

Wisconsin Perinatal
Quality Collaborative
(WisPQC)

Improving care for
pregnant and
postpartum people with
substance use disorders

August 7, 2025



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Who are we

- Housed within non-profit, WAPC since 2014.
- Neutral, non-partisan, and non-regulatory.
- Most states have a PQC, lots of which are funded through the CDC.
- Focused on improving perinatal outcomes through continuous improvement.



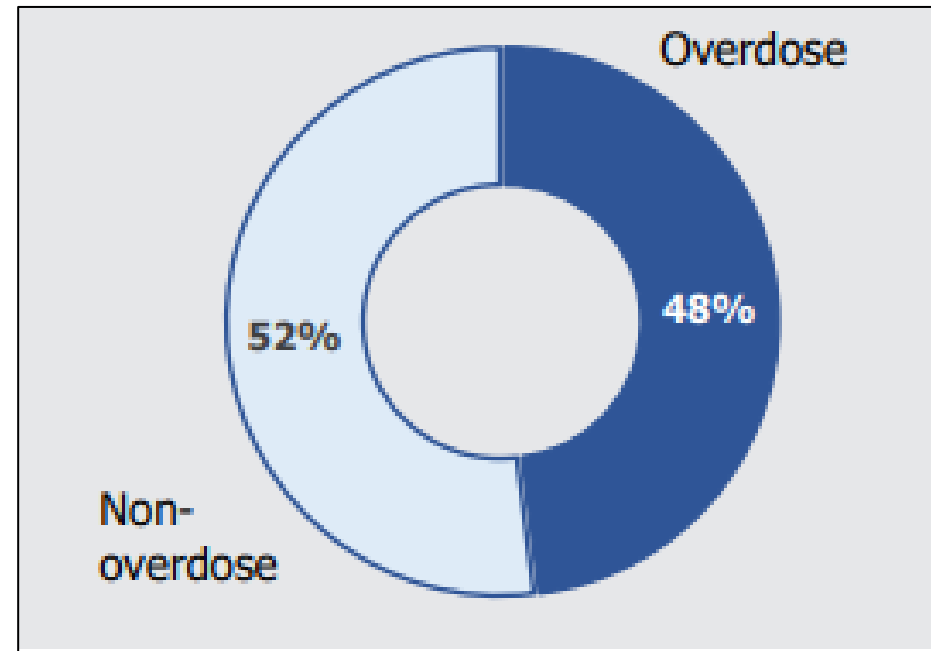
Wisconsin Maternal Mortality Review Team (MMRT) data

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Demonstrating a need to focus on perinatal
substance use in Wisconsin

