



A Family Approach to Services and Transitions for Opioid Use & Exposure

Mental health conditions, including drug-related overdose deaths and suicides, are the top cause of pregnancy-related deaths in Pennsylvania, contributing to 34% of deaths in 2021. The highest risk occurs in the postpartum period. The Maternal Mortality Review Committee (MMRC) also identified substance use disorder (SUD) contributed to 26% of the deaths, and 98% of all deaths were preventable.¹

To prevent these deaths, the MMRC recommends that providers screen for SUD and co-occurring disorders, make warm handoff referrals, standardize discharge plans for postpartum individuals with opioid use disorder (OUD) including naloxone prescription and distribution, consult multi-disciplinary care teams specific to SUD at time of admission, provide medications for OUD or ensure adequate treatment from SUD facilities, follow-up with individuals with SUD after discharge, ensure services and appointments are in place with a closed loop referral prior to discharge, ensure equity use and application of a Plans of Safe Care, ensure standard protocols in place to avoid stigma and discrimination for individuals who are suspected of using substances.

For Neonatal Abstinence Syndrome (NAS), the incidence per 1,000 live births in 2023 was 9.1—a decrease from the 2022 rate of 9.6. In regard to the discharge plan and referrals for those with NAS, 62% had a Plan of Safe Care initiated, 31% were referred to Early Intervention, 11% were referred to home visiting services, and 51% were referred to pediatricians experienced with NAS, among other referrals. PA DOH's NAS report describes the opportunity to improve awareness and education of hospital providers on available services and the importance of coordinated follow-up and referral.²

Initial PA Successes

- With funding from the PA Department of Drug and Alcohol Programs (DDAP), the PA PQC has led quality improvement initiatives for OUD and NAS since 2019. Examples of improvements from the most recent initiative include increasing from 22 to 30 hospitals with a system in place to provide naloxone to at-risk patients prior to discharge, sustaining over 90% of pregnant individuals being screened for

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substance use with a validated tool, sustaining 90% of substance-exposed newborns receiving non-pharmacological care, and training 20 hospitals in trauma-informed care.

- In 2024, PA established the [Perinatal TiPS program](#) to offer provider-to-provider consultation, referral assistance, and case management support for perinatal mental health and SUD.

Statewide Goals for the July 2026 through June 2027 Implementation Period

- Recruit 20 multidisciplinary healthcare teams to participate in PA PQC's OUD and NAS initiative
- Standardize the discharge and transition process for people with OUD among at least 50% of participating hospitals
- Standardize the discharge and transition process for babies with NAS among at least 50% of participating hospitals
- Train 5 hospitals in trauma-informed care approaches and establish a trauma-informed approach within all 5 hospitals in the context of substance use

Key Interventions

- Educate OB provider and nursing on Respectful & Equitable care
- Educate pediatric or neonatal provider and nursing on Respectful & Equitable care
- Standardize the discharge and transition process for individuals with OUD and infants with NAS to ensure coordinated, family-centered care across maternal and newborn services, including:
 - Provision of opioid reversal medication and education on overdose prevention and harm reduction strategies
 - Education for families on care needs and harm reduction strategies
 - Coordination of care transitions, including warm handoffs and connection to postpartum and newborn services
 - Use of evidence-based guidance (e.g., medications for OUD, treatment of NAS, and breastmilk feeding recommendations)
 - Access to lactation consultation, as appropriate
 - Follow-up after discharge to support ongoing connection to care
- Train hospital leadership and staff on how to provide non-stigmatizing, trauma informed OUD and NAS care to meet the individualized needs of diverse populations, including Black maternal health concerns

Measures to Track Goals and Key Interventions

Process Measures:

- Cumulative proportion of OB provider and nursing who, in the last 2 years, have received education on Respectful & Equitable care
- Cumulative proportion of pediatric or neonatal provider and nursing who, in the last 2 years, have received education on Respectful & Equitable care
- Percent of pregnant individuals screened for substance use with a validated screening tool by the hospitals
- Percent of pregnant and postpartum individuals diagnosed with OUD who are taking Medications for OUD based on self-report
- Percentage of individuals diagnosed with OUD who received postpartum care
- Percentage of pregnant individuals with an at-risk substance use screen who received an appropriate follow-up action for alcohol or other drug use
- Percent of individuals with SUD who received or were prescribed Naloxone prior to delivery discharge
- Percent of newborns with NAS who were referred to appropriate follow-up at discharge

Structure Measures:

- Survey questions to assess whether the following are in place at each participating hospital:
 - Trained OB leadership and staff on providing non-stigmatizing, trauma-informed OUD care based on specific individualized needs and backgrounds.
 - Trained Nursery and NICU leadership and staff on providing non-stigmatizing, trauma-informed NAS care based on specific individualized needs and backgrounds.
 - Established a trauma-informed approach within hospitals in the context of substance use.
 - Trained maternal care teams on the criteria and process for Plans of Safe Care
 - Trained newborn care teams on the criteria and process for Plans of Safe Care
 - Established a system to provide opioid reversal medication and education to at-risk patients.

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- Established a protocol to refer recently pregnant people with OUD and newborns with NAS to medical, behavioral, and support services upon discharge.
- Established a process that resulted in receiving input and feedback from people with lived experience in maternal OUD on the discharge and transition process and materials
- Created a process and materials to educate families on harm reduction strategies
- Provide evidence-based guidelines on breastmilk feeding, medication advice, and treatment options
- Established a process to receive maternal OUD consultation from provider-to-provider consultation programs, such as Perinatal TiPS, prior to discharge
- Created a process to follow-up with families experiencing substance use and exposure after discharge to ensure connections to the referred services

References

¹ PA Maternal Mortality Review 2021 Case Data Infographic. PA Department of Health. <https://www.pa.gov/content/dam/copapwp-pagov/en/health/documents/topics/documents/programs/2025%20Pennsylvania%20Maternal%20Mortality%20Review%20Infographic%E2%80%8B.pdf>. October 16, 2025.

*2025 PA Maternal Mortality Review Annual Report, Deaths occurring in 2021 (Full Report). <https://www.pa.gov/content/dam/copapwp-pagov/en/health/documents/topics/documents/programs/2025%20MMR%20Report.pdf>. August 2025.

² Neonatal Abstinence Syndrome: 2023 Report Bureau of Family Health and Bureau of Epidemiology April 2025. <https://www.pa.gov/content/dam/copapwp-pagov/en/health/documents/topics/documents/opioids/NAS%202023%20Annual%20Report.pdf>