

Nurse Care Management for Pregnant & Postpartum Patients with Substance Use Disorder

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Introduction/Problem

Substance use in pregnancy is increasing in the United States. Meeting the needs of patients with substance use disorders (SUD) in pregnancy and the postpartum period requires a collaborative, multidisciplinary, patient-centered approach. As part of the national Alliance for Innovation on Maternal Health (AIM) quality improvement collaborative, we created a multidisciplinary implementation taskforce including obstetricians, social workers, nursing and improvement experts. Results of the current state analysis indicated fragmentation of care as a barrier to optimal care delivery. The team proposed an intervention focused on increased care coordination for patients.

Aim/Goal

The Nurse Care Management (NCM) role was implemented to address the absence of coordinated effective care for birthing people. The role is developed to provide systematic, coordinated, and personalized care for patients with SUD during pregnancy and the postpartum year. Our goal was to have at least 60% of pregnant patients with SUD to have initiated multi-disciplinary care prior to delivery.

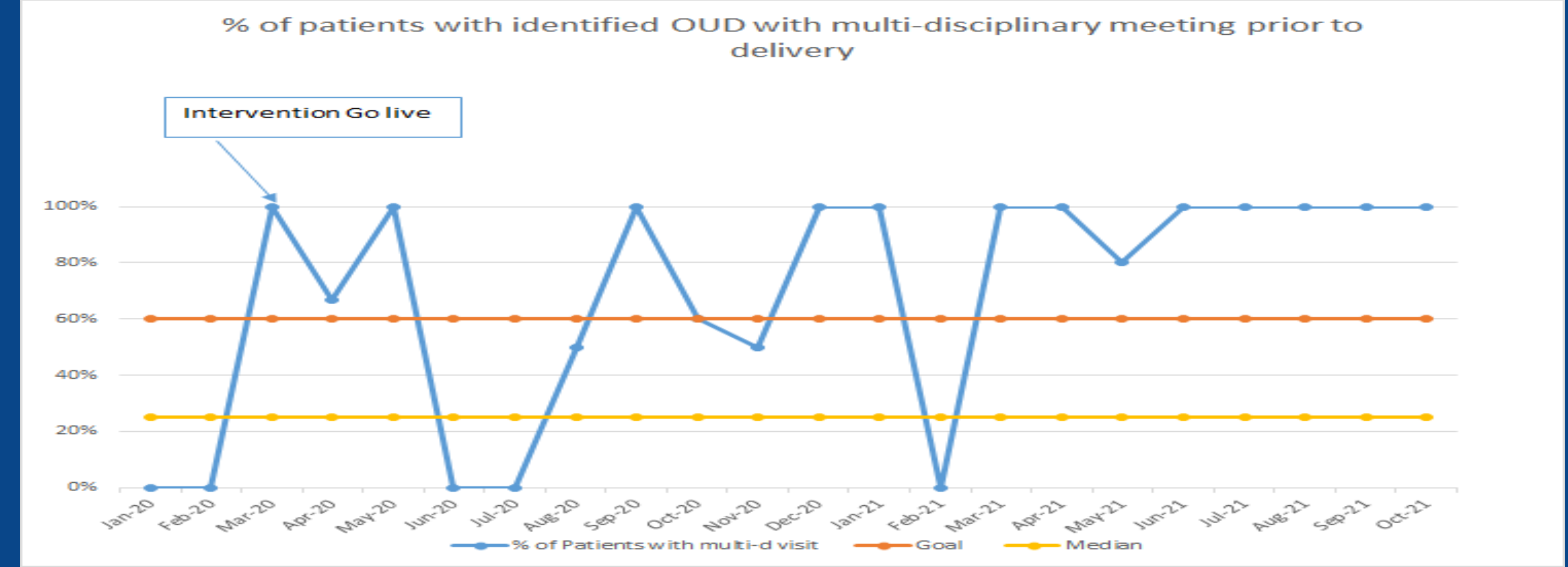
The Interventions

- The OB NCM provides individualized care via 5 primary methods:
- Multidisciplinary team coordination across neonatal intensive care unit, social work, anesthesia, obstetrics, addiction psychiatry
 - Identification of logistical and psychosocial needs and connection with appropriate resources
 - Multi-modal recovery coaching & group meetings (phone, email, text, zoom, in-person accompaniment to clinical appointments, in-person support during delivery hospitalization)
 - Hand-off to PCP at ~12 weeks post-partum
 - Individual psychosocial and breastfeeding support through 1 year postpartum

Intervention Highlight: Peer Support

Stronger Together: Parents Supporting Parents is a weekly zoom meeting that connects pregnant and postpartum birthing people with SUD. The NCM is present to answer questions and facilitate topics. In the future, we will incorporate a facilitator with lived experience and survey attendees for their input.

Results/Progress to Date



Lessons Learned

1. We were able to demonstrate feasibility of implementing the multi-disciplinary meeting goal for >60% of our patients with SUD. Moving forward, we will increase this goal to 80%.
2. Patient needs vary and evolve throughout the prenatal and postpartum period.
3. The earlier a patient is referred to the NCM, the longer they can benefit from multi-disciplinary care.
4. Listening to patients with SUD is crucial to forming a trusting relationship. The lived experiences, goals, and priorities of each birthing person should be respected.

Next Steps

- The future direction for this role includes the following:
- Expansion of screening and referral to treatment across the OB/Gyn Department, thereby capturing all patients who can benefit from this support rather than only those who are referred by their MD
 - Integration and centering of patient experiences, voices and feedback for improvement
 - Streamline data collection via RedCap forms
 - Identify ways NCM support can be modeled for care in other high-risk pregnancy groups