Burning platform

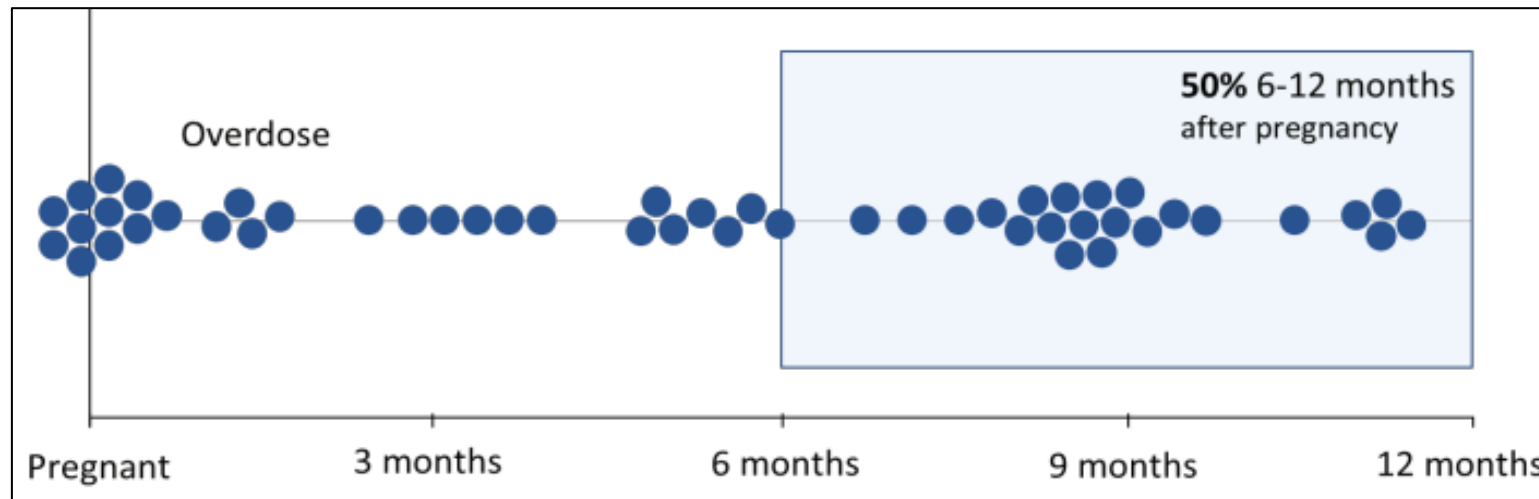
Nearly half of all Wisconsin pregnancy-related deaths in 2016-17 were due to overdose



Source: 2016-17 Wisconsin Maternal Mortality Report, 2022

Pregnancy-associated overdose deaths report

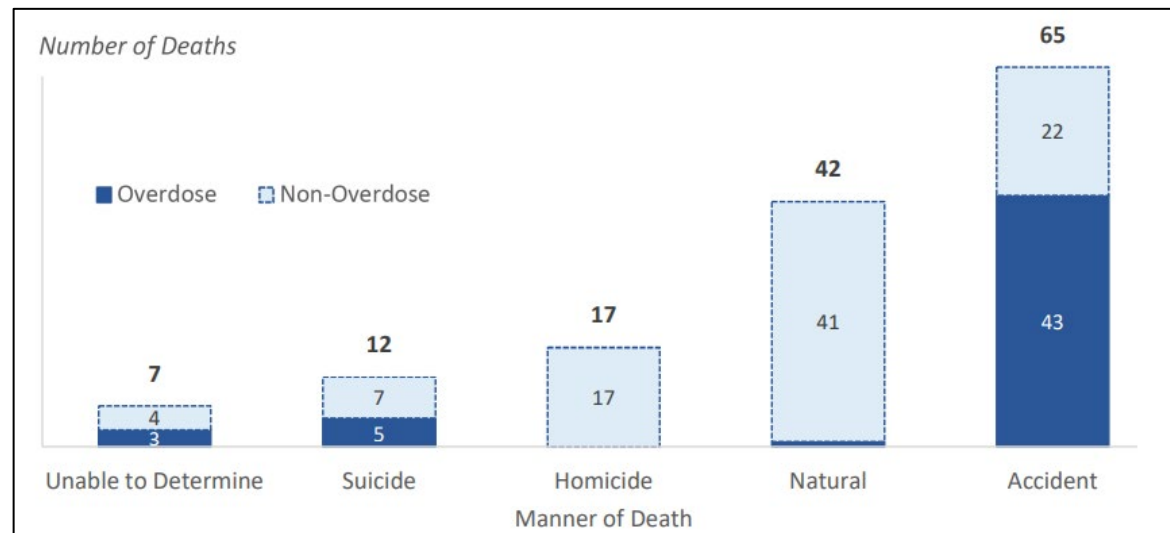
Half of all Wisconsin pregnancy-associated overdose deaths occur 6-12 months after pregnancy



Source: Wisconsin Maternal Mortality Review: Pregnancy-associated overdose deaths (2016-2019), 2021

Pregnancy-associated overdose deaths report

Most Wisconsin pregnancy-associated overdose deaths were accidents



Source: Wisconsin Maternal Mortality Review: Pregnancy-associated overdose deaths (2016-2019), 2021

What does this look like in your area?

