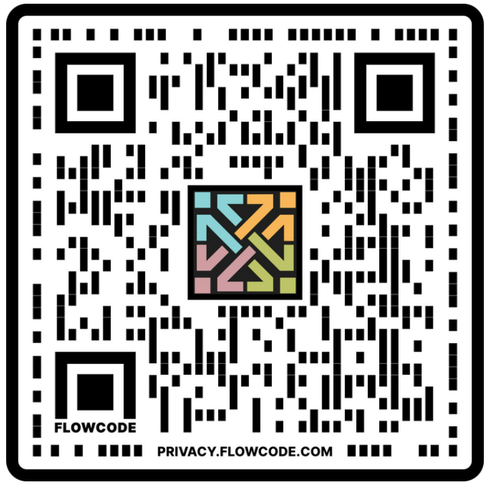
Minnesota Perinatal Quality Collaborative

Mother/Infant Opioid Substance Use Treatment and Recovery Effort (MOSTaRE) Family Experience Survey

Adrienne Richardson, MD, Health Partners
MNPQC Program Advisory Committee Chair



Outline

- AIM: Alliance for Innovation in Maternal Health
- Perinatal substance use in Minnesota
- MNPQC: Minnesota Perinatal Quality Collaborative
- MOSTaRE: Maternal / infant substance use and treatment and recovery effort
- Regions experience
- Future projects

AIM: Alliance For Innovation on Maternal Health

A quality improvement initiative to support:

- Best practices that make birth safer
- Improve maternal health outcomes
- Save lives

In collaboration with...

- HRSA (Health Resources and Services Administration)
- ACOG (American College of Obstetrics and Gynecology)

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AIM Patient Safety Bundles

- Obstetric Hemorrhage
- Severe Hypertension in Pregnancy
- Safe Reduction in Primary Cesarean Birth
- Cardiac Conditions in Obstetric Care
- Care for Pregnant and Postpartum People with Substance use
- Perinatal Mental Health Condition
- Postpartum Discharge Transition
- Sepsis in Obstetric Care

AIM Bundle: Care for Pregnant and Postpartum People with Substance Use Disorder

- **Primary Drivers:** Readiness, Recognition & Prevention, Response, Reporting/Systems Learning, and Respectful Care
- **Change Concepts:** Broad
- **Change Ideas:** Actionable ideas - tested with PDSA (Plan, Do, Study, Act)

Readiness

- Provide education on 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.
- Provide clinical and non-clinical staff education on optimal care for pregnant and postpartum.
- Engage appropriate partners to assist pregnant and postpartum people and families.
- 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.

Recognition and Prevention

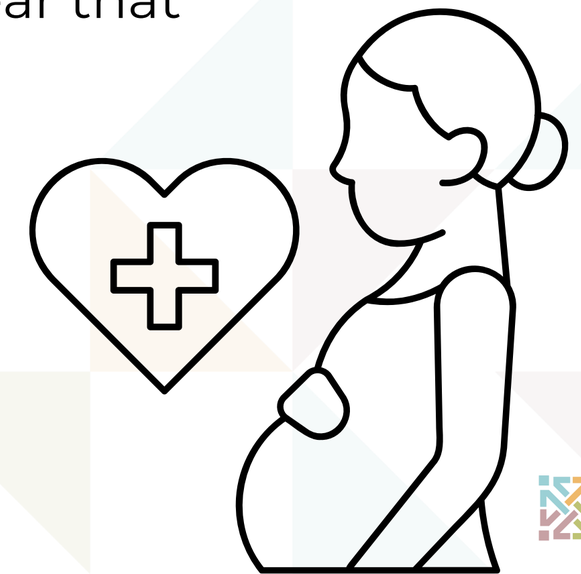
- Screen all pregnant and postpartum people for SUDs using validated self-reported screening tools.
- Screen each pregnant and postpartum person for medical and behavioral health needs and provide linkage to community services and resources.
- Screen for structural and social drivers of health that might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

Response

- Assist pregnant and postpartum people with SUD to receive evidence-based, person-directed SUD treatment.

- Establish specific prenatal, intrapartum and postpartum care pathways that facilitate coordination among multiple providers during pregnancy and the year that follows.

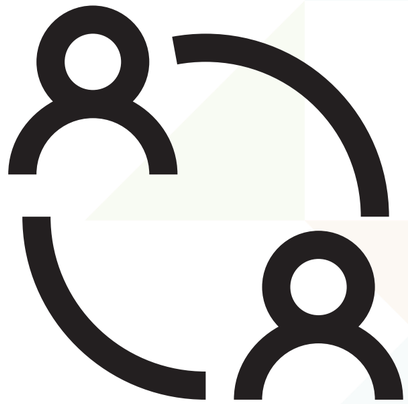
- Offer comprehensive reproductive life planning discussions and resources.



Reporting and Systems Learning

- Identify and monitor data related to SUD treatment and care outcomes and process metrics.

- Convene inpatient and outpatient providers and community stakeholders, including those with lived experience in an ongoing way, to share successful strategies and identify opportunities.



Respectful, Equitable, and Supportive Care

- 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.

