

The Opioid Epidemic and Strategies to Improve Maternal Child Health

Scope of the problem:

- Since 1999, every racial demographic has seen an increase in opioid overdoses.
- The number of women with Opioid Use Disorder (OUD) at labor and delivery increased 4X from 1999-2014.
- American Indian and Alaska Native (AI/AN) women have the highest risk of dying from a prescription opioid overdose.

AIM:

- Improving maternal engagement in early prenatal care and promote active participation in recovery strategies to improve overall outcomes for women, substance-exposed infants, and their families.

Strategies:

1. **Expand Screening, Brief Intervention, and Referral to Treatment (SBIRT)** to identify substance use and intervene to change behavior prior to conception. All women of child-bearing age should be routinely screened for alcohol and drug use (including tobacco, prescription, and illicit drugs) as well as for depression and intimate partner violence. Screening should be universal for all patients and should use a validated screening tool. Validated screening tools include the [4Ps](#), [NIDA Quick Screen](#), and [CRAFFT](#) (for adolescents and young adults).
2. **Provide ready access to effective SUD Treatment** by increasing the number of DATA waiver providers. To prescribe or dispense buprenorphine, physicians must [qualify](#) and apply for a waiver under the [Drug Addiction Treatment Act of 2000 \(DATA 2000\)](#). In July 2016, President Obama signed the Comprehensive Addiction and Recovery Act (CARA) into law that expanded buprenorphine prescribing to Nurse Practitioners and Physician Assistants. For more information on how to obtain a waiver, please visit [Provider Clinical Support System](#). Medication is one part of a comprehensive approach toward achieving long-term recovery in combination with psychosocial interventions. IHS is working in partnership with tribes and tribal organizations, and urban Indian programs to improve substance use disorder treatment and behavioral health services by ensuring approaches are holistic, culturally responsive, and trauma-informed. For more information on SUD treatment in pregnancy, please visit the [Maternal Child Health](#) page on the IHS opioid website.
3. **Promote general public awareness** to reduce barriers to seeking treatment prior to conception and early in pregnancy. Education, broad access to treatment services, and harm reduction strategies can improve outcomes for both mothers and newborns as well as help to keep the family unit together. Fostering relationships and improving awareness surrounding trauma-informed approaches to this complex problem can lead to recovery, hope, and healing.
4. **Develop plans of safe care** that are patient-specific and address the health and substance use disorder treatment needs for infant and affected family or caregiver. Communication between disciplines who interact with the patient (i.e. obstetrician/gynecologist, pediatrician, neonatology, MAT clinician, child welfare provider, behavioral health, social worker/case managers, etc.) is essential to prenatal, labor and delivery, postpartum, and newborn care as well as a plan of safe care after hospital discharge. For more information on developing plans of safe care, please visit the National Center on Substance Abuse and Child Welfare [Plans of Safe Care](#).

Resources:

- [American College of Obstetricians and Gynecologists \(ACOG\)](#): Recommendations to the IHS on Standards of Care for AI/AN Pregnant Women and Women of Childbearing Age with Opioid Use Disorder
- ACOG Obstetric Care for Women with Opioid Use Disorder [Patient Safety Bundle](#)
- [Maternal Child Health](#) page on the IHS opioid website
- National Center on Substance Abuse and Child Welfare [Plans of Safe Care](#)