- We can look at SUD diagnosis at time of delivery by county of residence (2021-2023)
- Wisconsin data
 - Deliveries with substance use disorder diagnosis = 9,735
 - Delivery hospitalizations = 169,542
 - Substance use disorder diagnosis rate per 10,000 delivery hospitalizations = 574.5
- County data
 - 48 counties have higher rates than the state
 - 22 counties have lower rates than the state


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What does this look like in your area?



County of Residence 	Deliveries with Substance Use Disorder Diagnosis	Delivery Hospitalizations	Substance Use Disorder Diagnosis Rate per 10,000 Delivery Hospitalizations
Dane	482	16366	294.5
Kenosha	263	4633	567.7
Milwaukee	1965	34140	575.6
Ozaukee	32	2340	136.8
Racine	292	6073	480.8
Rock	318	4860	654.3
Washington	124	3682	336.8
Waukesha	255	10802	236.1
Wisconsin	9735	169452	574.5

MMRT bi-monthly meeting summaries



- March 2024 review: 10 deaths
- Preventability: **90% preventable**
- Relevant recommendations:
 - Providers and health systems should **screen all pregnant patients** with a history of adverse childhood events for mental health and substance use. (1)
 - Anyone documenting in the medical record of pregnant patients with substance use disorder should have **training on providing non-biased care** with trauma-informed language. (1)
 - Hospitals and providers should **offer additional resources** to pregnant patients with substance use disorder such as peer support counseling, harm reduction, and counseling at all points care. (1)

Initiative overview

Improving care for pregnant and postpartum people
with substance use disorders



WisPQC initiative overview



- Alliance for Innovation on Maternal Health (AIM) patient safety bundle focused on birth hospitalization
- Institute for Healthcare Improvement (IHI) Breakthrough Series collaborative learning model





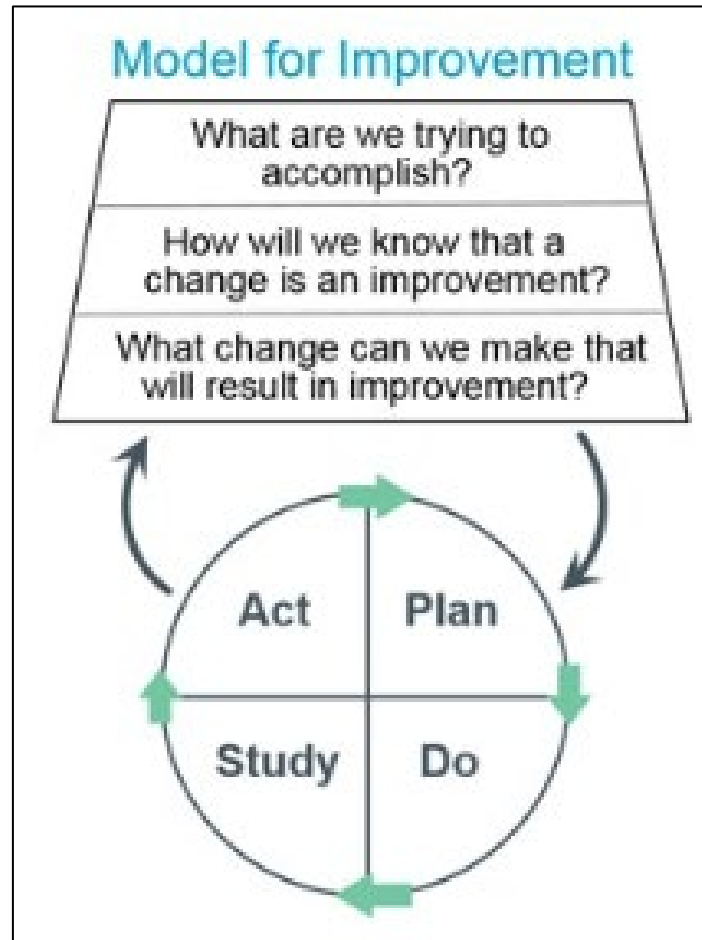
WisPQC initiative overview

- Implementation phase: October 2023 through November 2024
- Sustainment phase: December 2024 through May 2025