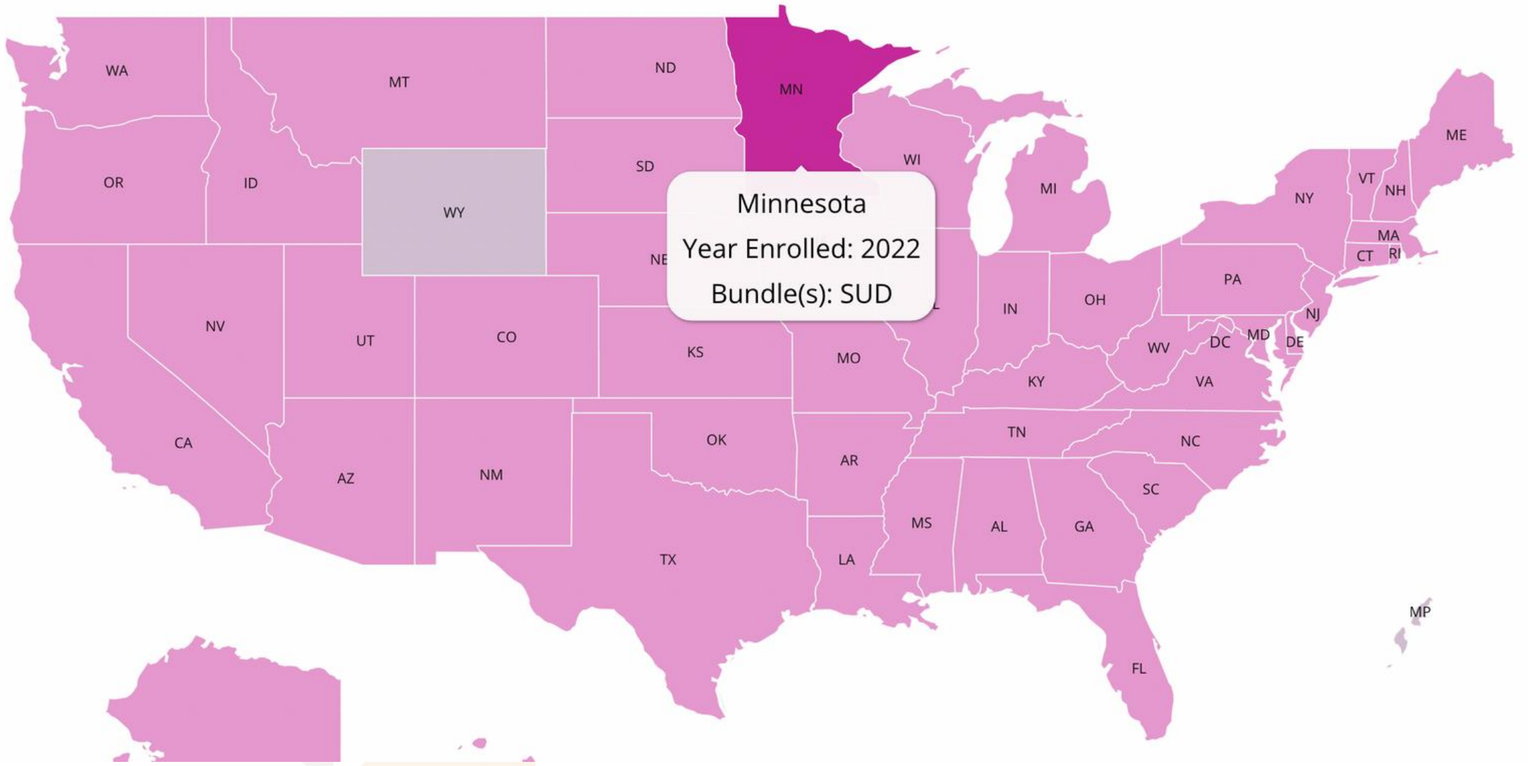
- Integrate pregnant and postpartum persons as part of the multidisciplinary care team to establish trust and ensure informed, shared decision-making that incorporates the pregnant and postpartum person’s values and goals.

- Respect the pregnant and postpartum person’s right of refusal in accordance with their values and goals.

Data Collection

- **State Surveillance**
- **Outcome**
- **Process**
- **Structure**

Minnesota Became an AIM State in 2022



Meet Minnesota

Women of Reproductive Age (15–44 Years) in Minnesota (2022)

1,100,650

Preterm Birth Rate Compared to National Average (2022)

Per 1000 Live Births

MN	US
9.6%	10.4%

Maternal Mortality Rate Compared to National Average (2022)

Per 100,000 Live Births

MN	US
12.6	23.5

Infant Mortality Compared to National Average (2022)

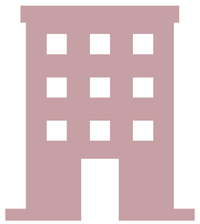
Per 1000 Live Births

MN	US
4.8%	5.4%

Number of Birthing Hospitals and Other Services (2024)

73
Birthing Hospitals

18
NICU Facilities



09
Free Standing Birth Centers

Legend MN US

Minnesota Hospital Data

141 Total Hospitals in MN

Urban vs Rural

53 Urban

88 Rural

Hospital Size

Most hospitals are small; 109 are licensed for under 100 beds.

Critical Access Hospitals

There are 77 critical access hospitals in Minnesota, which means they receive cost-based federal payments to preserve access to care in rural areas.

82 Birthing Facilities in MN

Birthing Hospitals

73 Birthing Hospitals (17 are Critical Access Hospitals)

Free Standing

9 Free-standing Birth Centers

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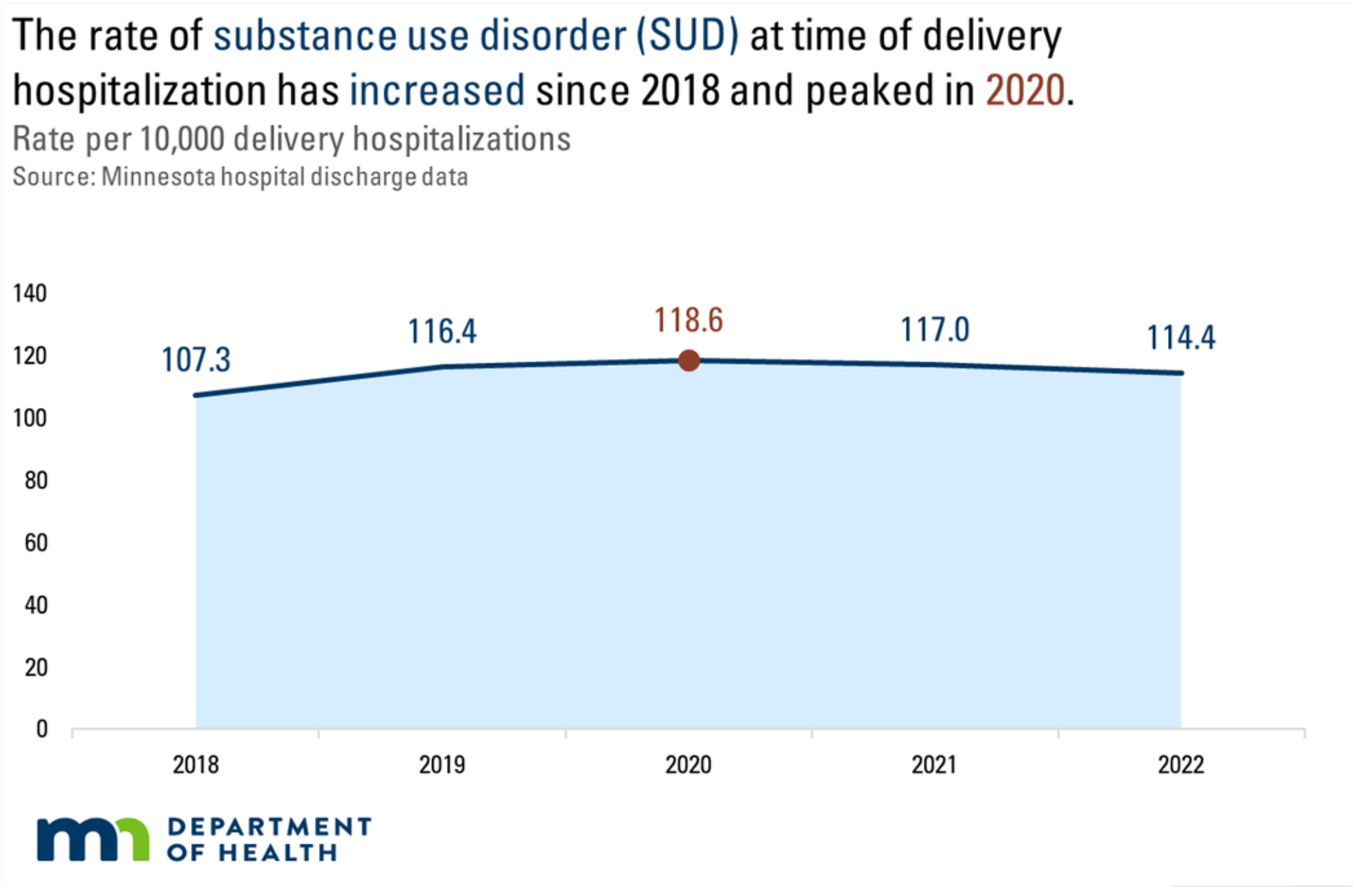
Substance Use Disorder Rates in Minnesota

Rate of substance use disorders per 10,000 delivery hospitalizations



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Recent Recommendations

A key recommendation from the Maternal Mortality Review Committee is "to support statewide improvements for birthing people who have substance use disorders, including adequate identification of substance use in the birthing population, referral to services and support groups, and increased funding to expand treatment and access to treatment throughout the state".

