Ohio Perinatal Quality Collaborative
Maternal Opiate Medical Supports Plus (MOMS+) Project

The Ohio Perinatal Quality Collaborative (OPQC) is a statewide consortium of perinatal clinicians, hospitals, policymakers and governmental entities that aims, through the use of improvement science, to reduce preterm births and improve perinatal and birth outcomes in Ohio as quickly as possible. OPQC was founded in 2007 and is seen as a national model in statewide perinatal quality improvement.

Between 2004 and 2011, the diagnosis of opioid abuse or dependence grew 491 percent among delivering mothers in Ohio[1]. One result of maternal OUD is neonatal abstinence syndrome (NAS), which is a drug withdrawal syndrome that may occur in opioid-exposed newborns shortly after birth[2]. In 2015, it was reported that one baby suffering the effects of NAS is born in the United States every 25 minutes [3]. The OUD and NAS epidemics are steadily increasing, overwhelming social service systems and public payers.

Ohio tested models of care for pregnant women with OUD in a project known as Maternal Opiate Medical Supports (MOMS). OPQC successfully implemented an NAS care bundle in 52 Level II and III NICUs across the state[4]. **OPQC will build on these previous efforts to test and spread a "Mentor-Partner" model to improve care and outcomes for pregnant women with OUD and their infants in the MOMS+ initiative**. OPQC will work in collaboration with the Ohio Department of Mental Health and Addiction Services (ODHMAS), the Ohio Department of Medicaid (ODM), and the Ohio Department of Health (ODH) efforts to optimize the maternity medical home and improve outcomes for pregnant women with OUD and their infants.

The goal of MOMS+ is to improve care and outcomes for the mother-infant dyad by supporting maternity care providers in the care of pregnant women with OUD, working closely with those who provide medication assisted treatment (MAT) and behavioral health (BH) therapy. OPQC recognizes that the need for MAT, BH, and social services for OUD, a chronic disease, is not going to end at the time of delivery. A reliable plan for coordination of care and continued support for the mother-infant dyad is needed in the postpartum period.

The "Mentor-Partner" model in the MOMS + initiative will build on the expertise of faculty who provide successful maternity medical homes for pregnant women with OUD prototypes and those who developed and implemented neonatal abstinence syndrome care bundles. These faculty will serve as Mentors to build the capacity and capability of Partner maternity care practices. The project aims to:

- Increase the identification of pregnant women with OUD
- Increase the % of women during pregnancy who receive PNC, MAT, Behavioral counseling each month
- Improve communication amongst OB, OTP and Community Resources
- Increase the % of women with negative toxicology screen at delivery
- Decrease the % of full-term infants with NAS requiring pharm treatment
- Increase the % of babies who go home with mother
- Improve hand-off for continued care following pregnancy

OPQC employs an adapted Institute for Healthcare Improvement (IHI) Breakthrough Series Model (BTS). This method is based on improvement science as well as adult learning theory. It was designed to overcome barriers and to accelerate translation of evidence into practice by engaging multiple teams to learn from each other and from recognized experts to make improvements: "all teach, all learn" philosophy. The BTS model promotes use of rapid Plan-Do-Study-Act (PDSA) cycles, in which teams are taught to address problems as they arise by testing interventions in small steps to achieve desired change. OPQC brings teams together in both face-to-face sessions and monthly webinars to review individual and aggregate data, and learn from teams that have been successful at improving outcomes.

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[1] Massatti R, Falb M, Yors A, Potts L, Beeghly C & Starr, S. (2013, November). Neonatal abstinence syndrome and drug use among pregnant women in Ohio, 2004-2011. Columbus, OH: Ohio Department of Mental Health and Addiction Services.
[2] Hudak ML, Tan RC, Committee on Drugs, et al. Pediatrics. 2012;129;e540-60
[3] Patrick SW, Davis MM, Lehmann CU, Cooper WO. Increasing evidence and geographic distribution of neonatal abstinence syndrome: United States 2009 to 2012. J Perinatol. 2015;35(8):650-655.
[4] Walsh, M, Crowley M, Wexelblatt S, Ford S, Kuhnell P, Kaplan H, McClead R, Macaluso M, Lannon C. Ohio Perinatal Quality Collaborative Improves Care of Neonatal Narcotic Abstinence Syndrome. Pediatrics. 2018;141(4):e20170900