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◦ · Achievements for
hospital teams and
the collaborative



Follow a proven structure



1. Aim statement



2. Measurement strategy



3. Change package



Many small tests during the 12-month implementation phase

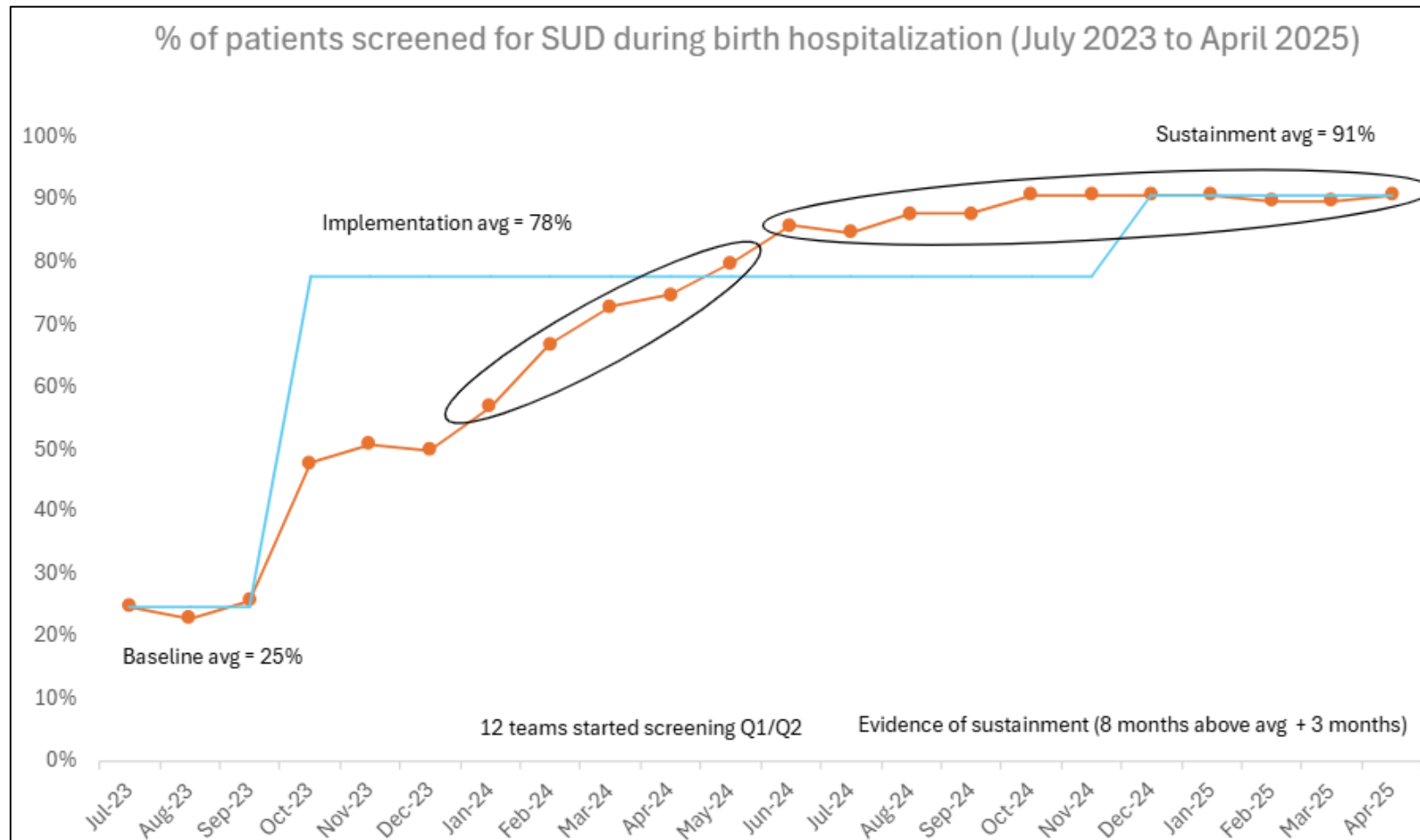
Clear aim statements



- By November 2024, the percentage of pregnant and postpartum patients **universally screened** for SUDs with a **validated, verbal or written** screening tool will increase by 60%.
- By November 2024, 80% of patients screened positive for SUDs will be referred to **recovery-oriented services, support, and/or treatment.**