- Minnesota Department of Health. (2022). Minnesota Maternal Mortality Report. Reporting for 2017-2018.

Task Force Recommendations

The Taskforce on Pregnancy Health and Substance Use Disorders has created the following draft recommendations:

- Repeal the current Minnesota state statute, Sec. 260E.32 MN Statute.
- Implement universal screening using a self-administered or provider-administered validated verbal or written screening tool.
- Conduct toxicology testing only when it serves a medical treatment purpose.
- Delete the current Minnesota state statues, Sec. 260E.03 Subd. 15(5) and repeal Section 260E.31.
- Create a notification system that meets the requirements of the Child Abuse Prevention and Treatment Act.
- Create a new law that outlines notification is not a report of child abuse or neglect.
- Create a uniform and patient-centered process for notification to local child welfare during pregnancy.
- Create a uniform process for reporting to the Department of Children, Youth and Families and the local child welfare after birth.
- Improve access to systems and supports, including prenatal care, for pregnant people and their families
- Create a sustainable model for both the implementation of task force recommendations and development of future best practice guidelines.

Mandatory Reporting

Mandatory reporting of perinatal substance use changed on July 1, 2021. Providers in healthcare and social services who are caring for pregnant or recently pregnant people are now not required to report the use of controlled substances for non-medical purposes at initial identification. This allows patients and providers to develop a safe working relationship where providers can help patients access the care they need when they are ready and able to do so.

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Mission

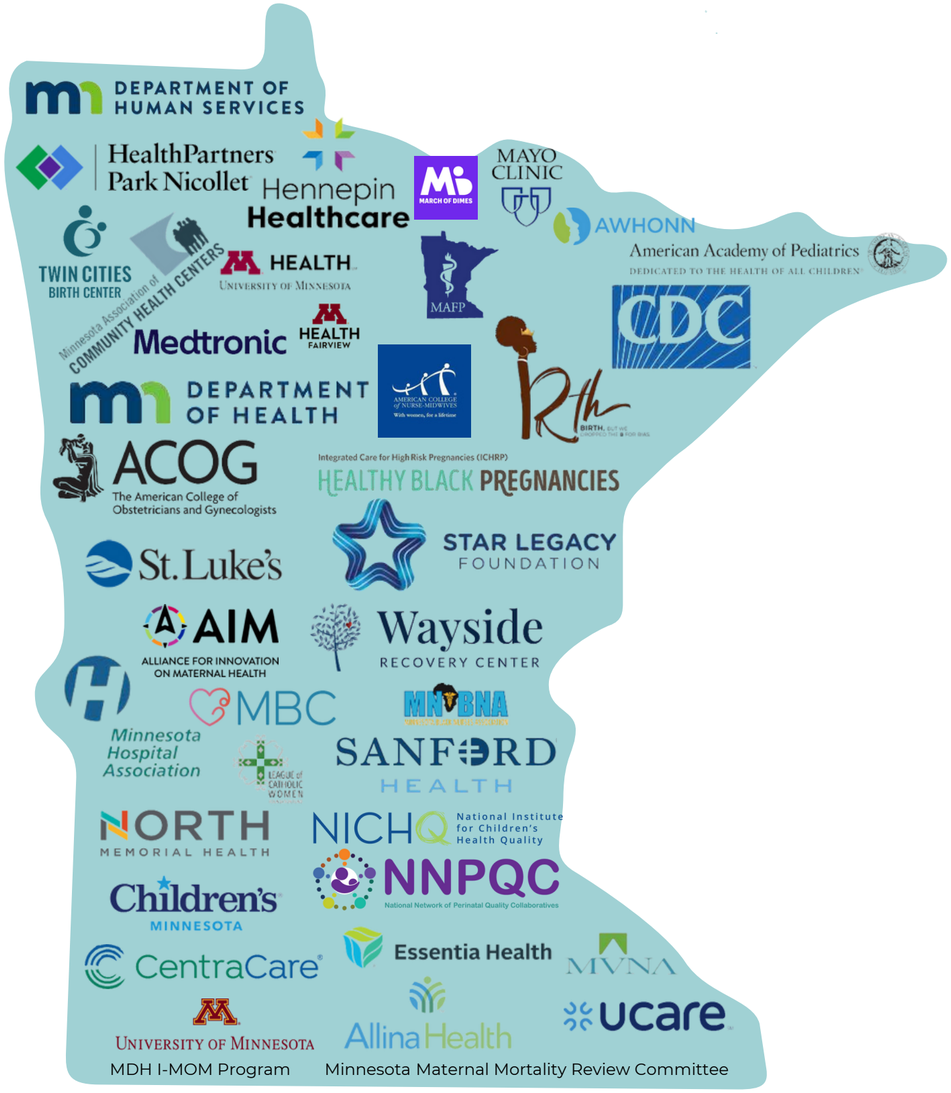
Transforming perinatal care in Minnesota to improve health outcomes for mothers and babies.

Key Approaches:

- Multidisciplinary Collaboration.
- Quality Improvement (QI) Principles
- Health Equity Focus

Impact

- Minnesota is considered one of the best states to give birth in the U.S – still a lot of work to do!



Goal for Perinatal Substance Use Disorder Work

- ***Healthy pregnancies*** resulting in ***healthy births*** after which the newborn safely discharges from the birthing facility with their parents

- Data consistently demonstrates that ***treatment*** for substance use disorder during pregnancy ***results in better outcomes*** for both the person giving birth and their baby/babies

MOSTaRE: What We Do

Work with providers, hospitals, and other stakeholders to . .

