

NICHQ Collaboration featured in White House Efforts to Improve Substance Use Disorder in Pregnancy

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Opioid exposure is associated with adverse maternal and neonatal outcomes, including preterm labor, stillbirth, neonatal abstinence syndrome, and maternal mortality. The number of pregnant women with opioid use disorder at labor and delivery more than quadrupled from 1999 to 2014, according to the most recent [Centers for Disease Control and Prevention analysis](#).

DID YOU KNOW? National rates of opioid use disorder are increasing among reproductive-aged and pregnant women, and opioid use during pregnancy is associated with adverse maternal and neonatal outcomes.

The White House Office of National Drug Control Policy (ONDCP) announced the release of [Substance Use Disorder in Pregnancy: Improving Outcomes for Families](#), outlining how overdose-related deaths in pregnant and postpartum women and birthing people can be prevented with evidence-based treatment for opioid use disorder (OUD). The report describes systemic and cultural barriers that make accessing care challenging and outlines key actions the Biden-Harris Administration will take to connect pregnant women and birthing people with substance use disorder to care.

“As a physician, I have seen firsthand how treatment for people with substance use disorder, including pregnant women, can improve health outcomes and save lives. But today, access to care remains inconsistent across the country. This report lays out what we must do to ensure people who need help can get it, including pregnant women,” said ONDCP Director Dr. Rahul Gupta in a recent news release.

With an emphasis on the need for collaborative efforts among hospitals, outpatient clinics, and local communities, the report details the ways in which state perinatal collaboratives have been exceptionally effective in improving outcomes for pregnant women and infants such as by reducing risk of bloodstream infections and early term deliveries. From 2017-2022, Centers for Disease Control and Prevention’s Division of Reproductive Health funded 13 state perinatal quality collaboratives (PQCs) and the National Institute for Children’s Health Quality (NICHQ) as the coordinating center for PQCs.

Learn more about [NICHQ's role as the coordinating center for the National Network of Perinatal Quality Collaboratives \(NNPQC\)](#).

Expanding on the last five years, NICHQ will continue supporting state teams in their efforts to reduce maternal and infant morbidity and mortality, improve perinatal health outcomes, and reduce disparities using quality improvement (QI) methods integrated with a health equity approach. During the newest funding cycle, the number of CDC-funded perinatal quality collaboratives will expand to an anticipated 27 states. These perinatal collaboratives frequently include state leaders and maternal and infant health providers.

The Administration for Children and Families and the Substance Abuse and Mental Health Services Administration co-fund the National Center on Substance Abuse and Child Welfare (NCSACW). The NCSACW's charge is to develop knowledge and provide training and technical assistance for states, tribes, and communities to improve outcomes for children and families affected by substance use and mental disorders.

In partnership with the White House Office of National Drug Control Policy, NCSACW will continue to work with NICHQ to disseminate resources and conduct joint webinars for members focused on empowering hospitals to create Family Care Plans/ Plans of Safe Care. This effort began in September 2022 with the webinar: "[Harnessing the Power of Collaboration to Improve Outcomes for Families Affected by Substance Use Disorders in Pregnancy.](#)"