- By November 2024, 90% of all participating hospital teams will **prepare and distribute a list** of local recovery-oriented services, support, and/or treatment resources to **hospital team members and patients** who screen positive for SUDs.

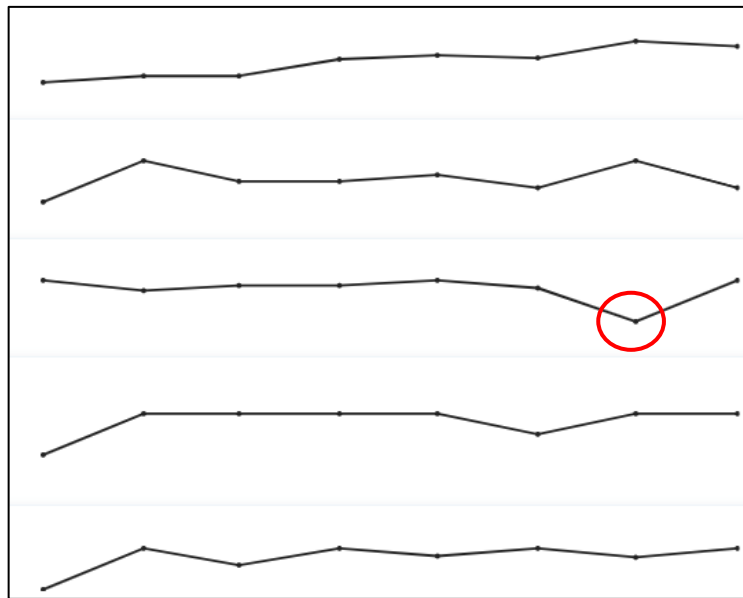
Aim statement #1 achieved

By November 2024, the percentage of pregnant and postpartum patients universally screened for SUDs with a validated verbal or written screening tool will increase by 60%.



The importance of stratifying data

- ▶ Supports aim statement 1 with universal screening data
- ▶ Helps teams understand differences in screening rates between populations
- ▶ Identifies the need for screening tools in multiple languages