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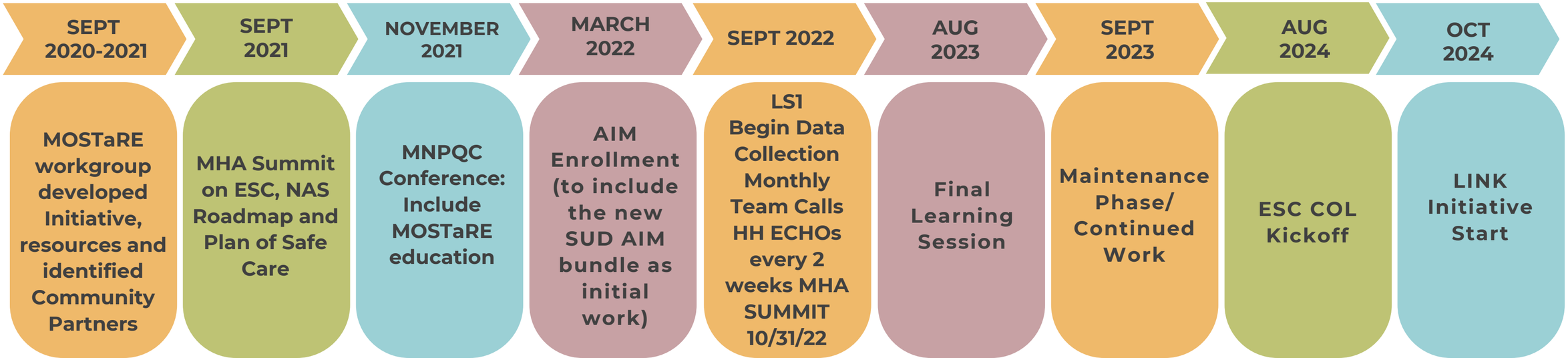
improve identification, clinical care, and coordinated treatment/support for pregnant and parenting individuals with substance use disorder and their infants through a family-centered care approach.

Mother/Infant Opioid Substance Use Treatment and Recovery Effort (MOSTaRE) Initiative Timeline



Mother/Infant Opioid Substance Use Treatment and Recovery Effort (MOSTaRE) Initiative

The MOSTaRE Initiative, launched in September 2022, utilized the Alliance for Innovation on Maternal Health (AIM) safety bundle for the care of pregnant and postpartum people with substance use disorder (SUD). Emphasizing family-centered care that maintains the family-infant dyad, MOSTaRE aimed to:

1. To increase the identification and treatment of SUDs in mothers/pregnant people and substance exposure in infants by 50% or more.

2. To increase the use of nonpharmacologic methods for treating infants exposed to opioids and reduce the average length of stay for these infants.

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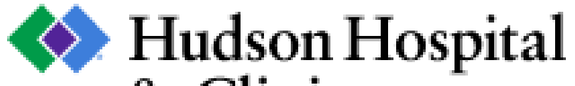
MOSTaRE Initiative Hospital Teams



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Family of Measures

To assess the hospital team's progress and project impact, the following evaluation measures were established:

Outcome

- O1: Percent of newborns exposed to substances in utero who were discharged to either birth parent
- O3: Percent of pregnancy and postpartum people who received or were referred to recovery treatment services
- Length of stay of all opioid exposed newborns

Process

- P1: Percent of pregnant and postpartum people screened for SUDs
- P5: Number of provider and nursing education-SUDs
- P6: Number of provider and nursing education- respectful and equitable care

Structural

- S1: resource mapping/ identification of community resources
- S2: patient event debriefs
- S3: general pain management guidelines
- S4: OUD pain management guidelines
- S5: validated screening tools and resources shared with prenatal care sites

State Measures (collected by MN Dept of Health)

- SS1: SUD among pregnant and postpartum people
- SS2: Severe Maternal Morbidity (SMM) (including transfusion codes) among people with SUD
- SS3: Severe Maternal Morbidity (SMM) (excluding transfusion codes) among people with SUD
- SS4: Proportion of pregnancy associated deaths due to overdose

*Intent to stratify all measures by race/ethnicity where available.

+ Notation of O1, P1, etc. reflects measures that were part of the AIM Safety Bundle for care of pregnant and postpartum people with substance use disorder.

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MOSTARE Education Content

Learning session 1: Storyboards/introductions with co-chairs and quality improvement/ SimplQI with Jane Taylor
December 7, 2022: Clinical definition of opioid withdrawal in neonate with Dr. Shahla Jiliani
January 4, 2023: Validated Screening Tools for SUD with Dr. Adrienne Richardson
February 1, 2023: Eat, Sleep Console with Dr. Rachel Cooper
March 1, 2023: Eat, Sleep, Console with Dr. Cooper continued
April 5, 2023: Access to Medicaid in MN with Dr. Michelle O'Brien
May 3, 2023: Learning session 2: Storyboard sharing and QI with Jane Taylor
June 1, 2023: Naloxone education with Dr. Adrienne Richardson
July 12, 2023: Alcohol and pregnancy with Proof Alliance / Dr. Richardson
August 2, 2023: Building Trust and Relationships within Community with CNM Rebekah Dunlap

Hospital Team PDSA Cycles

- Screening for SUD with validated verbal tool
- Eat Sleep Console implementation
- Increase referral for treatment
- Use Neonatal Opioid Withdrawal Guide
- Revise toxicology screening indications
- Educate staff, clinicians, patients about SUD
- Change visitor policies
- Change to urine toxicology policy

