Theory of Change – The Driver Diagram

Pregnant and Postpartum Person Theory of Change – Driver Diagram		
Primary Drivers	Secondary Drivers	Changes
Stigma	Education and Awareness	Educate pregnant and postpartum people, community members, clinicians, and staff about substance-use disorders (SUD) in general, with specific education on opioid use disorder (OUD). Include: • Trauma-Informed Care • Harm/Risk reduction model of care • Health equity and social determinants of health • Culturally responsive care • Acknowledgement of the impact of historical/generational trauma • New approach to NAS treatment in the hospital and how this may differ from previous experiences people have had. Mandated reporting requirements: • Inform providers and staff on mandated reporting changes and best practices in communication with patients about reporting. • Update providers and staff on changes to mandated reporting laws related to substance use during pregnancy, as well as best practices around making reports and communication about reporting with patients.
Screening & Assessment	On Admission	Create [policy] and procedures for all screening process Emphasize informed consent in screening and ask patient's permission prior to using above screening tools. Universal screening for SUD with a validated written statement or validated screening tools, such as: • 4Ps Plus (Copyrighted and fee required) • 5Ps (currently undergoing validation) • SURP-P

		Discuss and discourage the use of urine toxicology and other biological testing as screening tools Screen for postpartum depression (PPD) and provide education to patients on postpartum depression.
Care Management & Coordination	During Stay	Follow screening with brief intervention and referral to treatment (SBIRT). Overall "Standardize in-hospital caregiver/infant care" change ideas below: • Create pain management protocols that optimize pain management while also maximizing opportunities to initiate and/or maintaining long-term SUD/OUD recovery. • Promote pain management protocols that prevent unneeded release of opioids into the community and educate providers and patients on safe disposal of unused opioids. • Proactively plan for pain management during the postpartum period, specifically around surgical deliveries. • Discuss and establish patient-centered family planning goals. Discuss benefits and safety of breastfeeding while on MAT program. Support breastfeeding in an empowering and non-judgmental way, making sure not to stigmatize formula use, particularly for medical indications.
Care Management & Coordination	Discharge preparation	Implement mechanisms for collaboration of care and coordination across care systems and modalities of treatment (Overall "Collaboration Care and Coordination" change ideas below). • Utilize Medication Assisted Treatment (MAT) where appropriate. MAT is the standard of care for OUD. • Early referral to and collaboration with social services. • Create collaborative care teams that provide patient and family support. • Promote policy consistent with MN statute change from 2021, which does not mandate reporting of substance use for patients who are engaged in care. • Provide equitable and culturally responsive care. • Acknowledge and address the impact of social determinants of health, such as access to transportation, food or housing insecurity, and threats to the patient and family's personal safety.

		Implement comprehensive discharge planning activities, synchronize with discharge. Plan for, anticipate, and ensure appropriate postpartum care and treatment, emphasizing the "4th Trimester." (Overall "4th trimester" change ideas below) • Establish early postpartum follow-up including obstetric and family planning care, substance use treatment, and naloxone distribution. • Create a harm reduction-based safety plan (family care plan or plan of safe care) to minimize return to non-prescribed substance use and reduce the risk of overdose. • Ensure early and timely outpatient follow-up for patients with SUD. • Where possible, coordinate care with infant's outpatient providers. • Establish, where possible, peer recovery and/or other public health support for new parents. Collect barriers to postpartum and infant follow up and begin action plans
Infant Theory of Change: Driver Diagram		
Primary Drivers	Secondary Drivers	Changes
Identification of substance exposure	Prior to birth or at Birth	Improve parental screening. Create a safe environment for disclosure.
Education	During Stay	Provide education for staff and families on the Family Care Plan (also called "Plan of Safe Care"). Emphasize keeping birth parents and infants together, identifying their support system, collaborating on safety planning, anticipating difficult situations that could come up and providing appropriate support from social services
Family Centered Care	During Stay	Follow Eat, Sleep, Console, or similar Family Centered care plan. Focus on non-pharmacologic care for substance-exposed infants and reduced separation of maternal-infant dyad during hospitalization.

		Reduce exposure to opioid and other adjunct medications to treat signs and symptoms of opioid withdrawal. Minimize urine or other biological screening methods for substance exposure, particularly when this will not change medical management. Emphasize informed consent and open communication with families when these methods are used. Maintain the maternal-infant dyad, with opportunities for short periods of respite care for the infant as available and appropriate (Overall "Maternal-infant dyad" change idea below). • Support caregivers in attending to their own healthcare and family needs, particularly as relates to continuing to receive MAT. • Assist caregivers in recognizing dangerous levels of fatigue and encourage them to ask for help in order to reduce the risk of sleep related falls or suffocation. • Provide some flexibility around visitor policies and other policies that impact a family's ability to provide support and/or respite to substance exposed infants and their parents.
Family Centered Care	Discharge	Provide safe, coordinated discharge with birth parent as often as possible. Understand the role of child protective services and their current protocols to maximize support to patients and families affected by SUD/OUD. Acknowledge the long history of trauma that many communities have around CPS involvement and persistent inequalities in reporting that affect marginalized communities. Discuss SUID (previously called SIDS) and sleep asphyxia with families, with emphasis on providing simple risk-reduction strategies. Make referrals to family home visiting prior to discharge. Identify infant PCP and provide warm handoff with this person prior to discharge. Discuss their comfort level with managing infants who may still be experiencing mild signs and symptoms of withdrawal and/or difficulty gaining weight.