Screening rates stratified by race/ethnicity in LifeQI

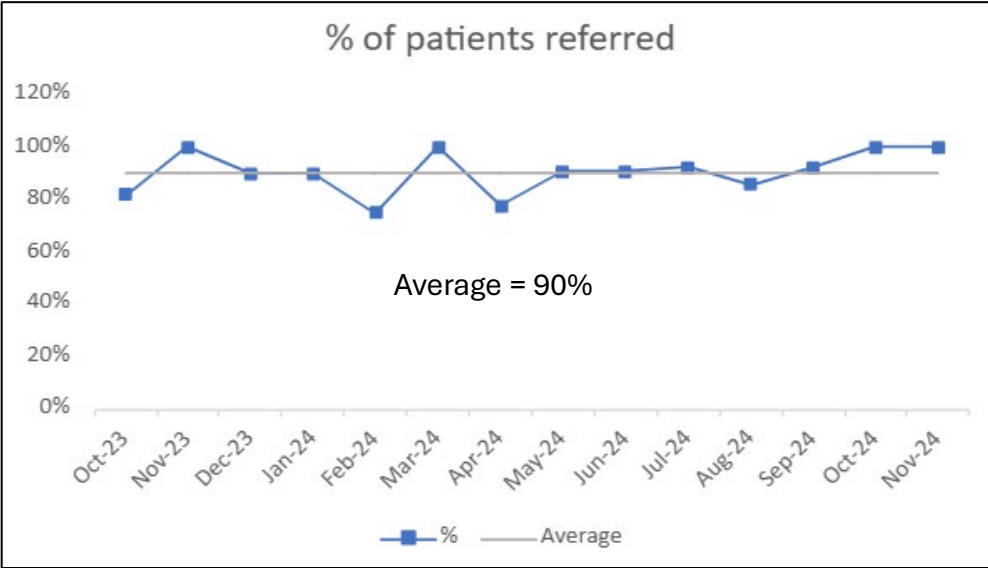
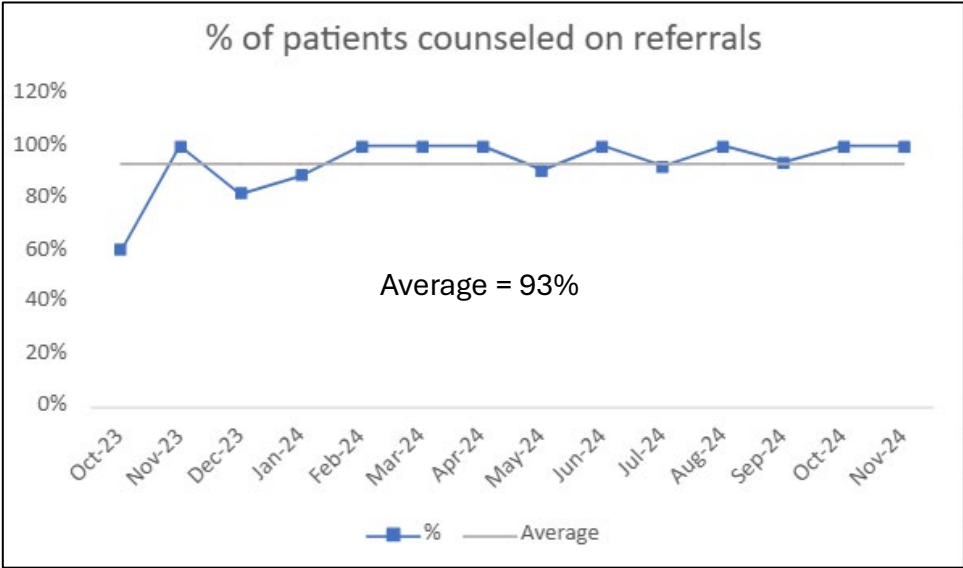


“I noticed that at..., the Hispanic women had lower screening rates...We do have our screening tools translated into Spanish and available for the nurses to use. I will bring this finding forward to operational leaders and watch for a trend to see if needs to be discussed with nurses.”