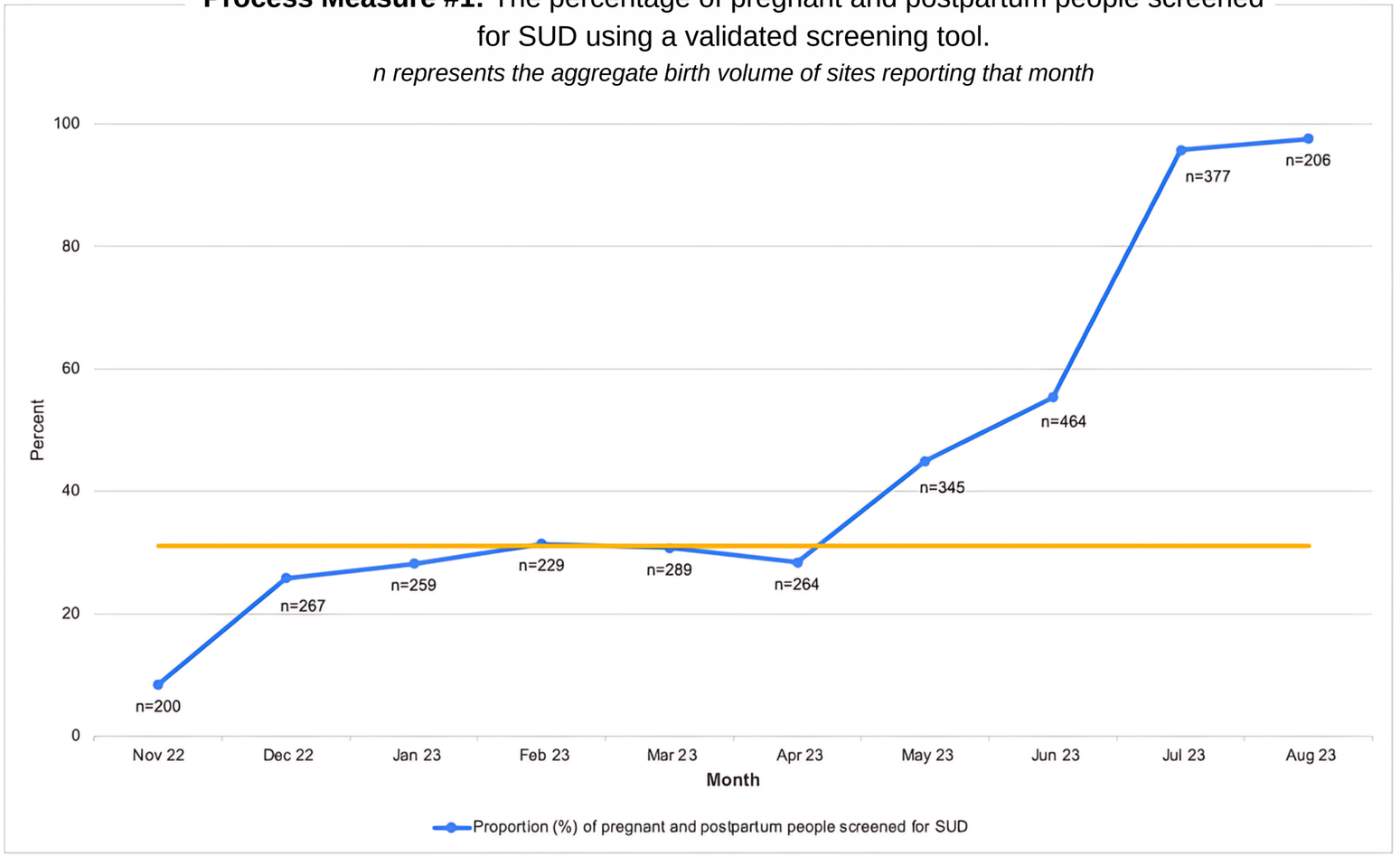
Process Measure Results

Process Measure #1

The percentage of pregnant and postpartum people screened for SUD using a validated screening tool

Process Measure #1: The percentage of pregnant and postpartum people screened for SUD using a validated screening tool.

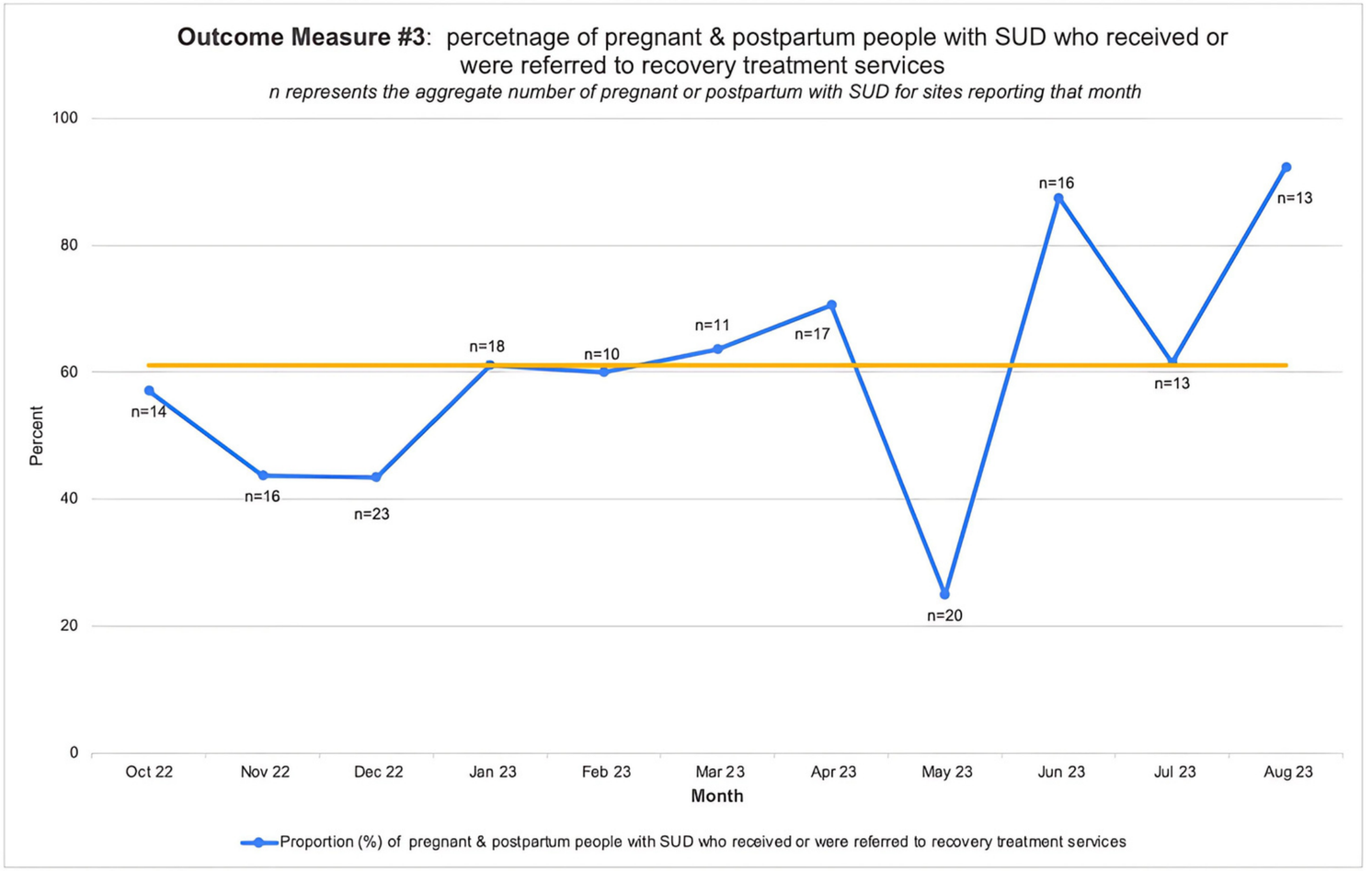
n represents the aggregate birth volume of sites reporting that month



Outcome Measure Results

Outcome Measure #3:

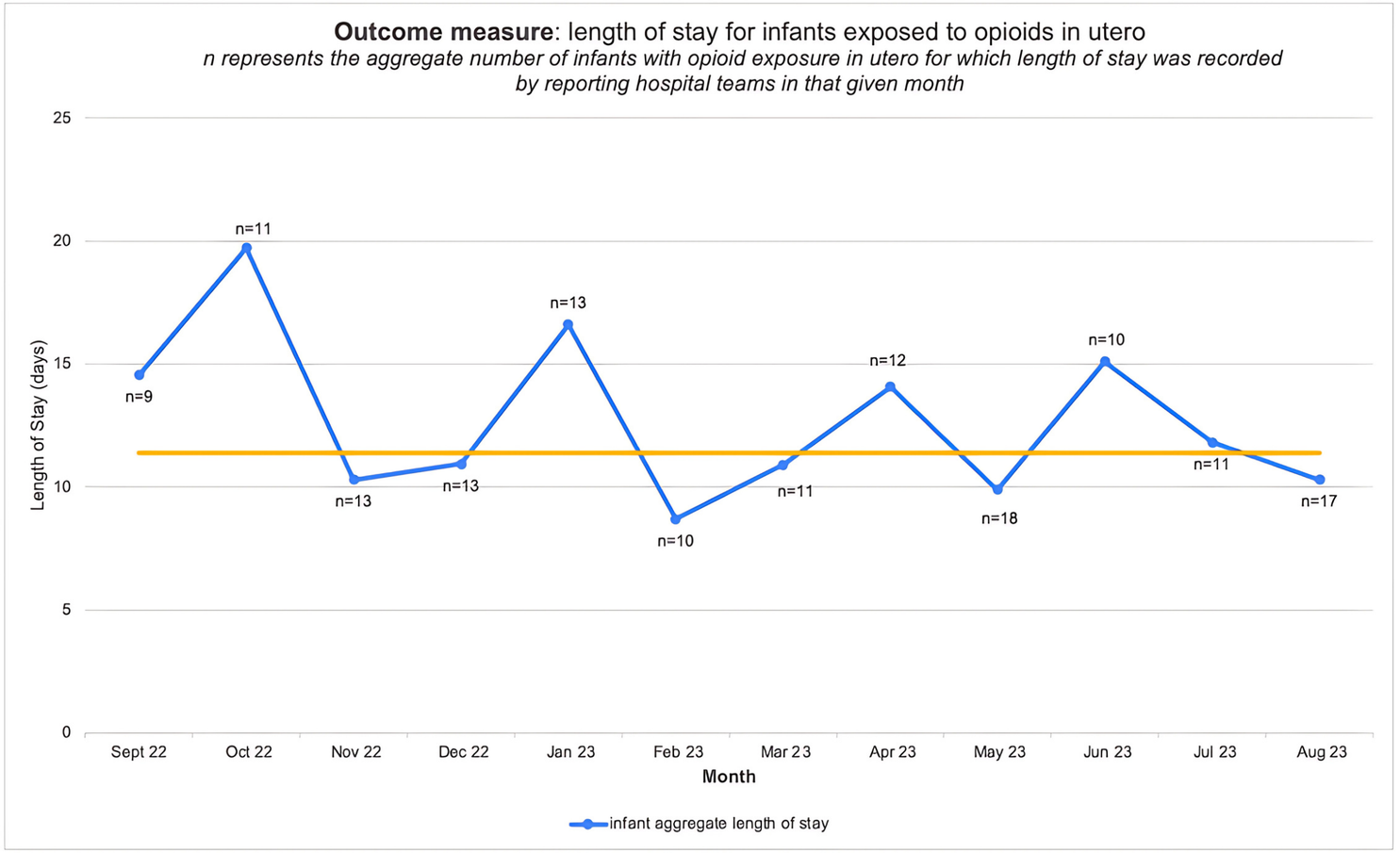
percentage of pregnant & postpartum people with SUD who received or were referred to recovery treatment services



Outcome Measure Results

MNPQC Outcome Measure:

The length of stay for infants exposed to opioids in utero

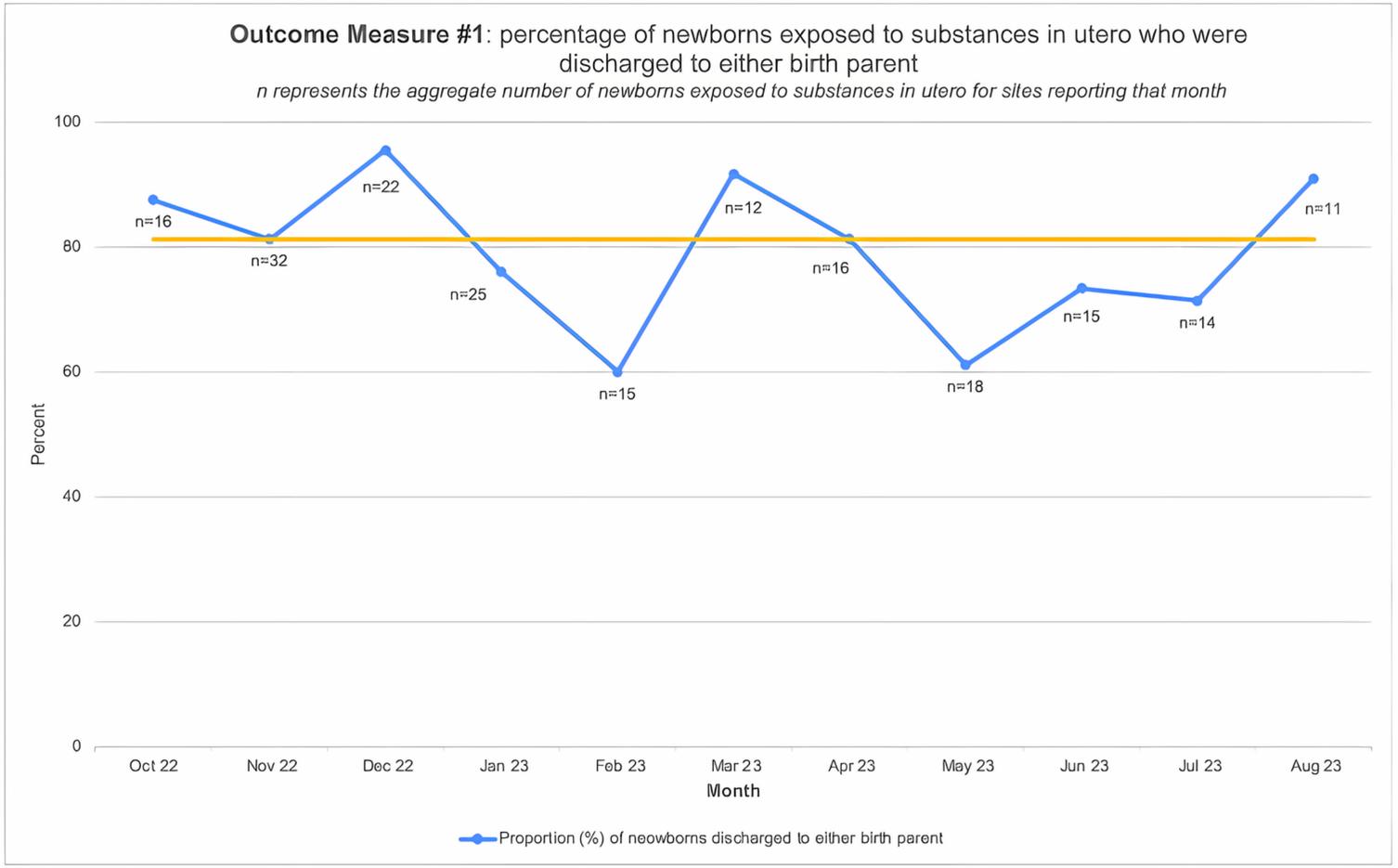


Outcome Measure Results

Outcome Measure

The percentage of newborns exposed to substances in utero discharged to either birth parent

#1:



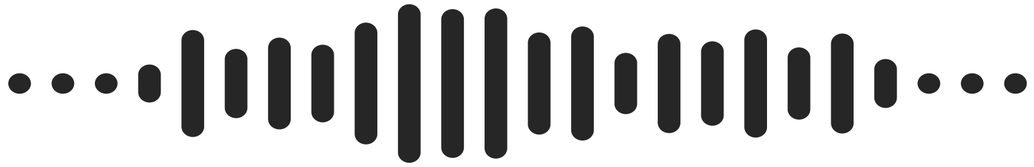
Regions Experience

- Healthy Beginnings support for patients with substance use since 2014
- Validated screening questionnaire: 5 P’s
- Reporting protocol modified to reflect 2021 legislative change
- Modification of urine toxicology to include fentanyl; remove THC
- Clinician education and discussion of management of withdrawal in pregnancy
- Eat, Sleep, and Console protocol introduced
- Patient survey administered postpartum
- Nursing education on substance use disorder, withdrawal, naloxone
- Plan of Safe Care in electronic record

MOSTaRE Survey

MOSTaRE Survey Purpose

In preparation for future quality improvement programs, we want to incorporate **patient voices** to guide and update our work. The MOSTaRE Family Experience Survey aims to capture the experiences of patients who have personally navigated pregnancy and birth while using drugs or alcohol.



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MOSTaRE Survey

MOSTaRE Survey Goal

- The MOSTaRE survey aims to capture the experiences of patients who have personally navigated pregnancy and birth while using drugs or alcohol.

How the Information Will Be Used

1. Raise awareness amongst perinatal health care professionals about **mistreatment and bias.**
2. Guide the design and implementation of future quality improvement initiatives across the state through MNPQC.

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MOSTaRE Survey

Patient Experience Themes – Informed by the Birth Place Lab

1. Respect & Mistreatment

- Utilize the MOR standardized index from UBC's The Birth Place Lab to capture if and how this population experiences mistreatment or disrespect.

2. Accessibility of Services and Resources

- Is this population accessing services? Current questions inquire about access to prenatal care, pain management, MAT, breastfeeding, & rooming-in NICU care

3. Communication & Shared Decision Making

- Does this population feel that they can make informed decisions about their care and the care of their infant? Current questions inquire about consent for drug testing and awareness of infant health status. Free response offers an opportunity for stories and suggestions

MOSTaRE Survey Timeline

Pilot
Recruitment

REDCap

IR
B

Survey
Development

Survey Development

Sections of Survey

- Substance use/pregnancy questions
- The Mistreatment Index (MIST)
- Mothers on Respect Index (MoR)
- Demographics

Content Expert Panel Review

- Addiction specialists
- Maternal-fetal medicine specialists
- Community members with lived experience

Translation

- Somali
- Spanish
- Hmong

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MIST and MoR Indices

MIST Index

Did you experience any of the following problems or attitudes in your care during pregnancy or birth? (Please select all applicable options)

- ☐ Your private or personal information was shared without your consent
- ☐ Your physical privacy was violated, for example being uncovered or having people in the delivery room without your consent
- ☐ A healthcare provider shouted at or scolded you
- ☐ Healthcare providers withheld treatment or forced you to accept treatment that you did not want
- ☐ Healthcare providers threatened you in any other way
- ☐ Healthcare providers ignored you, refused your request for help or failed to respond to requests for help in a reasonable amount of time
- ☐ You experienced physical abuse, such as aggressive physical contact, inappropriate sexual conduct, a refusal to provide anesthesia for an episiotomy, etc.
- ☐ None of the above

A: Overall while making decisions about my pregnancy or birth care: (select or circle one answer for each statement)

	Strongly Disagree	Disagree	Somewhat Disagree	Somewhat Agree	Agree	Strongly Agree
I felt comfortable asking questions	1	2	3	4	5	6
I felt comfortable declining care that was offered	1	2	3	4	5	6
I felt comfortable accepting the options for care that my doctor or midwife recommended	1	2	3	4	5	6
I felt pushed into accepting the options my doctor or midwife suggested	6	5	4	3	2	1
I chose the care options that I received	1	2	3	4	5	6
My personal preferences were respected	1	2	3	4	5	6
My cultural preferences were respected	1	2	3	4	5	6
	SECTION A TOTAL SCORE:					

B: During my pregnancy I felt that I was treated poorly by my doctor or midwife because of: (select or circle one answer for each statement)

	Strongly Disagree	Disagree	Somewhat Disagree	Somewhat Agree	Agree	Strongly Agree
My race, ethnicity, cultural background or language*	6	5	4	3	2	1
My sexual orientation and / or gender identity*	6	5	4	3	2	1
My type of health insurance or lack of insurance*	6	5	4	3	2	1
A difference of opinion with my caregivers about the right care for myself or my baby*	6	5	4	3	2	1
ADD ALL SCORES IN SECTION B:	SECTION B TOTAL SCORE:					

C: During my pregnancy I held back from asking questions or discussing my concerns because: (select or circle one answer for each statement)

	Strongly Disagree	Disagree	Somewhat Disagree	Somewhat Agree	Agree	Strongly Agree
My doctor or midwife seemed rushed*	6	5	4	3	2	1
I wanted maternity care that differed from what my doctor or midwife recommended*	6	5	4	3	2	1
I thought my doctor or midwife might think I was being difficult*	6	5	4	3	2	1
ADD ALL SCORES IN SECTION C:	SECTION C TOTAL SCORE:					

Recruitment

Initial Launch

- A pilot survey **is currently underway** and will be released statewide in the coming weeks.

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RECRUITING MINNESOTA PARTICIPANTS!

Have you experienced substance use during pregnancy in the last 5 years? If so, we want to hear from you!

Help Us Improve Care for Mothers/ Pregnant People

We're committed to ensuring that people experiencing substance use during pregnancy receive the best possible care. Your voice matters—sharing your story helps us improve healthcare and ensure their needs are recognized and addressed.

Contribute to Quality Improvement: Take Our Online Confidential Survey

Take an anonymous online survey to share your pregnancy experience. The first 200 people to fill out the survey will receive a $20 gift card.

