivity and parenting capacities, thereby promoting healthy child development.	Emerging
<a href="#"><u>Healing, Empowering, Actively Recovering Together (HEART)</u></a>	The HEART program is a pilot designed to improve outcomes for pregnant/parenting women with substance use disorder (SUD) and their children, who often have neonatal abstinence syndrome (NAS). The HEART program integrated and co-located parenting classes, community resources, and peer support services within the one setting.	Emerging
<a href="#"><u>NESST: Newborns Exposed to Substances: Support and Therapy</u></a>	NESST was designed to support the health and well-being of parents and infants impacted by substance	Emerging

	use disorder (SUD). Two provider home- and community-based programs were developed to provide dyadic parent-child therapy and peer recovery support in order to enhance parents' emotional health and functioning, reduce stressors and barriers to success, and improve children's developmental trajectories.	
<a href="#"><u>Early Intervention Parenting Partnerships (EIPP)</u></a>	The EIPP is a home visiting program for expectant parents and families with infants who are high need due to practical barriers (e.g., low financial resources, housing instability), emotional and/or behavioral health challenges (e.g., depression, substance use), or other stressors (e.g., immigration-related stress).	Emerging
<a href="#"><u>Maternal Mortality Prevention Program</u></a>	The Maternal Mortality Prevention Program (MMPP) exists to eliminate preventable maternal deaths in Colorado, reduce maternal morbidities, and improve population health and health equity for pregnant and postpartum people. Core components: <ul style="list-style-type: none"> <li>○ community-led solutions</li> <li>○ clinical quality improvement</li> </ul> and public health programs centered around health equity.	Cutting Edge
<a href="#"><u>NAS Surveillance Program (2018)</u></a>	January 1, 2013, NAS (Neonatal Abstinence Syndrome) was a reportable condition in TN, with cases to be reported within 30 days of diagnosis. This project pulled together a workgroup in 2012 to develop and implement protocols for reviewing data and addressing the growing increase of NAS in the state. Tennessee will continue the surveillance of NAS and remain responsive to stakeholders who may identify data collection fields to add and/or modify.	Cutting Edge

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**SMM Opioids: Technical Assistance Brief**

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Access other resources at <https://www.mchevidence.org>

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