Quote from team member

Aim statement 2 achieved, but context is key

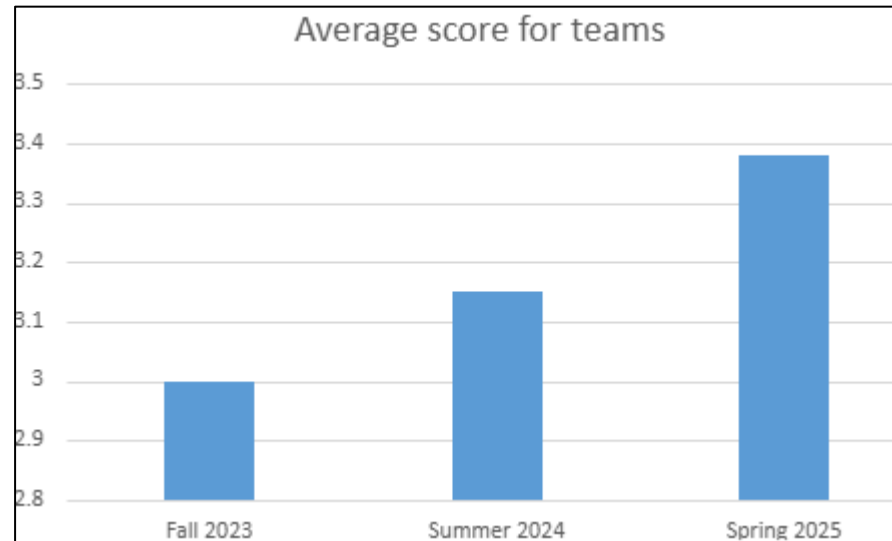
- ▶ By November 2024, 80% of patients screened positive for SUDs will be referred to recovery-oriented services, support, and/or treatment.
 - ▶ 30% of teams (6/20) submitted data for this measure
 - ▶ Evidence of counseling or referral completion often in notes, making the data hard to pull in a report



Aim statement #3 nearly achieved

By November 2024, 90% of all participating hospital teams will prepare and distribute a list of local recovery-oriented services, support, and/or treatment resources to hospital team members and patients who screen positive for SUDs.

- 85% of teams who submitted survey responses throughout the collaborative (13/19) met this goal.
- Average score increased throughout initiative
- Score
 - 1 = No list, no plans
 - 2 = No list, but we have plans
 - 3 = Have a list, needs to be updated
 - 4 = Have a list, it's updated



Qualitative data



- Monthly narrative reports
- “Two of the patients that screened positive for SUD identified **early in their pregnancy** they struggled with SUD. One was actively using Fentanyl and Heroin and one was actively using Cocaine and Fentanyl. Both patients were **referred from their OB Provider to a Clinic/Provider** that could prescribe them Suboxone and Methadone, stopped using their substance of choice, and they **delivered on their treatment medication**. This is a success for collaborating with the clinic settings when we went live with our SUD program to **screen not only in the hospital, but in the clinics too** to initiate treatment sooner in the pregnancy.”

Collaborative evaluation results



This collaborative gave our facility leverage to have EPIC changes made to help facilitate orders for Narcan, recovery services to our specialty clinic and BPA to fire in clinic for screening.

Validated we are on the right track

Still not the only one figuring things out

It reinforced the need to get the screening incorporated into Epic. This helped not only the Wisconsin region but was made available to the system across 4 states.

Sharing success and struggles

Learning from other facilities what's working and what's not.

The collaborative is a great space for teams to share what's working well and what isn't. We can support each other across the entire state and improve care for our patient population by working together.

Lots of discussion/ support to each other

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Taking action: What can you do?



Mandated Reporting

What can you do – Mandated Reporting



- See if your facility has a mandated reporting policy and when it was updated.
- Review the Wisconsin Mandated Reporter training.
- Reach out to your CPS agency to build a relationship and understand follow up.

Mandated Reporting

WI Tools and Resources	Context or ways to use tool
Wisconsin Mandated Reporter Training	Wisconsin Mandated Reporter Training: Substance Abuse is the 7th subsection within “types” section.
Wisconsin CPS Agency Contacts	Get in touch with your local (county) Child Protective Services (CPS) agency to build good relationships. This includes inviting them to talk with your team or connecting them with the point person at your site who does the reporting.

Stigma & Bias

What can you do – Stigma & Bias



- Review the Language Matters document and reflect on changes you can make.
- Complete a language audit of your notes and charting for stigmatizing language.
- Identify any educational handouts, discharge materials, or patient facing materials that contain stigmatizing language and discuss updating or replacing them with management.