How to Participate

Scan the QR code to the right to access the survey or visit our website **MNPQC.org**

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Next Steps

- Translation of survey and fliers into Somali, Hmong, and Spanish in progress
- Expand to more sites at end of the pilot
  - 20 responses needed before the survey closes
- Analyze pilot success to determine changes before rolling out state-wide
  - 200 total responses desired

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Additional Ongoing MNPQC Efforts

Eat, Sleep, Console (ESC) Community of Learning

August 2024 - March 2025

Month 1: August 28, 2024: Introduction to ESC

Month 2: September 25, 2024:

- Aspirus St. Luke's Duluth- ESC Practices: Implementation to Current
- Training & Resources for Staff

Month 3: November 27, 2024:

- MHealth Fairview- Logistics of ESC on Different Units (Mother Baby vs NICU, etc.)
- Key Metrics for Effectiveness

Month 4: January 22, 2025:

- Breastfeeding Infants with NOWS
- Addressing Challenges & Barriers

Month 5: February 26, 2025:

- ESC Hospital Doulas
- Strategies for Hospital Collaboration

Month 6: March 26, 2025: Expanding ESC to Other Areas & Sustainability of ESC

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Linking Identification & Navigation for Perinatal Mental Health & Substance Use Care (LINK) Initiative

October 2024 - October 2025

Patient Voice/Patient Integration

Breastfeeding NAS Infants

Building Trust & Relationships Within the Community

Plans of Safe Care/Community Referrals

Harm Reduction

Access to Care for the Medicaid Person/Treatment Options

Universal Screening- ‘Screening vs. Testing’ Language & Validated Tool Review

Recovery & Peer Support

Trauma Informed Care

Fentanyl - Management & Variants

Postpartum Screening

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LINK Initiative: Content via HH ECHO Series

Hennepin Health Echo Series on Perinatal Substance Use

September 11th, 2024: The Impacts of Language and Stigma

September 25th, 2024: Conversations with Patients

October 9th, 2024: The Role of Labor and Delivery Nurses

November 13th, 2024: Role of Peer Recovery Doula

December 11th, 2024: Overview of Medications for Opioid Use in Pregnancy

January 8th, 2025: Medical Assisted Withdrawal

January 22nd, 2025: Harm Reduction in the Hospital

February 12th, 2025: Legal Considerations in MN

Patient Family Partner Program

Purpose

To amplify Minnesota family's voices surrounding their lived experiences during pregnancy, birth, and postpartum to enhance the quality of care, improve patient safety, and shape policies.

MNPQC Patient Family Partner Program

1. Identify interest: refer to website https://www.mommasvoices.org/
2. 30 minute Program Overview meeting
3. Complete MoMMAS Voices online training (4-6 hours)
   - Notify Jess Cleghorn when completed: jessica.cleghorn@minnesotaperinatal.org
4. Jess will aid in the development of a profile, to include:
   - name
   - address
   - willingness to travel
   - background/experience
   - photo
   - 1-2 min video
5. Participant's profile gets added to PFP program registry
6. $200 gift card stipend for completing training, creating profile, and joining Minnesota PFP registry
7. Ongoing communication
   - MNPQC
   - MoMMAs Voices Networking opportunities, monthly celebration call, workshops

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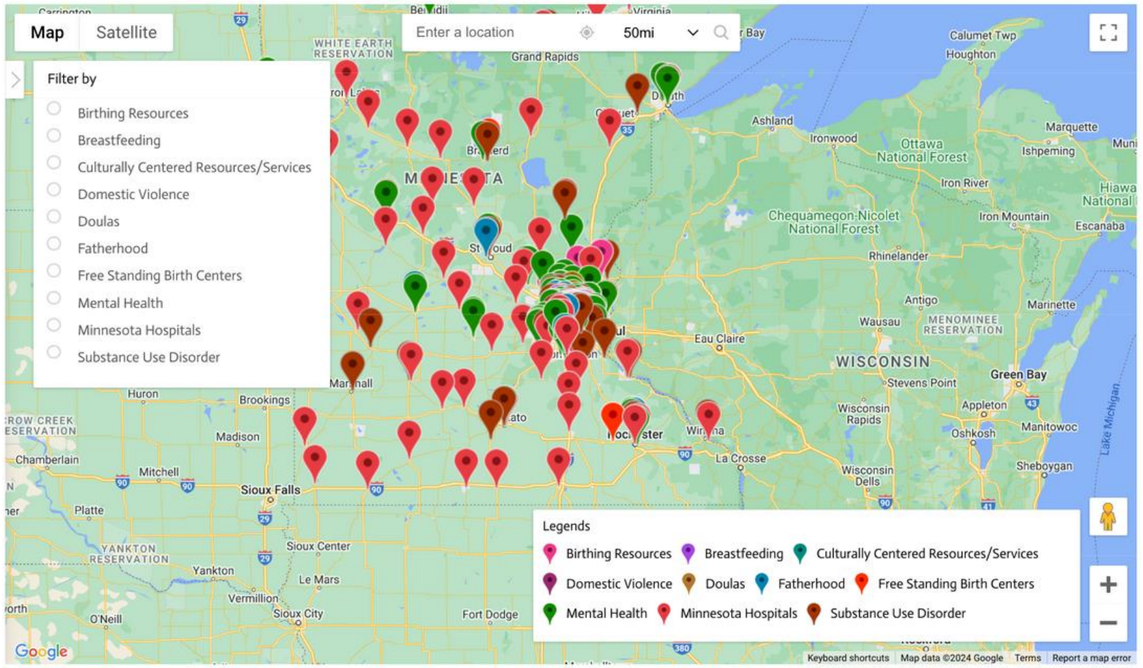
Perinatal Resource Map

Perinatal Resources Map



Tubman
4432 Chicago Avenue S ,Minneapolis

Isuroon (Non-Profit Well Being and Health of Somali Women in MN)
1600 East Lake Street, Suite 1 ,Minneapolis

Southside Community Health Services (Vision and Dental)
4243 4th Ave South ,Minnespolis

Purpose

The Perinatal Resource Mapping project aims to help providers and families identify and visually locate the resources, services, and support systems available to mothers/pregnant individuals and families throughout the state.

Summit Community Partner Program

When

October 22 - 23, 2024

Where

Crowne Plaza
Minneapolis West
3131 Campus Drive
Plymouth, MN 55441

Contact

info@minnesotaperinatal.org

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HennepinHealthcare

Minnesota Hospital Association

Your organization is invited to have a complimentary table to share information and network with health professionals attending the 2024 Perinatal Improvement Summit.

MNPQC will cover meal costs for 1-2 members of your organization to staff the table (if additional attendees are attending, the cost is $100 per person)

Space is limited, please confirm attendance by August 30th.

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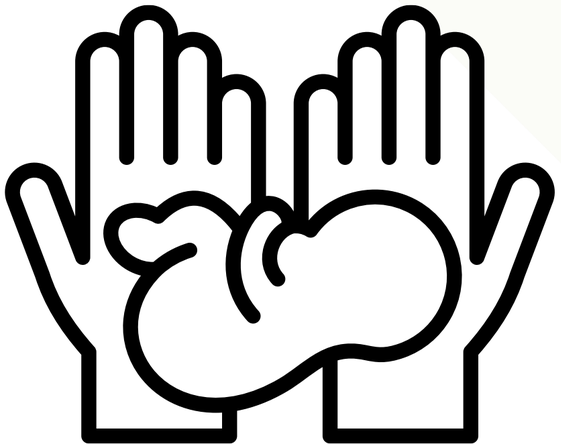
Looking Ahead...

Naloxone Sprint

- Early 2025
- 6-8 weeks
- To address the opioid overdose crisis by implementing a comprehensive program focused on increasing awareness, knowledge, and access to naloxone within the community.

Plans of Safe Care Community of Learning

- Some time in 2025
- 3-6 months
- Facilitate a collaborative and interactive learning environment for professionals involved in the creation and implementation of Plans of Safe Care (POSC) for infants affected by prenatal substance exposure.



QUESTIONS?

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