



## Care for Pregnant and Postpartum People with Substance Use Disorder Patient Safety Bundle

### Readiness — Every Unit

Provide education to pregnant and postpartum people related to 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 to address health care team member biases and stigma related to SUDs.

Provide clinical and non-clinical staff education on optimal care for pregnant and postpartum people with SUD, including federal, state, and local notification guidelines for infants with in-utero substance exposure and comprehensive family care plan requirements.\*

Engage appropriate partners to assist pregnant and postpartum people and families in the development of family care plans, starting in the prenatal setting.\*

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 between obstetric providers, community-based organizations, and state and public health agencies to enhance services and supports for pregnant and postpartum families for social determinants of health needs, behavioral health supports, and SUD treatment.\*

### Recognition & Prevention — Every Patient

Screen all pregnant and postpartum people for SUDs using validated self-reported screening tools and methodologies during prenatal care and during the delivery admission.\*

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.

\*See [CPPPSUD Element Implementation Details](#)



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### Response — Every Event

Assist pregnant and postpartum people with SUD to receive evidence-based, person-directed SUD treatment that is welcoming and inclusive in an intersectional manner and, discuss readiness to start treatment, as well as referral for treatment with warm hand-off and close follow-up.\*

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 — Every Unit

Identify and monitor data related to SUD treatment and care outcomes and process metrics for pregnant and postpartum people with disaggregation by race, ethnicity, and payor as able.\*

Convene inpatient and outpatient providers and community stakeholders, including those with lived experience in an ongoing way, to share successful strategies and identify opportunities to improve outcomes and system-level issues.\*

### Respectful, Equitable, and Supportive Care — Every Unit/Provider/Team Member

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.\*

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\*See [CPPSUD Element Implementation Details](#)