



SUBSTANCE USE DISORDER QUALITY IMPROVEMENT INITIATIVE

Marshfield Medical Center

Perinatal substance use disorder (SUD) is a pressing public health concern, significantly impacting both maternal and infant health outcomes. Women who experience SUD during pregnancy often face a web of challenges, including mental health issues, poverty, stigma, and barriers to accessing prenatal care. These intersecting factors can lead to serious complications such as gestational issues, preterm labor, and even maternal mortality. Recognizing the critical need to address these challenges, the Marshfield Medical Center – Marshfield partnered with WisPQC to launch a quality improvement (QI) initiative aimed at enhancing care for patients with SUD during pregnancy and the postpartum period.

THE PROBLEM

The stakes are high. Nearly half (48%) of pregnancy-related deaths in Wisconsin were attributed to overdose, with most occurring within 6–12 months postpartum (Wisconsin Maternal Mortality Report, 2016–17, published 2022). These statistics underscored the urgent need to improve the identification and support of patients with SUD to prevent these devastating outcomes.



THIS QI INITIATIVE FOCUSED ON TWO MAIN GOALS:

Education

Equip all staff and providers with knowledge about SUD and best practices for supporting this patient population to improve care and outcomes.

Screening

Ensure consistent, universal screening for SUD in pregnant and postpartum individuals to allow for early identification and intervention.



48%

of pregnancy-related deaths in Wisconsin due to overdose



6-12 Month Postpartum

When overdose typically occurs



97%

Screening rate improvement: 74% → 97% after 16 months

CHANGE IDEAS, METHODS, OR INTERVENTIONS

Initiative #1: Education

The team provided comprehensive training covering perinatal substance use, prevalence, risk factors, and evidence-based screening tools. A strong emphasis was placed on compassionate, nonjudgmental care, encouraging provider empathy, building patient trust, promoting supportive communication, and reducing stigma.

Initiative #2: Screening

Universal, routine screening was implemented using a standardized, evidence-based tool. The 5 Ps screening approach; covering Parents, Peers, Partner, Pregnancy, and Past, was applied both prenatally and upon hospital admission. Additional risk assessments identified further vulnerabilities, all while reinforcing a nonjudgmental approach.

RESULTS AND KEY LEARNINGS

The impact was clear. At the project's start, **74%** of admitted patients were screened for SUD. After 16 months of targeted education and consistent screening protocols, this figure rose to an impressive **97%**. The project highlighted how standardized screening tools and empathetic provider education can directly improve care delivery and patient outcomes.

CONCLUSION AND NEXT STEPS

Ongoing universal screening combined with a supportive, multidisciplinary approach is essential to reducing harm from substance use during pregnancy. The next steps for this initiative include:

- Sustaining clinic and hospital admission screening
- Strengthening collaboration with social services, AODA programs, and perinatal mental health clinics
- Providing updated community resource information prenatally and at discharge
- Developing a Maternal SUD and NAS/NOWS safety bundle across Marshfield Clinic Health System birth centers to ensure consistent, high-quality care

MEASURES

PROCESS MEASURES

- Percentage of pregnant and postpartum patients screened for SUD (overall and by race/ethnicity)
- Percentage of individuals with SUD counseled on recovery-oriented services
- Provider and nurse education on SUD
- Provider and nurse education on respectful and equitable care



OUTCOME MEASURES

- Percentage of individuals with SUD referred to recovery-oriented services



BALANCING MEASURES

- CPS reports for "drug-affected infant" by county, monitored through WisPQC

REFERENCES

- Wisconsin Maternal Mortality Review: Pregnancy-associated overdose deaths (2016–2019)
- Accuracy of Three Screening Tools for Prenatal Substance Use. *Obstetrics & Gynecology*, 133(5): 952–961, May 2019
- Patient Communication in Substance Use Disorders. National Institutes of Health, 2023