

# Perinatal Quality Collaboratives: Enhancing Care for Pregnant and Postpartum Women with Substance Use Disorders and their Affected Newborns through Quality Improvement

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## Background

- In 2020, mental health conditions were the leading underlying cause of pregnancy-related death in the US, including overdose related to substance use disorders (SUD) (1).
- SUD screening is often not performed during healthcare visits, and when it is, providers may lack knowledge and/or skills to manage SUD and refer patients to appropriate services (2).
- Perinatal Quality Collaboratives (PQCs) are state networks working to improve maternal and infant outcomes by advancing evidence-based clinical practice through data-driven quality improvement (QI) initiatives. PQCs address variations in healthcare processes and outcomes.
- PQCs contribute to important improvements in health care and outcomes for mothers and babies, such as:
  - Screening and treatment for mothers with SUD and affected newborns
  - Building connections between hospitals and communities to improve factors that impact health
  - Addressing maternal mental health care
- This poster describes how 18 CDC-supported PQCs and the National Network of PQCs (NNPQC) worked to improve the quality of healthcare for pregnant and postpartum women and their newborns impacted by SUD and related mental health conditions.

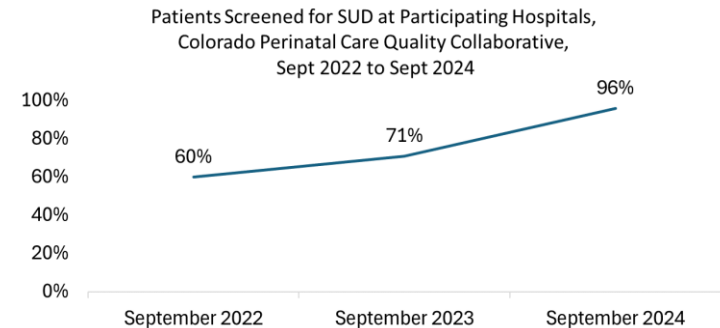
## Methods

- From 9/30/2023 to 9/29/2024, CDC supported 18 PQCs and the NNPQC to:
  - 1) Increase implementation of QI initiatives on SUD and related mental health conditions
  - 2) Support pregnant and postpartum women with SUD and related mental health conditions, their newborns and families by linking them with care, harm reduction services, and/or recovery support services
- PQCs provided trainings, technical assistance, and collaborative learning opportunities to participating healthcare facilities.
- NNPQC coordinated and hosted trainings to increase the capacity of PQCs to support pregnant and postpartum women and their newborns impacted by SUD and related mental health conditions.
- Information about activities was assessed from midpoint and final reporting documents, and from technical assistance calls between CDC and the PQCs, and CDC and the NNPQC.
- Data from reporting documents were assessed to identify if goals were met and how frequently activities were implemented.

## Results

- New QI protocols and initiatives to improve standardized care (e.g. specific protocols on SUD and mental health screening, plans of safe care utilization, pain management algorithms) were implemented in:
  - **174 birthing hospitals**
  - **122 neonatal units**
  - **32 other facilities** (including 10 community health centers and Federally Qualified Health Centers, 1 free-standing birth center, 17 outpatient provider practices, 2 behavioral health centers, and 2 private OB- Gyn practices).
- **> 90** healthcare provider learning sessions and trainings provided (e.g. SUD screening, perinatal mental health conditions, supporting linkages to care)
- **94 resources** created to link pregnant and postpartum women and their newborns to treatment and services
- **58 processes** and protocols implemented to focus on specific topics to improve healthcare practices for pregnant or postpartum women with SUD and their newborns (e.g., SUD and mental health screening, addressing implicit bias, delivering respectful patient care)
- **NNPQC-hosted trainings** on:
  - Perinatal toxicology screening utilization
  - Mandatory reporting considerations
  - Improving screening & management of maternal mental health conditions

## Highlights of PQC Success



Colorado's PQC increased SUD screening at participating hospitals from 60% to 71% (9/2022 - 9/2023) and from 71% to 96% (9/2023 - 9/2024), using a collaborative learning approach with monthly learning sessions, quarterly one-on-one quality improvement coaching, and quarterly data feedback cycles



Washington's PQC worked with their Department of Children, Youth, and Families to conduct 10 listening sessions with a total of 58 participants from a variety of partner organizations, to inform improvements to the Safety Screening Algorithm on their Plans of Safe Care portal. They also developed a universal referral form that links directly to pregnancy, parenting, and SUD resources

## Conclusion and Discussion

- These results demonstrate that PQCs have potential to improve healthcare processes and health outcomes through QI activities, so every family impacted by SUD and mental health conditions can receive comprehensive, compassionate, and evidence-based care.
- Limitations included challenges in capturing PQC activities in a standardized manner.
- Limitations also included addressing challenges that PQCs experienced in implementing screening and referral practices, in addition to PQCs incorporating disparate provider views on best practices for this population.
- Findings and successful activities can inform future PQC work to improve provider capacity, adapt trainings, and improve referrals and resource development with the goal of caring for pregnant and postpartum women and their newborns impacted by SUD and related mental health conditions.

## References

- (1) Centers for Disease Control and Prevention. Pregnancy-Related Deaths: Data from Maternal Mortality Review Committees in 38 U.S. States, 2020. Available at: <https://wcmms-wp.cdc.gov/maternal-mortality/php/data-research/index.html>. Accessed February 26, 2025.
- (2) Wright, Tricia E. et al., The role of screening, brief intervention, and referral to treatment in the perinatal period. *Amer J of Obs & Gyn.* 2016 Nov; 215(5): 539-547. <http://dx.doi.org/10.1016/j.ajog.2016.06.038>

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