Stigma & Bias

Tools and Resources	Context or ways to use tool
Language Matters	A resource that helps health care professionals and others replace stigmatizing language with strength based or person first language (refer to pages 233-236).
March of Dimes Beyond Language	A video that shows patient stories about their experience perinatal substance use and stigma.
MoMMA's SUD Resource Hub	This SUD Resource Hub was codesigned with women and families who have faced the challenges of substance use firsthand. You'll find real patient and family experiences that offer insights and guidance for providing compassionate, effective care to those navigating SUD during pregnancy and postpartum.

Naloxone Prescription & Distribution

What can you do – Naloxone Prescription & Distribution

- See if your patient pharmacy stocks naloxone
- Reach out to your local health department and see if they have naloxone or harm reduction kits to distribute
- When working with a patient who is experiencing a substance use disorder ask the provider if they would prescribe naloxone at discharge

Naloxone Prescription and Distribution

Tools and Resources	Context or ways to use tool
<p>Narcan Quick Start Guide: (English) (Spanish)</p> <p>Guide to Your Take Home Naloxone Kit: (English) (Spanish)</p> <p>Perinatal Harm Reduction Toolkit: (English and Spanish)</p> <p>Palm Cards English and Spanish</p> <p>Post Card English and Spanish</p>	<p>Narcan patient education brochures/handouts (English & Spanish)</p>

Universal Screening

What can you do – Universal Screening



- See if your facility has a screening tool in the EHR and when someone gets screened.
- See if patients are screened prenatally in clinic.
- If your facility is already universally screening, look into:
 - the follow-up steps for someone who screens positive
 - positive screen rate

Universal Screening

Tools and Resources	Context or ways to use tool
<p>5Ps screening tool Substance use risk profile pregnancy scale (SURP) screening tool Alcohol, smoking and substance involvement screening test (ASSIST) screening tool</p>	<p>Validated screening tools that have been reviewed and recommended by WisPQC faculty</p>
<p>WisPQC Script for SUD Screening</p>	<p>This script was developed to help staff introduce a screening tool, address different questions or scenarios related to screening, and use person-centered language along the way.</p>

Community Resources & Referrals

What can you do – Community Resources & Referrals

- If your facility or unit has a list of community resources for patients:
 - Review it to see if there are any specifically for patients with substance use disorders
 - See if when it was last updated and if things needed to be added/removed
- Research treatment facilities, support groups, safe use spaces, and peer support specialists in your area and create a list that can be distributed.
- Invite a local resource to a staff meeting to talk more about what they do and how you can partner.

Community Resources and Referrals

Tools and Resources	Context or ways to use tool
Milwaukee Area Resources	<p>This document was put together by a Milwaukee hospital team to distribute to their patients. It can be used as a template as you build your own community resource list.</p>
WisPQC Plan of Safe Care Template Michigan Plan of Safe Care Template	<p>These Plan of Safe Care documents can be used as a discharge checklist to ensure resources and referrals were placed and appropriate providers were notified of patient’s discharge. Or they could be utilized in a pre/antenatal clinic setting to start discussion around goals and needs of the patient once baby arrives.</p>
The Periscope Project	<p>The Periscope Project is a free resource for health care providers caring for pregnant and postpartum women in Wisconsin who are struggling with mental health or substance use disorders. They will help connect you to resources in any part of state.</p>
Mom’s Mental Health Initiative Peer Support List	<p>MMHI is a non-profit that serves SE WI and Dane county and has a webpage dedicated to upcoming peer support events.</p>

Other ideas...



- Reach out to us for support
- [Sign up for WAPC newsletters](#) to stay informed about educational opportunities
- Have conversations with peers about current care practices for people experiencing SUD
- Work to improve the care you provide to individuals with substance use disorders
- Review [Eat, Sleep, Console](#) and how to support a family that is impacted by a SUD



Let's Be Friends

Follow us on social media for updates regarding upcoming learning opportunities and other exciting events!

@Wiperinatal on:

- Instagram
- Twitter

"Wisconsin Association for Perinatal Care" on:

- LinkedIn
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Sign up for our newsletter:

