Field Guide to Addressing Perinatal Substance Use in Colorado

A Public Health Resource for Patients, Families, Healthcare Providers, and Hospitals

cpcqc

TURNING THE TIDE
Perinatal Substance Use Initiative

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This field guide is considered a resource and does not define the standard of care in Colorado. Readers are advised to adapt the materials based on their local facility's level of care and patient population served and are also advised not to rely solely on the guidance presented here.

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INTRODUCTION

PURPOSE OF THE GUIDE

Perinatal substance use is a complex public health issue that affects individuals, families, and healthcare systems. It affects both the birthing parent and the baby, requiring a comprehensive approach that prioritizes dyadic care, a model that treats the parent-infant dyad as a unit rather than separate individuals. This guide aims to provide comprehensive, evidence-based resources to support perinatal patients and families, equip healthcare providers with the necessary tools for effective care, and help hospitals implement sustainable quality improvement initiatives.

> **Recovery thrives when we replace stigma with support and create pathways to healing in every corner of our state.** Mothers struggling with substance use are often the first to face criticism and the last to seek help; they deserve our collective commitment to compassion and healing. We need sustained progress to turn the tide, and this field guide provides a strong foundation to gain more ground and to save lives."
>
> — Colorado Attorney General, Phil Weiser

Scope of Perinatal Substance Use in Colorado

Substance use during pregnancy and the postpartum period is a growing concern in Colorado, with increasing rates of opioid, alcohol, cannabis, and other substance use disorders among pregnant individuals. Colorado's pregnancy-associated death rate, which includes *all* deaths during pregnancy and up to one year postpartum rose sharply from 46.1 deaths per 100,000 live births in 2018 to a peak of 102.6 in 2022. Suicide and overdose remain the two leading causes of maternal death in the state, with opioids involved in the vast majority of overdose deaths.

Between 2018 and 2023, the Maternal Mortality Review Committee identified 258 pregnancy-associated deaths, including 65 from unintentional overdose, which accounts for about one in four deaths during this period. The Maternal Mortality Review Committee determined that every overdose death was preventable, meaning there was at least some opportunity for the death to be averted through reasonable changes in patient, family, provider, facility, system, or community factors. The most recent data show a decline in pregnancy-associated deaths due to unintentional overdose, falling from 20 in 2022 to 8 in 2023, offering cautious optimism that current prevention and treatment efforts may be making a difference.

While 2023 marks the first decline after years of steady increases, sustaining this progress will require ongoing focus and commitment. Behind every data point is a person, a family, and a newborn whose lives are shaped by how our systems respond to substance use in pregnancy.

Perinatal substance use presents complex challenges for both the health of the birthing person and the baby. It can lead to preterm birth, low birthweight, and developmental concerns, and in cases involving opioids, may result in neonatal opioid withdrawal syndrome (NOWS). Breastfeeding can be safe and beneficial for many

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families affected by substance use, particularly when the parent is stable in treatment, such as on prescribed medications for opioid use disorder, yet misinformation and stigma often prevent people from receiving clear guidance and support. The greatest barriers are often not medical but social: stigma, lack of accessible treatment, and fears of punitive consequences, including legal consequences and involvement with Child Welfare Services.

Too often, perinatal substance use is treated as an individual condition, with interventions focused solely on the birthing parent or the newborn. The research underscores the importance of early relational health, secure parent-infant attachment, and reducing disruptions in care. Healthcare providers can help mitigate adverse outcomes and strengthen family resilience by centering care on the dyad. This guide provides the necessary information to address these challenges and improve health outcomes for families across the state.

Importance of a Compassionate, Evidence-Based Approach

Patients with substance use disorders (SUDs) often encounter stigma that can prevent them from seeking care. Perinatal substance use care must move beyond punitive, siloed approaches and instead adopt a compassionate, integrated framework that fosters family preservation whenever possible. A dyadic care model promotes:

- **Parent-Infant Bonding:** Addressing substance use within the context of parenting facilitates attachment and improves long-term child development.
- **Coordinated Behavioral and Medical Care:** Integrating addiction treatment (Medications for Opioid Use Disorder (MOUD) and other SUDs), prenatal care, mental health support, and pediatric services leads to better health outcomes for both parent and infant.
- **Trauma-Informed Support:** Many individuals with perinatal SUDs have experienced trauma. A non-judgmental, patient-centered approach reduces barriers to care and improves engagement.
- **Harm Reduction Strategies:** Approaches such as naloxone distribution, breastfeeding support, and safe sleep education help optimize health outcomes without unnecessary separation of parent and baby.

By embedding dyadic care into routine perinatal and newborn services, healthcare providers can reduce stigma, increase treatment retention, and promote maternal-infant health equity.

Legal and Ethical Considerations

Navigating the legal and ethical landscape of perinatal substance use is critical for both patients and healthcare providers. Colorado law requires certain reporting and intervention measures in cases of substance use when there is harm or neglect to an infant or child, but it also emphasizes treatment over punishment. SB 12- 1100 declares that “Relatively few pregnant women with substance use issues, however, participate in treatment programs,

despite the availability of services to help them quit using drugs and alcohol, often because of fear of criminal prosecution" and protects in that "a court shall not admit in a criminal proceeding information relating to substance use not otherwise required to be reported pursuant to section 19-3-304, c.r.s., obtained as part of a screening or test performed to determine pregnancy or to provide prenatal care for a pregnant woman." SB 12-1100 was passed to allow pregnant persons to enter treatment for substance use disorders without fear of prosecution.[20]

Providers must balance their legal responsibilities with ethical considerations, including patient confidentiality, informed consent, and the principles of harm reduction. Colorado laws recognize that perinatal substance use is a health condition requiring medical treatment, not criminalization.[20] However, navigating legal and ethical concerns remains complex, particularly regarding:

Plans of Safe Care (PoSC):

Required by federal and state policies, PoSC ensure the safety of infants while connecting families to essential services.

Mandated Reporting:

Providers must understand when and how to report substance exposure while prioritizing treatment-based interventions regardless of whether or not a report or notification was filed.

Parental Rights and Family Preservation:

The child welfare system's role in perinatal substance use cases continues to evolve, with an increasing focus on keeping families intact when safe and feasible.

Understanding these legal frameworks helps healthcare professionals support families in a way that is ethical, equitable, and aligned with best practices in dyadic care.

HOW TO USE THIS GUIDE

This guide is divided into **three key sections**, each tailored to a specific audience:

1. **Perinatal Patients and Families Impacted by Substance Use:** Offers educational materials on substance use during pregnancy, available treatment options, legal rights, and supportive resources for families.

2. **Hospitals and Healthcare Providers:** Provides best practices for screening, diagnosis, and dyadic treatment of perinatal substance use, along with trauma-informed guidance on hospital policies and provider training.

3. **Quality Improvement Implementation in the Hospital Setting:** Outlines strategies for developing hospital-wide, dyadic care models to enhance care for perinatal patients with substance use disorders, including data-driven quality improvement measures.

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COLORADO PERINATAL SUBSTANCE USE INITIATIVES

The **Colorado Perinatal Care Quality Collaborative** (CPCQC) is the state's perinatal quality improvement organization dedicated to advancing equitable, evidence-based care for birthing people, newborns, and their families. CPCQC brings together hospitals, clinicians, public health partners, and communities to lead data-driven initiatives that improve outcomes across the continuum of perinatal care. Through coaching, education, and collaborative learning, CPCQC empowers healthcare teams to implement sustainable improvements and reduce disparities in maternal and infant health.

TURNING THE TIDE
Perinatal Substance Use Initiative
cpcqc

Turning the Tide is a hospital-based quality improvement initiative grounded in the *Care for Pregnant and Postpartum People with Substance Use Disorder Patient* Safety Bundle developed by the Alliance for Innovation on Maternal Health (AIM). This initiative, led by the Colorado Perinatal Care Quality Collaborative, promotes the adoption of evidence-based practices to improve the identification, treatment, and ongoing support of pregnant and postpartum individuals with substance use disorders (SUD). The goal is to enhance the quality and consistency of care across healthcare settings and improve outcomes for both the birthing person and their infant.

Turning the Tide is structured as a cohort-based quality improvement initiative that supports participating hospitals through a combination of peer learning, tailored QI advising, and data-driven implementation. Hospitals join as part of a cohort, allowing them to progress through the initiative in a structured, time-bound format while contributing to shared learning and accountability. Peer learning is fostered through regular collaborative sessions and facilitated discussions that enable teams to share challenges, successes, and practical strategies. Each hospital receives individualized quality improvement coaching to guide implementation of the AIM bundle elements and align efforts with hospital-specific goals. Participants also submit standardized data throughout the year, which is used to monitor progress, inform real-time improvement, and evaluate outcomes across the initiative.

Turning the Tide also serves as a hospital-level strategy to meet the quality improvement initiative requirements outlined in Colorado Senate Bill 24-175.

KEY COMPONENTS OF TURNING THE TIDE INCLUDE:

- **Universal Screening:** Implementation of universal, validated screening tools to identify SUD during the hospital birth admission.
- **Integrated, Person-Centered Care Plans:** Development of individualized care plans that include initiation and/or referral to treatment services, harm reduction strategies, behavioral health support, and respectful, trauma-informed care.
- **Coordination of Multidisciplinary Teams:** Establishment of collaborative care teams that include obstetric, addiction medicine, pediatrics, nursing, social work, and behavioral health professionals.
- **Warm Hand-offs and Follow-Up:** Structured pathways for transitioning patients to community-based services and ensuring continued postpartum support.
- **Education and Stigma Reduction:** Provider training on best practices and strategies to reduce stigma and bias in the care of individuals with SUD.

OUTCOMES OF TURNING THE TIDE:

- Improved substance use screening rates during hospital birth admission.
- Increased implementation of non-punitive, supportive care practices across participating hospitals.
- Increased Naloxone distribution to the perinatal population.
- Strengthened dyadic care models that link maternal and infant health services and improve care coordination across obstetric, pediatric, and behavioral health settings.

COLORADO PERINATAL SUBSTANCE USE INITIATIVES

Turning the Tide Partnerships

In addition to core bundle implementation, Turning the Tide partners with several organizations to create a multifaceted approach to perinatal substance use. A few featured partnerships include **MOMs (Maternal Overdose Matters), MOMs+ (Maternal Overdose Matters Plus), CHoSEN QIC (Colorado Hospital Substance Exposed Newborn Quality Improvement Collaborative), HardBeauty, and Colorado PROSPER (Perinatal Resource Supporting Obstetric Screening, Psychiatric Education, and Referral).**

These partnerships enable hospitals to tailor their efforts based on local priorities while advancing holistic, family-centered care.

MOMs Initiative

The **Maternal Overdose Matters (MOMs) Initiative** is a maternal overdose prevention program focused on helping birthing hospitals statewide provide overdose prevention education and take-home naloxone kits directly to birthing families. MOMs is sponsored by The Naloxone Project, a clinician-led nonprofit dedicated to building an evidence-based and humane response to the overdose crisis through distribution of naloxone in medical spaces.

As of fall 2025, birthing hospitals across Colorado have dispensed over 6,000 kits directly to at-risk parents and families, protecting birthing individuals during a vulnerable postpartum period and empowering families to have naloxone in their homes.

Turning the Tide partners with MOMs to optimize naloxone distribution in their participating hospitals. Through stigma and bias training, providing scripting suggestions, and process mapping the distribution process from start to finish, engaged teams have seen significant improvement in their naloxone distribution rates.

COLORADO PERINATAL SUBSTANCE USE INITIATIVES

The **Maternal Overdose Matters Plus** (**MOMs**+) program builds upon the work of MOMs to provide equitable access to treatment and recovery for perinatal patients with opioid use disorder (OUD) and other substance use disorders (SUD). Working collaboratively with key partners, MOMs+ is creating a common framework, implementation recommendations, and education plan for birthing hospitals to improve maternal and infant outcomes. Hospitals and organizations engaged in MOMs+ have access to tailored technical assistance, education, subject matter experts, and continual process improvement. MOMs+ program pillars include:

Connection: To the patient, baby, and family
Treatment: With medication for OUD and other SUDs
Community: Transition to outpatient treatment and/or recovery with community providers and support

Turning the Tide partners with MOMs+ to help birthing hospitals become places of treatment and recovery for birthing individuals struggling with substance use, with a particular focus on management of opioid withdrawal and treatment of OUD. In 2025, across all Colorado hospitals enrolled in CPCQC's Turning the Tide program, 85.2% of patients in birthing hospitals were screened for SUD, with 1.8% of these patients screening positive for substance use. Opioids remain one of the most common substances that patients test positive for, accounting for 27.1% of positive SUD screens.

Additionally, MOMs+ is teaching hospitals how to initiate medication for OUD (MOUD) and connecting patients to ongoing treatment upon discharge. Across the cohort, 80.8% of pregnant patients either received treatment or were referred to treatment, meeting CPCQC's referral goal of 80%. Furthermore, 81.6% of patients also received a social work consultation in order to connect patients with other recovery resources. Upon discharge, approximately 40% of patients were prescribed naloxone and received take home naloxone before hospital discharge.

Through provider education, policy review, order set builds, and community resource mapping, MOMs+ is ensuring that birthing hospitals have the resources, knowledge, and capacity to initiate birthing individuals on MOUD and provide a warm handoff to a community provider on discharge. Encouragingly, 21.7% of patients with positive SUD screens are already taking medication treatment, a number our program aims to increase.

COLORADO PERINATAL SUBSTANCE USE INITIATIVES

CHoSEN

The **Colorado Hospitals Substance Exposed Newborns Quality Improvement Collaborative (CHoSEN QIC)** is a statewide initiative supporting hospitals in implementing evidence-based, non-stigmatizing care for infants prenatally exposed to substances and their families. CHoSEN QIC focuses on standardizing practices across hospital units, including newborn toxicology testing, use of functional assessments such as Eat, Sleep, Console™, and the development of Plans of Safe Care that promote dyadic support and safe discharge. The initiative emphasizes collaboration among perinatal, pediatric, and behavioral health teams to ensure coordinated care, reduce unnecessary NICU admissions, integrate caregivers in infant care during hospitalization, and strengthen connections to community-based services for both the infant and caregiver.

Birthing hospitals that participated in CHOSEN QIC experienced significant reduction in average length of birth hospitalization from 15 to 6 days. Receipt of pharmacologic therapy to treat NOWS declined from 61% to 23%. And among infants who did require medication for NOWS, length of birth hospitalization declined from 22 to 8.0 days.

Turning the Tide partners with CHoSEN QIC to guide hospitals through process mapping exercises that uncover gaps and opportunities to better align maternal and infant care. These mapping sessions lay the groundwork for targeted quality improvement projects, helping teams strengthen coordination across units and disciplines.

Hard Beauty

HardBeauty is a recovery and coaching organization focused on empowering individuals to thrive beyond difficult circumstances, including addiction and mental health challenges. They offer a holistic approach with services like peer recovery coaching, counseling, wellness support, and youth coaching, all provided in a supportive, trauma-informed, and inclusive community environment. Turning the Tide partners with HardBeauty to ensure the voices of lived experience are embedded in initiative materials and offerings, provide education to frontline health-care providers, and offer bedside peer recovery support through *Operation Care.*

COLORADO PROSPER

Colorado PROSPER is a statewide perinatal psychiatry consultation service designed to enhance the capacity of healthcare providers in managing perinatal mental health and substance use concerns. By offering free, confidential, and evidence-based support, Colorado PROSPER assists clinicians in implementing universal screening, providing education, and facilitating referrals for pregnant and postpartum individuals. This initiative emphasizes access to care, gender-responsive services, trauma-informed approaches, and cultural considerations, aiming to integrate mental health and substance use care into routine obstetric and primary care practices.

LESSONS LEARNED

As hospitals and communities implemented Turning the Tide, several important lessons have emerged:

- **Multidisciplinary Collaboration is Essential and Complex:** Perinatal substance use initiatives require engagement across maternal and infant care teams, including OB, pediatrics, family medicine, hospitalists, addiction medicine, nursing, social work, pharmacy, and behavioral health, as well as peers and families. Each hospital must tailor its approach. There's no "one size fits all." Success depends on bridging silos, aligning priorities, and building trust through intentional communication and leadership support.

- **One Year is Not Enough:** The breadth of content spanning overdose prevention, treatment initiation, infant care, and family-centered discharge planning cannot be meaningfully implemented within a single year. Hospitals need space for both foundational culture change and later cycles of deeper practice improvement. For this reason, CPCQC will transition Turning the Tide to a two-year cohort model in 2026, allowing teams to move at a realistic pace and embed changes sustainably.

- **The Role of Families and Peers is Essential:** Families affected by substance use and peer recovery coaches offer perspectives and expertise that professionals alone cannot provide. Their inclusion strengthens care approaches, reduces stigma, and ensures hospitals design processes that are truly family-centered.

- **Community Partnerships Anchor Sustainability:** Hospitals cannot support patients and families on their own. Long-term success depends on strong links between hospital care, outpatient treatment, recovery supports, and community services. Colorado's IMPACT BH program helps build these connections by bringing together the organizations that support mothers, infants, and families. Through a 12-month grant program, IMPACT BH strengthens and coordinates local perinatal behavioral health systems across the state, creating a network of support so no family falls through the cracks.

- **Supportive Policy Environments Enable Success:** Colorado's progress has been facilitated by a policy framework that promotes perinatal substance use treatment over criminalization, separates mandatory reporting from toxicology testing, and provides guidance on toxicology practices. These policies reduce fear and stigma, allowing families to access care safely. Ongoing policy attention remains essential. A 2025 Colorado Supreme Court decision reinterpreting child endangerment concerns based upon toxicology testing illustrated how legal and regulatory shifts can impact care delivery highlighting the need for policies that protect families while promoting prevention and access to treatment.

- **Colorado has Made Significant Strides:** After years of continually rising overdose deaths, 2023 data showed a decline. Overall pregnancy-associated deaths also declined, largely driven by the reduction in overdose deaths. While suicide and overdose remain the leading causes of maternal death, and every overdose-related death is considered preventable, Colorado's coordinated efforts in prevention, treatment, and recovery are beginning to make a difference. The tide may be starting to turn, but continued commitment is essential. The framework outlined in this guide offers a roadmap for patients, hospitals, and clinicians to sustain this progress through care that is compassionate, equitable, and responsive to the needs of families affected by substance use.

WHERE TO START? Tough as a Mother — Stronger than Addiction

Visit ToughasaMother.org, call 844-493-8255, or text "TALK" to 38255

1. Understanding Perinatal Substance Use

What is Perinatal Substance Use?

Perinatal substance use means using alcohol, substances, certain non-prescribed medications or misusing prescribed medications during pregnancy or after giving birth. This includes prescription medications, illegal substances, tobacco/nicotine, cannabis, kratom, and alcohol. Many people struggle with substance use, and help is available to keep both you and your baby safe and healthy.

> "You never really know what is going on in someone else's world. Pregnant moms are not perfect and struggle with addiction just like others do."
> — Colorado Hospital Clinicians

Impact on Parent and Baby

Substances can affect both you and your baby in different ways:

- **For Parents:** Using substances during pregnancy can lead to health problems like addiction, high blood pressure, infections, or trouble sleeping. It may also make it harder to care for yourself and your baby after birth.
- **For Babies:** Substances can cause health problems like premature birth, low birth weight, or withdrawal symptoms after birth. These problems could affect learning and behavior as the child grows.
- **Good News:** The right care and support can make a big difference. Stopping or reducing substance use during pregnancy and getting the care you need can help you and your baby.

Why People Sometimes Don't Ask for Help

Many people don't ask for help due to fear, shame and judgment. You are not alone, and you deserve care. Medical staff want to help you and your baby stay healthy. Asking for help is an act of bravery and a step towards healing, growth and recovery.

Your Rights as a Pregnant or Postpartum Parent

- You have the right to medical care. No one can deny you care because of substance use.
- You have the right to get support and treatment. Help is available, including counseling, recovery programs and Medications for Addiction Treatment (MAT), including Medications for Opioid Use Disorder (MOUD) and other Substance Use Disorders .
- No one can deny you substance use treatment due to pregnancy.
- You have the right to be treated with respect. Healthcare providers should listen to you and care for you without judging you.
- You have the right to stay with your baby when it is safe.

Next Steps

If you are using substances and are pregnant or just had a baby, talk to a doctor, nurse, or counselor. Help is available. You matter, and taking care of yourself is the best way to take care of your baby.

2. Seeking Care and Treatment

Options for Getting Support in Colorado

Many places in Colorado can help if you are pregnant or recently had a baby and are using substances. These services are made to support you, not punish you.

- **Treatment Programs:** There are special programs for pregnant and postpartum people that provide treatment for substance use disorder treatment, mental health support, and parenting resources while allowing you to stay with and care for your babies.
- **Medications for Addiction Treatment (MAT), including Medications for Opioid Use Disorder (MOUD) and other Substance Use Disorders:** Safe medications can help with cravings and withdrawal symptoms.
- **Recovery Support:** Peer Recovery Coaching (support from people with similar experiences who have also struggled with substance use), therapy, and family programs can help you achieve your goals.
- **Free and Low-Cost Help:** Many services offer sliding-scale fees or free treatment for people who qualify.

Medications for Opioid Use Disorder (MOUD) and other Substance Use Disorders During Pregnancy

If you are pregnant and struggling with opioid use, there are medications that can help. Medications like methadone, buprenorphine and naltrexone are available to help with cravings, withdrawal symptoms and support long term recovery.

- **Are these medications safe for my baby?** Yes. These medications are safer than quitting suddenly, which can be dangerous for you and your baby.
- **Will my baby have withdrawal?** Some babies may have withdrawal symptoms, but medical providers can help with this.
- **How do I get this treatment?** A doctor, midwife, nurse practitioner (NP) or physician assistant (PA) can prescribe these medications. Many clinics in Colorado offer them for pregnant people. Find a location near you at Colorado Opioid Treatment Program Locator.

Getting treatment is one of the best things you can do for your health and the health of your baby.

Mental Health Support

Many people who use substances also struggle with mental health challenges like anxiety, depression, or past trauma. You are not alone, and help is available.

- **Therapy and Counseling:** Talking to a counselor can help you manage stress, triggers, and emotions.
- **Medication for Mental Health:** Many medications are safe during pregnancy and breastfeeding. A doctor can help you choose the best option.
- **Support Groups:** Groups like MotherWise offer peer support from people who understand.

Mental health and substance use can be connected. Getting support for both improves your future and your baby's future.

> "The most positive way I've seen a colleague treat a patient with substance use disorder was treating them like any other patient that didn't have substance use disorder."

Prenatal and Postpartum Healthcare: What to Expect

Regular clinic visits are important during pregnancy and after birth. Here is a little more about what you can expect when you visit your healthcare provider.

Before Birth (Prenatal Care):

- Check-ups to track your baby's growth.
- Blood tests and ultrasounds to check for health issues.
- Support for substance use and mental health.

After Birth (Postpartum Care):

- Help with healing and recovery.
- Breastfeeding support.
- Checking in on your mental health.
- Support with caring for and bonding with your baby.

No matter where you are in your journey, it's never too late to get care for yourself and your baby. Your health matters!

3. Support Systems for Families

Supporting the Whole Family During Recovery

Recovery is not just about stopping substance use—it's about healing and strengthening your family. There are resources to support both you and your baby while keeping families together.

- **Treatment that Includes Parenting Support**: There are special treatment programs that welcome parents to bring their infants or young children with them.
- **Safe and Stable Parenting Plans:** Plans of Safe Care focus on keeping families together when it is safe to do so.
- **Whole-Family Healing:** Recovery programs can also help partners, grandparents, and other caregivers understand and support your journey.

You don't have to choose between getting help and being a parent—you can do both with the right support.

> "When patients are transparent about drug use, it is much easier to bond with them and have acceptance."
>
> — Colorado Hospital Clinician

Parenting Resources and Education

Being a new parent can be overwhelming, but you don't have to do it alone. There are free and low-cost parenting classes and resources in Colorado to help you learn about:

- **Baby care** – feeding, diapering, safe sleep routines, and more.
- **Bonding with your baby** – ways to connect and build a strong relationship.
- **Safe sleep and breastfeeding** – helping your baby grow healthy and strong.
- **Parenting while in recovery** – balancing self-care with caring for your child.

Wondering where to start? Check out:

- Nurse-Family Partnership
- Early Head Start
- Early Intervention
- Women, Infants, and Children (WIC)
- Family Connects
- Circle of Parents
- Tougher Together
- CU Peer Recovery Doula Program Partner

or other local parenting programs for support.

> "I think it can help patients to know someone personally who has lived through a similar situation and "gets it" and who can help and encourage them during difficult times."
>
> — Colorado Hospital Clinician

Partner and Family Involvement in Recovery

Your partner, family, and friends can play a big role in your recovery. They can offer better support when they understand what you are going through.

- **Counseling for Families:** Many treatment programs offer therapy for partners and family members.
- **Support Groups for Loved Ones:** Groups like Al-Anon and Nar-Anon help families learn how to support you.
- **Setting Healthy Boundaries:** If a family member also struggles with substance use, you may need extra support to stay on track.

Letting loved ones be part of your recovery can make your journey easier and stronger.

Housing, Employment, and Human Services

Having a safe home, a job, and financial stability makes recovery easier. There are programs in Colorado to help you get back on your feet.

- **Housing Support:** Temporary housing and recovery homes are available for parents in treatment. Programs like Colorado Coalition for the Homeless can help.
- **Job Training and Employment Help:** Many recovery programs provide job skills training and services to help you find stable work.
- **Food and Financial Assistance:** Programs like WIC, SNAP (food stamps), and TANF (cash assistance) can help with groceries, baby formula, and bills.

Where to Get Help

- Visit **ToughasaMother.org**, call 844-493-8255, or text "TALK" to 38255
- Visit your local Department of Human Services for financial help and childcare support.
- Ask your doctor or treatment provider for referrals to family-friendly recovery programs.

Recovery is about more than not using substances—it's about building a better future for you and your family. Help is available and recovery is possible.

Plans of Safe Care: What Parents Need to Know

A Plan of Safe Care (PoSC) is a plan designed to help you and your baby stay healthy and safe after birth. It includes medical care, treatment, and family support services.

- **Who Needs a Plan of Safe Care?** If you used substances during pregnancy (even medications prescribed by a doctor like methadone or buprenorphine), a Plan of Safe Care is recommended to help you and your family stay safe and access help.
- **What's in the Plan?** The plan will outline your recovery support, medical care, and parenting resources to ensure you and your baby are safe and thriving.
- **Does this mean CPS will be called?** Not necessarily. If you are actively engaged in recovery, have a support system, and can care for your baby, CPS may not need to be involved.

The best way to protect your rights is to be open about your recovery plan and get help early. Hospitals and social workers can help you create a Plan of Safe Care that keeps your family together.

4. What to Know about Legal and Child Welfare Issues

Colorado Laws on Perinatal Substance Use and Child Protective Services (CPS)

If you are pregnant and using substances, you might worry about legal issues or losing custody of your baby. Knowing your rights can help you make the best choices for you and your family.

- **Substance Use During Pregnancy is a Health Issue, Not a Crime:** In Colorado, being pregnant and using substances is not a crime. Even if a baby is born and shows signs of withdrawal, this does not automatically lead to a report to CPS. Healthcare providers must report cases where they believe a baby's safety is at risk.
- **IEPS Notification Portal:** A secure system used by healthcare providers to notify the state when a baby may have been exposed to substances during pregnancy. IEPS is not child welfare reporting and does not identify individual patients or families. The information is used only for required federal reporting and to understand how often prenatal substance exposure occurs in Colorado and how supports like Plans of Safe Care are working. It is not shared or used for any other purpose.
- **Mandatory Reporting:** If there is a concern for safety of the infant or other dependents, healthcare providers are required to notify Child Protective Services. This does not mean automatic removal from the parent.
- **The Role of CPS:** The primary goal of CPS is to protect the safety and well-being of infants and children, connecting families with help instead of separating them whenever possible. Parents who are actively engaging in their recovery and following a Plan of Safe Care have a better chance of keeping their baby.

Advocacy and Legal Support Resources

If you have questions about your rights, need help with CPS, or face legal challenges, there are organizations in Colorado that can help.

- **Colorado Legal Services (coloradolegalservices.org) –** Free legal aid for low-income families.
- **Birth Rights Bar Association (birthrightsbar.org) –** Legal support for pregnant people who are involved with CPS.
- **Elephant Circle (elephantcircle.org) –** Advocacy for parents in recovery.
- **Parenting in Recovery Support Groups –** Many treatment centers offer peer mentors who have been through similar situations.

What You Can Do

- **Get into treatment early –** Showing that you are getting help improves your chances of keeping custody.
- **Communicate with your doctor – T**hey can help you create a Plan of Safe Care that works for you and your baby.
- **Know your rights –** If you feel like CPS is treating you unfairly, get legal help right away. The resources listed above are good places to start.

Remember, you have rights and options. Getting support early helps keep families together and ensures you and your baby have the best future possible.

This section is designed to equip hospitals and healthcare providers with practical, evidence-based strategies to address perinatal substance use with compassion, consistency, and clinical excellence. The goal is to move beyond fragmented or punitive responses by fostering a healthcare environment rooted in trust, trauma-informed care, and equitable access to treatment. From routine screening to clinical management, staff training, legal considerations, and community partnerships, these materials aim to support providers in delivering care that improves outcomes for both birthing individuals and their infants—while reducing stigma, enhancing collaboration, and promoting family well-being.

1. Screening and Identification of Perinatal Substance Use

Evidence-Based Screening Tools for Prenatal and Postpartum Patients

Routine, non-punitive screening for substance use during pregnancy improves outcomes by identifying patients in need of support early. Recommended tools include:

Screening Tool	Acronym	Validated in Perinatal Population	Notes
AUDIT-C+2	Alcohol Use Disorders Identification Test – Consumption plus 2 pregnancy-specific questions	Limited	May not reliably identify alcohol use during pregnancy.
4Ps Plus	Parents, Partner, Past, and Pregnancy	Yes	Specifically designed and validated for pregnant women.
CRAFFT	Car, Relax, Alone, Forget, Friends, Trouble	Yes (for adolescents)	Effective for pregnant adolescents under 26.
SURP-P	Substance Use Risk Profile – Pregnancy	Limited	Developed for pregnant persons but lacks comprehensive validation.

References:

- https://www.researchgate.net/publication/332881453_A_Comparison_of_Prenatal_Substance_Use_Screeners_That_Assess_for_Illicit_Drug_Use_and_Prescription_Drug_Misuse_22M?_tp=eyJjb250ZXh0Ijp7ImZpcnN0UGFnZSI6Il9kaXJlY3QiLCJwYWdlIjoiX2RpcmVjdCJ9fQ
- https://www.ntiupstream.com/4psabout
- https://jamanetwork.com/journals/jamainternalmedicine/fullarticle/208954?utm_source=chatgpt.com
- https://pubmed.ncbi.nlm.nih.gov/34580577/

What is SBIRT?

SBIRT, which stands for **Screening, Brief Intervention, and Referral to Treatment**, is an evidence-based approach used in healthcare settings to identify, intervene early, and connect individuals with appropriate services for substance use disorders (SUDs). The process begins with **screening**, using validated tools to quickly assess the level of substance use risk. If a patient screens positive or is identified as at-risk, the provider engages in a **brief intervention**—a short, structured conversation that uses motivational interviewing techniques to raise awareness, provide feedback, and encourage behavior change. For individuals who need more intensive support, **referral to treatment** connects them with specialized care. SBIRT has been shown to be effective in reducing substance use and improving health outcomes, and when integrated into routine care—especially prenatal and perinatal care—it helps normalize the conversation around substance use and supports early engagement in treatment.

Perinatal Substance Use Screening Best Practice

Use validated tools in a private, non-judgmental setting, integrating screening into routine prenatal care to normalize the conversation.

Suggested script: *"To help us take the best care of you and your baby, we ask all of our patients questions about things like social needs, safety at home, and any mental health or substance use concerns for you or your loved ones. This helps us better understand how to support you and your baby's health. Our goal is to provide non-judgmental care and connect you with any resources you might find helpful. If you indicate that you are struggling with your mental health, substance use, or other social challenges, some examples of the support we can offer include talking with social workers and care coordinators, talking with the team that will help take care of your baby, meeting with a breastfeeding specialist to talk about safe breastfeeding, making sure that you have access to substance use treatment during your pregnancy."*

Before screening, clearly explain what's confidential and what might need to be reported. This helps patients feel safer, reduces fear, and supports more honest conversations.

Suggested script: *"Often, a parent's biggest fear is that they'll share something that will get reported to Child Protective Services. We are here to support you and your baby to be as healthy and safe as possible."*

"Disclosing substance use doesn't automatically mean that child welfare needs to be involved. Examples of times when we would need to notify child welfare include there being immediate safety concerns for the baby or children in the home, or that you were going to leave here and hurt yourself or someone else. Those are the times that we'd have to make a report to work toward you and your children being safe. If there was a reason to believe that your baby/ children were in danger, we would talk to you about this before doing anything, and we would come up with a plan together about how to proceed so that you know what is happening every step of the way."

Trauma-Informed and Non-Stigmatizing Approaches

Patients with substance use disorders (SUDs) often have a history of trauma (reference). A trauma-informed care approach:

- Recognizes past trauma and its effect on substance use.
- Avoids retraumatization by using supportive language and respecting patient autonomy.
- Focuses on empowerment rather than blame.

Non-Stigmatizing Language Matters:			
✖	"Addict"	✔	"Person with a substance use disorder"
✖	"Drug abuse"	✔	"Substance use"
✖	"Clean/dirty drug test"	✔	"Positive/negative test result"

Motivational Interviewing (MI) to Support Patients

Motivational Interviewing (MI) is a helpful approach for talking with patients about substance use, particularly when conducting a brief intervention for a positive screen. It's not about telling someone what to do—it's about listening, asking thoughtful questions, and helping them feel empowered to make their own choices. MI builds trust and helps patients feel supported, not judged.

Here are a few key techniques:

Open-ended questions
Encourage patients to share more.
Example: "What are your thoughts about your substance use during pregnancy?"

Affirmations
Recognize strengths and efforts.
Example: "It's great that you came in today and are open to talking about this."

Reflective listening
Show that you're really hearing them.
Example: "It sounds like you want to make a change, but you're nervous about what that would be like."

Summarizing
Reinforce what the patient has shared and show that you're with them.
Example: "So what I'm hearing is that you've thought about cutting back, but you're not sure how to start. Let's talk about what support might help."

MI helps shift the conversation from "you should" to "how can we support you?"—making care more collaborative and respectful.

More information on motivation interviewing techniques

Confidentiality and Mandatory Reporting: What Providers Need to Know

Building trust with patients means being clear and honest about privacy—especially when it comes to substance use.

- **Patient Privacy (HIPAA):** A patient's history of substance use is protected health information. You can't share it without their permission, except in situations where the law requires a report.
- **Informed Consent:** Patients have the right to know how their information will be used. Be upfront—especially if there's any chance child welfare might be involved.
- **Mandatory Reporting in Colorado:** Providers must report suspected child abuse or neglect. However, just using substances during pregnancy—or having a positive drug screen—is not automatically considered reportable. These findings alone do not mean the child is in danger.

In 2020, the Colorado definition of child abuse and neglect for Substance Exposed Newborns changed. As a result, prenatal substance use is no longer automatically considered abuse or neglect.

Providers and mandatory reporters must make reports to Child Welfare if:

- An infant has been affected by prenatal substance exposure **and** there are reasonable concerns for the child's safety
- A healthcare provider identifies immediate safety concerns for the care of an infant that results from active substance use (illicit, prescribed, alcohol, etc.) by the parent and/or caregiver(s)

i Learn more about Colorado Department of Human Services recommendation here.

2. Clinical Management of Perinatal Substance Use

Treatment for the Birthing Person Identified with Substance Use

Like other medical conditions, substance use disorders require effective treatment. Comprehensive, compassionate treatment for substance use during pregnancy is critical to improving outcomes for both parent and baby. The MOMs+ program follows national and state best practices to guide high-quality, evidence-based care for pregnant and postpartum patients with substance use disorders (SUD). This approach is grounded in SAMHSA recommendations, Colorado's CURE: Obstetrics Gynecology Opioid Prescribing and Treatment Guidelines—endorsed by leading state medical organizations—and the latest literature on perinatal SUD care. The following core recommendations support safe, respectful, and effective care throughout the perinatal period.

Care Recommendations for Perinatal Patients with Substance Use Disorder

Clinical Focus	Recommendation
Screening & Identification	· Use a validated screening tool (not urine toxicology) to identify patients with substance use or OUD/SUD.
Communication & Engagement	· Use de-stigmatizing, person-first language. · Apply a trauma-informed care approach.
Pain Management	· Follow current best practices for managing pain in pregnant patients with OUD.
Overdose Prevention	· Offer overdose risk reduction education. · Provide naloxone to at-risk patients.
Treatment for OUD	· Offer medications for opioid use disorder (MOUD) to all perinatal patients with OUD. · If a patient declines continued MOUD post-discharge, provide withdrawal management and comfort care while inpatient.
MOUD Options	· Use a patient-centered approach to choose between buprenorphine and methadone, considering: – Medication access – Prescribing logistics – Risk vs. benefit for the individual
Other Substance Use Disorders	· Offer withdrawal management, comfort measures, and evidence-based treatment for: – Stimulant use disorder – Nicotine use disorder – Alcohol use disorder – Cannabis use disorder
Breastfeeding Support	· Support breastfeeding for patients on MOUD. · Use shared decision-making for breastfeeding with other substance use, guided by current evidence.
Discharge & Continuity of Care	· Ensure warm handoffs to community partners. · Use a Plan

Resources

- MOMs+ Resource Checklist
- OUD Treatment Protocols
- Peripartum Pain Management Protocols
- Opioid Withdrawal Management Inpatient Orderset
- SuPPoRT CO Indications for Toxicology Testing in Colorado Birth Facilities
- Naloxone Dispensing Guide
- Breastfeeding Recommendations for People Who Use Substances

Treatment for the Infants Born Prenatally Exposed to Substances

Providing thoughtful, evidence-based care to infants with prenatal substance exposure is essential to supporting their health, development, and long-term well-being. Best practices focus on early identification, family-centered care, and minimizing separation between caregivers and newborns. The CHOSEN QIC recommended practices reflect current expert guidance and promote a compassionate, coordinated approach to caring for substance-exposed infants in the hospital and beyond.

Care Recommendations for Infants with Prenatal Substance Exposure

Clinical Focus	Recommendation
Screening & Identification	· Identification & Screening · Begin with universal verbal maternal screening for substance use. · Use infant toxicology testing only if maternal screening is not possible and results would impact clinical care of the infant.
Neonatal Withdrawal Management	· For infants with prenatal opioid exposure, use the Eat, Sleep, Console (ESC) approach as first-line care. · Prioritize non-pharmacologic interventions (e.g., caregiver involvement, soothing techniques). · If medication is required: – Start with a one-time or PRN dose. – Move to a standing regimen only if needed.
Caregiver Involvement	· Integrate caregivers into infant care whenever possible. · Encourage caregiver presence as a primary source of comfort.
Feeding & Breastfeeding Support	· When a mother or birthing person chooses to breastfeed or provide expressed milk, weigh the benefits of breastfeeding against potential risks of substance exposure on the infant. · Use shared decision-making guided by current evidence.
Transition to Home & Continuity of Care	· Use a Plan of Safe Care to integrate maternal and infant care. · Support a dyadic, coordinated transition from hospital to home.

Resources

- CHoSEN Educational Materials
- Advances, Nuances, and Future Directions in Neonatal Toxicology Testing
- Eat, Sleep, Console Approach: Effectiveness, Outcomes, and Future Considerations
- High Stakes: Exploring the Impact of Cannabis Use in Pregnancy and Lactation
- Plans of Safe Care in Substance-Exposed Infants: Components, Complexities, and Collaboration
- Substance Use and Breastfeeding: CHoSEN Guidance

3. Hospital Policies and Legal Considerations

Decades of research show that addiction is a chronic but treatable condition that drives people to use substances even if it harms their health, careers, and relationships. Punitive policies are not effective at addressing substance use disorder and, if anything, only exacerbate its societal risk factors, including worsening of racial health disparities. Punitive approaches also lead to more negative outcomes for parents and their children.

Hospitals in Colorado play a key role in identifying and supporting perinatal patients with substance use.

Child Abuse Prevention & Treatment Act

Under the federal Child Abuse Prevention and Treatment Act (CAPTA), state governments are required to have policies and procedures in place mandating that healthcare providers complete a notification for all infants born with and identified as being affected by substance abuse or withdrawal symptoms resulting from prenatal drug exposure, or a Fetal Alcohol Spectrum Disorder.(more info here) Colorado utilizes a perinatal substance exposure notification system, currently managed by Colorado Department of Human Services.

Notifications are submitted without any identifying information and are used solely to help the state understand how often prenatal substance exposure occurs in Colorado, as required by federal reporting guidelines. Notification is not a child welfare report and should occur even when no safety concerns are present.

Learn more about Colorado's notification system here.

Definition of Child Abuse and Mandatory Reporting

A Child Welfare (CW) report or referral is made when there is a concern about child abuse or neglect. In 2020, Colorado changed the definition of abuse and neglect for infants exposed prenatally to substance. Substance exposure of a newborn no longer requires an automatic report to child welfare for abuse/neglect (CRS 19-1-103(1)(a)(IV)).

- Providers and mandatory reporters must make reports to Child Welfare if:
- An infant has been affected by prenatal substance exposure AND there are safety concerns
- A healthcare provider identifies immediate safety concerns for the care of an infant that results from active substance use (illicit, prescribed, alcohol, etc.) by the parent and/or caregiver(s)
- Any other safety concerns exist for a newborn that are not related to substance use

Whenever possible, healthcare providers should assess the need for a child welfare report in collaboration with a multidisciplinary team—including social work, nursing, behavioral health, and medical providers—to ensure a thorough and balanced evaluation of infant safety and parental capacity.

The following questions can help healthcare providers identify potential safety concerns:

- Is the parent actively participating in recovery?
- Is there evidence of ongoing substance use that impairs their ability to parent?
- How are the parents caring for and bonding with the infant? Can they console their infant?
- Does the infant require special care due to substance exposure or withdrawal?
- Can the parents meet the infant's medical, physical, and developmental needs?

This is not a complete listing of potential risk factors, but intended to aid providers.

Mandated Reporter requirements include a report or referral to child welfare within 12 hours of learning of suspicions of abuse or neglect. If you have questions or concerns about a child's safety or well-being, please call the Colorado Child Abuse and Neglect Hotline 844-CO-4-Kids.

Best practices include:

- **Assessing Risk Holistically:** Consider parental engagement in treatment, social support, and overall ability to care for the infant. Account for protective factors when considering the well being of the infant.
- **Transparency with Patients:** Explain reporting policies before screening or testing, emphasizing the hospital's role in support, not punishment.
- **Coordinated Discharge Planning:** Work with child welfare, treatment providers, and family services to ensure smooth transitions to home environments when safe.

Perinatal Substance Use Multidisciplinary Huddle Guide

Learn more about patient's rights when being contacted by CPS. Learn more about patient's rights when being contacted by CPS.

Supporting Families through Plans of Safe Care (PoSC)

Sample Plan of Safe Care

This is not a real patient.

Colorado Plan of Safe Care

A Plan of Safe Care is a helpful tool for families with infants who are affected by substance use during pregnancy. This is your plan and can be used to highlight your family's strengths and connect you to support for keeping you and your baby healthy and safe. It can also change as your needs change. Complete this form with a trusted provider and make sure you get the support you need during pregnancy and after your baby is born. If you have already started a plan (either for yourself, your baby, or both) you can update that one without starting over. Your plan will not be shared, unless you choose to share it. You can choose to share this plan with doctors, service providers, case managers, or others who support you and your baby. Sharing your plan helps make sure the people working with you are also working together, and know about the support you've built.

Contact Information

Name of Infant: Baby Girl Smith (Sample PoSC) **Due Date/Date of Birth:** 6/1/2025 **County:** Jefferson

Name of Birth Parent: Jane Smith **DOB:** 10/1/1990 Preferred Language: English

Phone number: 555-555-5555 Can we leave a message at this number? ☑ Yes ☐ No Email: jsmith@jsmith.com

Name of other caregiver: John Smith DOB: 5/1/1990 Preferred Language: English Phone number: 555-555-5555

Is this person able and willing to provide safe and sober care to you and your child/children? ☑ Yes ☐ No

Who else is able and willing to provide safe and sober care to you and your child/children? Please list names and phone numbers:

Grandfather- James Smith 555-555-5555

Here are some examples of things that may be helpful to families:

To learn about substance use, pregnancy, parenting, and available supports in your area please visit: toughasamother.org/search/ or ownpath.co/

The Maternal Mental Health Hotline is free, confidential, and available 24/7: text or talk 1-833-TLC-MAMA

Find information about home visiting programs at https://cohomevisiting.org/find-home-visiting-programs/

Basic Family Needs and Supports	Parenting Supports	Infant Needs and Supports
Financial assistance/TANF	Medical home/pregnancy/ postpartum care	Primary care provider/pediatrician
Food assistance/WIC/SNAP	Lactation & feeding support	Medical insurance
Housing assistance	Home visiting program	Infant mental health services
Medical insurance	Intimate partner violence support	Early Intervention
Family Resource Centers	Peer recovery support (eg: HardBeauty)	Child development specialist
Office of Respondent Parents' Counsel	Harm Reduction (perinatalharmreduction.org)	Public health nursing
	Mental/behavioral health counseling	Home visiting program
	Support groups (like AA, Circle of Parents, Elephant Circle)	Child care assistance
	Substance use treatment (intensive outpatient; inpatient)	Baby items (crib, car seat, bottles, clothing, etc)
	Medication Assisted Treatment (MAT) for substance use	
	Fussy Baby Network (1-877-6-CRY-CARE)	

PLAN FOR MYSELF

☐	I need help finding a doctor for myself	☑	I'm interested in learning and building my parenting skills
☑	I would like information on what to do if I feel stressed, sad, overwhelmed, or anxious during or after pregnancy	☑	I'm interested in connecting with people with lived experience like a peer recovery coach, peer doula, etc.
☑	I'm interested in learning about harm reduction, substance use treatment, and/or recovery services in my community	☐	I would like information about residential substance use treatment programs for pregnant/parenting people
☐	I'm interested in connecting with a home visiting program or public health nursing services	☐	I would like information on intimate partner/domestic violence resources

Would you like to create a plan to prevent return to use? This can be added to your Plan of Safe Care ☑ Yes ☐ No

What services would you like or do you already have?

Service	Status	Referral Date	Organization & Contact Info
Prenatal/ postpartum medical care provider	☑ Receiving ☐ Need referral ☐ N/A		Clinic/Provider Name: Example Primary Care Clinic Phone Number: 555-555-5555 Email: exampleclinic@exampleclinic.com Location: Denver, CO Date of Next Visit: 6/10/2025
Substance Use Treatment	☐ Receiving ☑ Need referral ☐ N/A	6/1/2025	Clinic/Provider Name: Example Addiction Clinic Phone Number: 555-555-5555 Email: exampleclinic@exampleclinic.com Location: Denver, CO Date of Next Visit: 6/3/2025
Mental Health/ Postpartum Counseling Services	☐ Receiving ☐ Need referral ☑ N/A		Clinic/Provider Name: Phone Number: Email: Location: Date of Next Visit:
Peer Support	☐ Receiving ☑ Need referral ☐ N/A	6/1/2025	Organization's Name: Example Peer Support Peer's Name Jennifer Phone Number: 555-555-5555 Email: examplepeer@examplepeer.com Date of Next Visit: 6/2/2025
Home Visiting Program	☐ Receiving ☐ Need referral ☑ N/A		Clinic/Provider Name: Phone Number: Email: Location: Date of Next Visit:
Parenting Classes/Groups	☐ Receiving ☑ Need referral ☐ N/A	6/1/2025	Organization: Example Parenting Class Next class/meeting 6/12/2025 Contact info: 555-555-5555
Other:	☐ Receiving ☐ Need referral ☐ N/A		

Supporting Families through Plans of Safe Care (PoSC)

Sample Plan of Safe Care

This is not a real patient.

PLAN FOR MY BABY

☑ I would like information about the potential health effects of substance exposure for my baby and when to seek special care	☑ I am worried about child welfare involvement and have questions about reporting and confidentiality
☑ I have questions about breast/chestfeeding, especially when using substances or medications	☑ I'm interested in learning about how to support my baby's milestones and development
☑ I would like to learn how to safely store medications and substances	☑ I need help getting baby items (crib, car seat, diapers, formula, etc)

SERVICES AND SUPPORTS

Follow-up pediatric care/medical home	Date of warm handoff: 6/2/2025 Clinic/PCP Name: Example Pediatrician — Phone Number: 555-555-5555 Location: Denver, CO — Next visit: 6/10/2025 Known medical needs or diagnoses: NOWS
Infant discharge medications	Medication(s): None Reason for medication(s):
Feeding plan	☑ Exclusively nursing ☐ Exclusively bottle feeding ☐ Breastmilk ☐ Formula_____kcal/oz ☐ _____ ounces every _____ hours ☐ Nursing and bottlefeeding ☐ Breastmilk ☐ Formula_____kcal/oz ☐ _____ ounces every _____ hours ☐ Other: _____
Baby items	*(Who or what services will support you with getting needed baby items?)* None, family already has and is able to purchase future supplies
Child care plan	*(Who can provide safe & sober child care if you go to work, get sick, have an appointment?)* John Smith and James Smith
Safe sleep	*(Where will your baby sleep?)* Crib in parents room
Safe storage of substances	*(Where are medications, alcohol, naloxone, and other substances kept?)* In high kitchen cabinet out of reach
Infant development & learning supports	Complete referral to Early Intervention Services: Online referral form Email: GetStartedwithEI@state.co.us Call: 833-733-3734 (833-REFER-EI) Info on infant development and learning services from Early Intervention Colorado: Materials for families and community partners **Consent Form:** English Form Spanish Form **Date of Referral:** 6/1/2025

PLAN FOR OUR FAMILY

Family Needs, Strengths, Supports

Service	Status	Referral Date	Organization & Contact Info Org name/person referred to/phone # and email
Food Assistance/ WIC/ SNAP	☐ Receiving ☐ Need referral ☑ N/A		
Transportation	☐ Receiving ☐ Need referral ☑ N/A		
Medical Insurance	☑ Receiving ☐ Need referral ☐ N/A		
Child Care Programs	☐ Receiving ☐ Need referral ☑ N/A		
Housing Assistance	☐ Receiving ☐ Need referral ☑ N/A		
Financial Assistance	☐ Receiving ☐ Need referral ☑ N/A		
Phone/ Internet/ Computer	☐ Receiving ☐ Need referral ☑ N/A		
Family Counseling / Mental Health Services	☐ Receiving ☑ Need referral ☐ N/A	6/1/25	Example Mental Health Clinic / Dr. Williams / 555-555-5555 / MHclinic@mhclinic.com
Substance use treatment for significant-other or second caregiver	☐ Receiving ☐ Need referral ☑ N/A		
Fatherhood Programs	☐ Receiving ☐ Need referral ☑ N/A		
Parenting Skills Classes	☐ Receiving ☑ Need referral ☐ N/A	6/2/25	Example Parenting Class / Marie / 555-555-5555 / parenting@parenting.com
Other:	☐ Receiving ☐ Need referral ☑ N/A		

Top priorities/goals for our family:

- Jane to continue her recovery with Methadone (started in the hospital)
- Baby Girl Smith to stay with family

Steps to achieve our goals:

- Jane will follow up with methadone clinic day after discharge and work with a peer recovery specialist on her recovery
- Either John and James will be present around the clock as sober caregivers, and to support Jane in her recovery.

Federal law also requires that states develop safe care plans to improve longer-term family outcomes. In Colorado, Child Protective Services is required to ensure infants with in utero substance exposure have a PoSC.

A PoSC is a family centered plan designed to ensure the safety and well-being of an infant affected by prenatal substance exposure by addressing the immediate safety, health, and substance use treatment needs of the infant and affected family or caregiver. The PoSC is developed in collaboration with the birthing parent and a multidisciplinary team to identify needs and connect the family to resources in the community. Best practice suggests that a PoSC should be designed to meet both the short- and long-term needs of the family, with the goal of strengthening the family and keeping the child safely in the home.

The Colorado PoSC template is available for download on the **Plans of Safe Care resources and training** page.

If possible, a PoSC should be established during pregnancy, prior to child welfare involvement. Hospitals and perinatal healthcare providers are positioned to support families with a PoSC.

Plan of Safe Care (PoSC): Best Practices for Hospital and Perinatal Care Providers

Focus Area	Recommendation
Timing & Early Coordination	· Initiate or update the PoSC during pregnancy whenever possible—before child welfare involvement. · Aim to complete or update the PoSC before hospital discharge with input from: – OB/GYN – Pediatrics – Social work – Behavioral health
Family-Centered Care	· Design the PoSC to prioritize family unity whenever safely possible. · Focus on linking parents to: – Treatment services – Parenting support – Social and community resources
Comprehensive Documentation	· Clearly document care plans for both infant and parent. · Include referrals to: – Home visitation programs – Substance use treatment – Community-based supports
Confidentiality & Consent	· Treat the PoSC as a family support tool. · Do not share the PoSC without the birthing person's consent. · If child protective services (CPS) is involved, the birthing person may choose to share the PoSC with their caseworker.

i Learn more about Plans of Safe Care Resources and Training.

Toxicology Testing

Perinatal toxicology testing involves analyzing biological specimens from birthing parents or newborns to detect the presence of drugs or their metabolites. This practice has historically been applied inconsistently, often influenced by bias, structural inequities, and punitive approaches that disproportionately impact marginalized populations—particularly Black and low-income families.

Rather than serving as a routine or automatic response to suspected substance use, toxicology testing should be approached with caution, recognizing its potential to cause harm, erode trust, and discourage engagement in prenatal care or treatment. Substance use during pregnancy is frequently intertwined with trauma, mental health conditions, and systemic barriers to care. Testing must therefore be trauma-informed, culturally responsive, and clinically justified, with a focus on supporting rather than penalizing birthing people and their families.

This guidance emphasizes that toxicology testing should not be used as a proxy for parenting ability or risk assessment, and calls for standardized, equitable practices grounded in consent, transparency, and clinical relevance.

Toxicology Testing Best Practices Overview	
Universal Screening First	· All pregnant people should be screened verbally using a validated tool. · Toxicology testing should not precede screening unless in a medical emergency where verbal screening is not possible.
Toxicology Testing Is Not Automatically Indicated	· A positive verbal screen does not automatically justify a test. Testing must be clinically relevant and discussed with the patient. · Clear documentation of clinical justification and a multidisciplinary discussion are essential before testing.
Informed Consent	· Consent is required for the birthing parent's toxicology test unless there is a compelling medical reason or the patient lacks decision-making capacity. · Consent for the infant's toxicology test should be obtained from the birthing person or legal guardian unless there is a compelling medical need. · Conversations must be trauma-informed, transparent, and acknowledge potential consequences, including legal or child welfare implications.
Indications for Testing	· Birthing Parent: Signs of intoxication or withdrawal, or patient-initiated requests (e.g., to verify recovery or guide lactation decisions). · Newborn: Unexplained symptoms consistent with withdrawal/intoxication, or when parent testing results would change infant care.
Interpretation Requires Expertise	· Immunoassay tests are fast but less accurate; confirmatory tests (e.g., LC-MS/MS) are preferred but slower. · Interpretation should consider medical history, medications, metabolism variability, and should ideally involve a Medical Review Officer (MRO) or toxicologist.
Trauma-Responsive and Culturally-Informed Care	· Care teams should universally apply trauma-informed principles and avoid re-traumatization. · Testing policies must be equitable and not influenced by race, socioeconomic status, or implicit bias.
Child Welfare Considerations	· A positive toxicology result alone does not constitute child abuse or neglect. · Mandated reporters should consider whether a newborn is both affected and at risk, guided by Colorado's statutory definition and best practice examples.

Learn more about SuPPoRT Colorado Indications for Toxicology Best Practices.

4. Provider and Staff Training

Implicit Bias and Stigma Reduction Training

Stigma toward people who use substances is widespread and can harm their access to care by framing addiction as a personal failure. This discourages help-seeking and lowers confidence in recovery. Pregnant people often face even greater stigma, leading to increased surveillance, child welfare involvement, and loss of parental rights—especially among people of color. Despite this, many reduce or stop substance use during pregnancy. Social factors like language, gender norms, and parenting expectations can reinforce stigma and promote punishment over support. (reference)

Healthcare providers play a critical role in addressing stigma by using nonjudgmental, person-first language, offering compassionate care, and advocating for supportive rather than punitive approaches to substance use during pregnancy.

Implicit bias and stigma reduction training explores the unconscious attitudes and stereotypes (implicit biases) that can affect our understanding, actions, and decisions, particularly concerning individuals and families affected by perinatal substance use. It also addresses the negative attitudes and beliefs (stigma) associated with substance use and mental health, aiming to foster more equitable and compassionate care.

Trauma-Informed Care Strategies

This training focuses on understanding the impact of trauma–past and present–on individuals and families involved in perinatal substance use. It equips providers with strategies to create a safe and supportive environment, recognize trauma-related symptoms, and respond in ways that promote healing and avoid re-traumatization.

Cultural Competency in Serving Diverse Populations

This training emphasizes the importance of understanding and respecting the diverse cultural backgrounds, beliefs, values, and practices of individuals and families
experiencing perinatal substance use. It aims to enhance providers' ability to deliver culturally sensitive and effective care that meets the unique needs of various communities.

Interdisciplinary Collaboration for Perinatal Substance Use Care

This training highlights the necessity of teamwork and communication among different professionals involved in the care of individuals and families facing perinatal substance use. It focuses on building effective partnerships between healthcare providers, social workers, mental health professionals, and other support systems to ensure comprehensive and coordinated care.

- **PCSS: Harm Reduction:** Compassionate Care for People Who Use Drugs Podcast Series, Episode 6: Drug Use, Pregnancy, & Parenting
- **ASAM eLearning:** Pregnancy & Neonatal
- **AIM:** CARE FOR PREGNANT AND POSTPARTUM PEOPLE WITH SUBSTANCE USE DISORDER
- Additional Literature linked in appendix

5. Community and Referral Networks

Hospitals play a critical role in connecting perinatal patients with substance use to long-term support systems. A dyadic care model ensures that both parent and infant receive coordinated, continuous care beyond hospital discharge. Strong community partnerships are essential for improving health outcomes, preventing family separation, and supporting long-term recovery.

Building Partnerships with Local Treatment and Recovery Services

Hospitals should establish formal referral pathways with community-based treatment and recovery programs to ensure that perinatal patients receive individualized, comprehensive, family-centered care after discharge. Key strategies include:

- **On-Site or Immediate Referrals to Medication for Opioid Use Disorder (MOUD) and Medication-Assisted Treatment (MAT) for other SUDs:** Establish direct connections with MOUD/MAT providers who specialize in perinatal care to ensure rapid access to methadone, buprenorphine, naltrexone, or other OUD/SUD treatments upon discharge.
- **Peer Recovery Support Integration:** Partner with local recovery programs to embed peer mentors and recovery coaches in prenatal and postpartum care settings, such as Tough as a Mother.
- **Family-Centered Substance Use Treatment:** Collaborate with programs that allow parents to stay with their infants while receiving treatment, such as residential recovery centers with parenting support.

Colorado Mental Health Access Program

Colorado PROSPER: Perinatal Mental Health and Substance Use Consulting & Access Program

Addressing Social Determinants of Health in the Hospital Setting

Substance use is often linked to housing instability, food insecurity, unemployment, and trauma. Hospitals should:

- **Screen for Social Needs:** Integrate housing, food, and financial security assessments into perinatal care.
- **Establish Referral Pathways:** Partner with housing programs, employment services, and legal aid to connect families with resources.
- **Integrate Behavioral Health Services:** Ensure perinatal patients have immediate access to counseling, peer support, and treatment programs.

By prioritizing standardized care, ethical reporting, and social support, hospitals can improve outcomes for both parent and infant while reducing stigma and unnecessary family separation.

Hospitals must work closely with social services to ensure that perinatal patients receive supportive, rather than punitive, interventions. Best practices include:

- **Individualized Discharge Planning using standardized PoSC Protocols:** Develop hospital-wide PoSC workflows that proactively connect families to parenting resources, mental health support, and social services which may include:
  - **Advocating for Family Preservation:** Work with child welfare agencies to prioritize treatment-based interventions over automatic separation when a parent is engaged in care. This includes having a clear definition of what warrants a report to Child Protective Services, with an emphasis on actual risk or harm to the child. The purpose of such referrals should be framed around safety, access to supportive services, and not as a punitive response to substance use alone.
  - Clearly defining roles responsible for leading the PoSC process, as well as identifying backup supports to ensure no steps are missed and all patients receive appropriate, coordinated care.
  - **Early Intervention Referrals:** The Colorado Department of Early Childhood, Division for Community and Family Support administers the Early Intervention Colorado Program and contracts with twenty Local EI Programs statewide to provide early intervention supports and services to infants, toddlers, and their families within their communities.
  - Addressing structural barriers within the hospital and through collaboration with local social services agencies.

Ensuring Continuity of Care Postpartum

The postpartum period is a high-risk time for relapse, overdose, and maternal mental health concerns. A strong continuum of care helps maintain recovery, family stability, and early parent-infant bonding. Hospitals should:

- Ensure Warm Handoffs to Postpartum Recovery Care: **Directly connect patients to ongoing substance use** treatment, postpartum mental health services, and home visitation programs.
- **Embed Behavioral Health into Pediatric Visits:** Establish co-located maternal mental health and pediatric care programs to provide dyadic support.
- **Optimize Role of Family Medicine:** FM providers are an excellent resource for family-based, dyad follow up care with integrates both birthing individual and infant needs.
- **Expand Home-Based Care Models:** Partner with public health programs, peer navigators, and early childhood organizations to provide home visits for high-risk families.

Moving Forward

By implementing these strategies, hospitals and healthcare providers can lead the way in transforming care for families affected by perinatal substance use. A consistent, trauma-informed, and equity-driven approach not only improves clinical outcomes but also strengthens trust between patients and providers. Through universal screening, evidence-based management, supportive policies, ongoing staff education, and strong community partnerships, healthcare systems can create a foundation for lasting change—one that prioritizes dignity, healing, and the long-term well-being of both birthing individuals and their children.

3 Quality Improvement Implementation in the Hospital Setting

Hospitals and clinics can create safer, more equitable care for families affected by substance use by using a structured, data-driven quality improvement (QI) approach. The **Institute for Healthcare Improvement (IHI) Model for Improvement** provides a simple yet powerful framework to guide this work. When paired with the **Alliance for Innovation on Maternal Health (AIM) Patient Safety Bundle** on **Care for Pregnant and Postpartum People with Substance Use Disorder**, healthcare teams can drive sustainable change that centers dignity, family preservation, and improved outcomes for both birthing individuals and their infants.

Step 1: Build the Team and Infrastructure

Quality Improvement (QI) success relies on a committed, multidisciplinary team. A strong foundation includes clear roles, consistent communication, and intentional leadership engagement. The goal is to develop a sustainable team structure that fosters shared ownership, accountability, and collaborative problem-solving.

Strategies for Gaining Buy-In

Securing early buy-in from all levels of the organization, especially frontline staff and leadership, is critical. Consider these strategies:

- **Start with the "Why":** Use data, patient stories, and local context (e.g., maternal mortality review findings) to highlight the urgency and equity implications of perinatal substance use.

> "Substance use is now one of the leading contributors to pregnancy-related deaths in our state, and most are preventable. Our 'why' is simple: every family deserves safe, respectful care. By addressing perinatal substance use with equity and urgency, we can save lives, prevent harm, and help families thrive."
>
> — Amber Johnson, Director of Quality Improvement, CPCQC

- **Connect to Organizational Priorities:** Frame the work as aligned with safety, quality, equity, family-centered care, or compliance (e.g., AIM bundles, SB24-175, Joint Commission standards).
- **Show Feasibility:** Emphasize the phased nature of QI work and that changes can start small (e.g., one unit, one PDSA cycle) before spreading systemwide.
- **Elevate Voices with Lived Experience:** Involve **peer recovery coaches** or parents in recovery to speak at kickoff meetings or trainings. Personal stories can be more motivating than statistics.

Recruit Leadership and Champions

A successful initiative needs active sponsorship from leaders and operational champions at multiple levels. Consider involving the following roles on your team:

Role	How to Engage
Hospital Executives	Show how initiative meets quality or equity goals; request a brief leadership sponsor update quarterly.
Department Heads (OB, Pediatrics)	Invite them to co-sponsor the initiative and highlight how the work will benefit their teams and patients.
Unit Managers	Involve them in planning workflows; provide ready-to-use scripts and tools to support implementation.
QI Director or Analyst	Partner early to design feasible data extraction and reporting strategies and dashboards.
Peer Support/ Recovery Leaders	Invite them to shape family-facing strategies and evaluate impact.

Tip: Identify clinical champions within nursing, midwifery, OB, Family Medicine, social work and pediatrics who are respected and passionate. Empower them to influence peers, troubleshoot challenges, and lead change.

Utilize Existing Structures to Build Momentum

Don't build from scratch. Leverage existing teams, meetings, and communication channels:

- **Quality or Patient Safety Committees:** Present your plan to these committees to align with broader QI initiatives and reduce duplication.
- **Perinatal Task Forces or Maternal Child Health Committees:** Many hospitals already have these teams in place. Use them as hubs for planning and data review.
- **OB/Pediatrics Department Meetings:** Share brief updates, highlight wins, and invite feedback.
- **Harm Reduction or Behavioral Health Integration Workgroups:** Collaborate to ensure warm handoffs and address social drivers of health.
- **Community Advisory Boards:** Partner with external organizations (e.g., home visiting programs, SUD treatment providers, Medicaid health plans) to improve continuity of care.

Establish Regular Team Routines

To maintain momentum, schedule:

- **Monthly or bi-monthly team huddles to:**
  - Advocating for Family Preservation:
  - Review data and trends
  - Identify barriers and brainstorm PDSA cycles
  - Celebrate quick wins
- **Quarterly leadership check-ins to:**
  - Share progress
  - Identify resource needs
  - Sustain executive support

Use shared agendas, brief updates, and visual data displays to keep meetings efficient and action-focused.

Bottom Line

Building a strong infrastructure starts with people. By thoughtfully engaging clinical and community partners, embedding the work into existing systems, and maintaining regular communication, your team can create lasting change in how perinatal substance use is addressed across settings.

Step 2: Set a Clear Aim

What are we trying to accomplish?

1 Define Specific, Time-Bound Objectives:

- What? e.g., "Increase validated SUD screening rate at hospital admission."
- How much? e.g., "From 40% to 90%."
- By when? e.g., "Within 12 months."
- Who? e.g., "All birthing parent admissions to the L&D unit."

Providing clear What–How Much–By When–Who details makes accountability and monitoring straightforward.

2 Disaggregate Data to Detect Disparities

- Collect and report progress on your aim by race, ethnicity, and insurance status at minimum. If you serve a large catchment area, consider breaking out results by how far patients have to travel to reach your facility.
- For example:
  - Compare SUD screening rates for Black patients vs. White patients vs. Hispanic patients.
  - Examine screening rates for Medicaid-insured vs. privately insured patients.
- Rationale: Without breakdowns, disparities may remain hidden in aggregate metrics. Granular data reveal where improvement efforts are needed most.
- A Case Study from Massachusetts

2 Set Equity-Based Targets

- Aim not just to raise overall screening rates but to reduce gaps in care delivery and outcomes:
  - e.g., "Achieve ≥85% screening for all patient groups by the end of the project, with targeted improvement efforts focused on groups furthest from the benchmark to reduce the gap between the highest and lowest group to ≤5%."
- Set sub-goals for historically underserved populations.

Example Aim Statements

Aim: *By June 30, 2026, increase validated SUD screening at hospital admission from 40% to 90% for all patients. Focused improvement efforts will prioritize groups with the lowest screening rates to ensure equity, with disparities reduced to ≤5% between the racial/ethnic groups with the highest and lowest screening rates and between Medicaid- and privately insured patients.*

Aim: *By December 31, 2026, increase the percentage of pregnant and postpartum patients who screen positive for substance use and receive a warm handoff or referral to evidence-based treatment from 45% to 85% across all groups. Targeted interventions will address populations least likely to receive referrals, ensuring that the disparity gap between Medicaid- and privately insured patients, as well as between racial/ethnic groups, is reduced to ≤5%.*

Step 3: Establish Measures

How will we know that a change is an improvement?

A successful perinatal substance use QI initiative must be built on timely, reliable, and meaningful data. This step involves identifying what to measure, how to measure it, and how to interpret and use the findings to drive ongoing improvement.

Type	Purpose	Example
Outcome Measures	Reflect the results or impact of the care provided.	Patients achieving remission; maternal death due to overdose; reduction in child welfare involvement due to untreated parental substance use
Process Measures	Track whether specific care steps are completed as intended.	% of patients screened using a validated tool; % of positive screens receiving a warm handoff; % of patients initiating MOUD
Balancing Measures	Assess for unintended consequences elsewhere in the system.	% of NICU admissions among substance-exposed newborns; % of staff reporting increased workload or moral distress

By using a mix of these, teams can capture a full picture of how changes are affecting care.

Potential Sources of Data

Hospitals and clinics can draw from multiple sources to support dyadic QI work:

- **Electronic Health Records (EHRs):**
  - Substance use screening results
  - Referral and follow-up documentation
  - Maternal and infant discharge data
  - PoSC completion status
  - Infant feeding method at discharge
  - NICU admissions and NOWS treatment
- **Internal Case Management Systems:**
  - Notes from social work, behavioral health, and peer support staff
  - Documentation of warm handoffs and care coordination
- **Staff Surveys or Debrief Tools**
  - Measures of stigma reduction, confidence in screening, and perceptions of team collaboration

Identifying a Data Champion

Every QI team should designate a data champion. This person is responsible for coordinating data collection, reporting, and visualization.

The data champion:

- Works closely with IT, quality, and clinical teams
- Ensures data is accurate, timely, and meaningful
- Develops simple reports and dashboards for frontline use
- Helps the team interpret trends and target interventions
- Supports disaggregating data by race, ethnicity, and payer to identify disparities

This role is vital for creating a data-informed culture, where decisions are based on what the numbers show, not assumptions or anecdotes.

Applying Measures to Drive Change

Once measures and data sources are in place:

- Review them monthly at team huddles or QI meetings.
- Visualize trends (e.g., run charts, bar graphs by subgroup).
- Use data to:
  - Test hypotheses: *Is the new warm handoff protocol working?*
  - Identify variation: *Why are Medicaid patients less likely to get a PoSC?*
  - Celebrate progress: *Did we hit our Q2 target for screening rates?*
- Establish a core QI dashboard with simple indicators:
  - % of patients screened
  - % with treatment referrals and provider-to-provider handoffs
  - % of dyads receiving PoSC
  - Disparities by race/ethnicity/payer
  - Infant outcomes: NOWS treatment, NICU admission, rooming-in rates

Bottom Line

By choosing meaningful measures, leveraging available data sources, and empowering a data champion, teams can move from intention to impact, ensuring that care for families affected by perinatal substance use is equitable, coordinated, and continuously improving.

Step 4: Test Small Changes Using PDSA Cycles

What changes can we make that will result in improvement?

The Plan-Do-Study-Act (PDSA) cycle is a cornerstone of quality improvement. It allows teams to make small changes quickly, learn from the results, and refine or scale what works. Each change is called a "test". The key? **Start small–really small.** If QI feels overwhelming, it often means you're trying to do too much at once.

Reminder: If QI feels overwhelming, you're probably not thinking small enough.

Start with Simple, Approachable PDSAs

Instead of launching a hospital-wide policy overnight, test it with:

- One provider
- One patient
- One day or one shift
- One unit

This low-risk approach helps teams build confidence, identify practical barriers early, and make changes without fear of failure.

PDSA Cycle Breakdown

Step	What It Involves	Example
Plan	Identify a small change to try and make a prediction about the result of the change	Test offering a script for trauma-informed substance use screening to one OB nurse
Do	Carry out the change on a small scale	Nurse uses the script with three patients over two days
Study	Reflect on the results and compare the results to your prediction	Did the patients respond more openly? Did the nurse feel more confident?
Act	Decide what's next	Refine the script wording and expand to the whole OB team next week

Additional PDSA Examples

1. Plan of Safe Care Integration

Plan: Test having a social worker update a PoSC template during morning rounds for one patient in the coming week.

Do: Social worker completes PoSC draft and reviews it with the care team.

Study: Was the process smooth? Did the team feel better prepared for discharge? Did the patient benefit?

Act: Add a PoSC prompt to the rounding checklist for broader use during the following week.

2. Naloxone Education at Discharge

Plan: Add a 2-minute education card to the discharge packet of one patient with known SUD and discuss naloxone with the patient

Do: Nurse provides card and briefly discusses naloxone with the patient

Study: Was the conversation comfortable? Did the patient review the card?

Act: Adapt language or layout based on feedback, then try with next five patients

How to Track and Share PDSA Progress

- Use a simple Excel tracker or whiteboard to log:
  - Who did what
  - When it happened
  - What was learned
  - Next steps
- Create a "PDSA Wall" or team bulletin board to visualize cycles and celebrate progress.
- Add a standing "PDSA spotlight" to huddles or department meetings to keep QI visible and relevant without overwhelming staff.
- Consider using brief forms or templates to make documentation easy and repeatable (e.g., "1-pager" with 4 PDSA steps).

Preventing Staff Burnout from Continuous Change

Change fatigue is real and valid. To avoid it:

- Involve frontline staff in planning: Don't do QI to them, do it with them.
- Celebrate small wins: Recognition builds energy and reinforces progress.
- Space out PDSAs: Not everything needs to happen at once. Focus on one area at a time.
- Use "stop doing" lists: Eliminate outdated or duplicative workflows before adding new ones.
- Honor emotional labor: Caring for families with SUD is complex. Acknowledge the emotional toll and offer peer support.

Bottom Line

PDSAs should be practical, fast, and human-centered. By starting small, tracking simply, and celebrating often, your team can build a culture of continuous learning without burnout.

Step 5: Align with the AIM Patient Safety Bundle

You Don't Have to Recreate the Wheel

The AIM Patient Safety Bundle for Care of Pregnant and Postpartum People with Substance Use Disorder is a nationally developed, evidence-informed framework designed to support hospitals and clinics in implementing high-quality, equitable care for families affected by substance use. It offers clear, actionable strategies that align perfectly with quality improvement (QI) work and can serve as the foundation for your initiative.

The AIM bundle is your roadmap. Use it to guide your team's work, structure your PDSA cycles, and prioritize interventions rather than starting from scratch.

How the AIM Bundle Supports QI

Each domain of the bundle, Readiness, Recognition, Response, Reporting, and Respectful Care, includes concrete, evidence-informed changes that hospitals can test, adapt, and scale over time. These elements also align seamlessly with IHI's Model for Improvement by answering the question: *What change can we make that will lead to improvement?*

Bundle Highlights and Example Applications

Readiness

Prepare teams and systems for effective, respectful care.

- Train staff in trauma-informed care, stigma reduction, cultural humility, and harm reduction.
- Map local resources for treatment, recovery, peer support, and social services.
- Prepare teams with protocols and scripts to reduce fear and judgment in patient interactions.

Recognition

Improve identification and early engagement in care.

- Use validated screening tools for substance use during pregnancy and postpartum (e.g., 4Ps Plus, CRAFFT).
- Assess co-occurring needs, including behavioral health, intimate partner violence (IPV), housing, and food security.
- Avoid punitive practices like unconsented toxicology testing; prioritize verbal screening.

Response

Deliver integrated, coordinated, and person-centered care.

- Develop clinical care pathways that link OB, pediatrics, behavioral health, and social work.
- Implement warm handoffs to treatment and recovery services.
- Create Plans of Safe Care (PoSC) collaboratively, starting prenatally when possible.

Reporting

Use data to drive equity and continuous improvement.

- Track key indicators (e.g., screening, treatment referrals, PoSCs) with dyadic metrics.
- Disaggregate data by race, ethnicity, and insurance status to identify disparities.
- Share data in multidisciplinary meetings to guide improvement and accountability.

Respectful, Equitable, and Supportive Care

Build trust and dignity into every patient interaction.

- Include patients and families as active partners in care planning and decision-making.
- Honor autonomy and informed consent, including the right to decline treatment or testing.
- Integrate lived experience voices into care teams and improvement planning.
- Foster inclusion by addressing implicit bias and systemic inequities in care delivery.

Tip: You don't need to brainstorm from scratch. Start with the AIM bundle elements that resonate most with your team, patient population, or biggest gaps and adapt from there.

Bottom Line

The AIM bundle isn't just a checklist; it's a toolkit designed to reduce harm, strengthen care systems, and support families. By grounding your QI work in this ready-made framework, you'll save time, build consistency, and ensure alignment with both state and national standards.

Step 6: Sustain and Scale What Works

Once your team begins seeing positive results in your data–whether it's higher screening rates, more Plans of Safe Care, fewer neonatal separations, or better staff confidence–it's time to ensure those improvements stick and spread.

True sustainability means embedding changes into the daily fabric of hospital operations so they don't depend on one champion or one grant cycle.

Embed Changes into Policy and Process

To make improvements lasting:

- **Update hospital policies and protocols** to reflect best practices:
  - Standardize use of validated screening tools
  - Require Plans of Safe Care for all substance-exposed births
  - Adopt an evidence-informed toxicology testing policy
  - Define warm handoff workflows for SUD treatment referrals
- **Incorporate changes into electronic medical records (EMRs):**
  - Add PoSC templates and screening tools to patient charts
  - Create auto-reminders for naloxone education or peer recovery consults
  - Use smart phrases and decision support to promote consistent documentation
- **Include in onboarding and competency checklists:**
  - Ensure that all new staff, clinical and non-clinical, receive education on:
    - Trauma-informed care and person-first language
    - Substance use in pregnancy
    - Harm reduction
    - Mandated reporting policies

What becomes routine becomes sustainable. If a practice lives only in a pilot or one champion's workflow, it will likely fade. But if it's in policy, process, and onboarding, it lasts.

Invest in Ongoing Staff Training and Culture Change

Sustainable QI isn't just about protocols. It's about people. Ongoing training builds a confident, compassionate workforce and keeps the momentum alive.

- Offer annual booster trainings on stigma reduction, cultural humility, and updated clinical guidance.
- Include lived experience voices in continuing education sessions to keep the work grounded.
- Host case reviews or storytelling rounds to highlight real-world successes and lessons learned.

Repetition = retention. Staff turnover and burnout are real. Normalize refreshers and supportive training environments.

Develop Long-Term Data Monitoring Systems

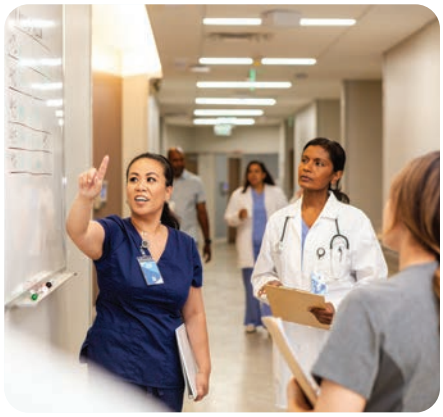
To keep improvements visible and drive accountability over time:

- Update dashboards monthly and embed discussion of your data into regularly occurring meetings. Use the data to guide ideas for where change is needed.
- Assign ownership of data reporting (your data champion or QI lead) and integrate reviews into regular, if less frequent, team meetings (quarterly or bi-annual updates).
- Link data to improvement cycles:
  - Use less frequent but equally important reviews to celebrate wins, identify slippage, and launch new PDSAs.
- Align with state/national benchmarks through collaboratives like:
  - CPCQC's Turning the Tide
  - CHoSEN QIC

Celebrate, Share, and Scale

Improvement is hard work, and recognition matters. To build momentum:

- Celebrate small wins during staff meetings and huddles
- Share success stories across units and leadership
- Present your work at internal or external QI forums
- Invite peer sites to observe workflows or adopt your tools
- Expand proven changes from one unit (e.g., L&D) to others (e.g., pediatrics, NICU, family medicine)



Bottom Line

Improvement is not complete until it is sustained.

By embedding best practices into policy, providing ongoing staff education, and tracking outcomes long-term, hospitals can ensure families affected by perinatal substance use receive consistent, respectful, and effective care today, next year, and well into the future.

From QI to Culture

Using the IHI Model for Improvement alongside the AIM Patient Safety Bundle helps hospitals and clinics build consistent, compassionate care systems. Centering the parent-infant dyad, improving coordination, and reducing stigma are not just goals–they are the path to long-term health equity for Colorado families.

A dyadic approach to perinatal substance use care ensures that both parent and infant receive coordinated, equitable, and compassionate care. Using the Model for Improvement, hospitals can drive sustainable change by focusing on standardization, leadership engagement, and integrated care models.

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APPENDICES

1 Resources for Perinatal Patients and Families Impacted by Substance Use

MOMS+ Colorado-Specific Substance Use Treatment and Support Resources

Patient Facing: Substance Use Disorders- Educational Handouts

Alcohol Use

- Alcohol Use in Pregnancy and Breast/chestfeeding- English
- Alcohol Use in Pregnancy and Breast/chestfeeding- Spanish

Opioid Use

- Opioid Use in Pregnancy and Breast/chestfeeding- English
- Opioid Use in Pregnancy and Breast/chestfeeding- Spanish

Stimulant Use

- Stimulant Use in Pregnancy and Breast/chestfeeding- English
- Stimulant Use in Pregnancy and Breast/chestfeeding- Spanish

Cannabis Use

- Cannabis Use in Pregnancy and Breast/chestfeeding- English
- Cannabis Use in Pregnancy and Breast/chestfeeding- Spanish

Patient Facing: Medications for Substance Use Disorders- Handouts

Methadone

- What is Methadone?- 1 page handout- English
- What is Methadone?- 1 page handout- Spanish
- Guide to Methadone- English
- Guide to Methadone- Spanish

Buprenorphine

- What is Buprenorphine?- 1 page handout- English
- What is Buprenorphine?- 1 page handout- Spanish
- Guide to Buprenorphine- English
- Guide to Buprenorphine- Spanish

Naltrexone

- What is Naltrexone?- 1 page handout- English
- What is Naltrexone?- 1 page handout- Spanish
- Guide to Naltrexone - English
- Guide to Naltrexone- Spanish

APPENDICES

1 Resources for Perinatal Patients and Families Impacted by Substance Use

Patient Facing: Naloxone Educational Handouts

- Naloxone Discharge Flyer-English
- Naloxone Discharge Flyer-Spanish
- Guide to Your Take-Home Naloxone Kit- English
- Guide to Your Take-Home Naloxone Kit- Spanish
- Narcan Quick Start Guide - English
- Narcan Quick Start Guide - Spanish
- Overdose and Naloxone Information for Patients- English
- Overdose and Naloxone Information for Patients- Spanish

Other Patient Education Resources

Written Materials

- Opioid Use Disorder - Facts & Treatment
- Safe Storage and Disposal of Medications
- Risks of Opioids
- Preventing Overdose in People who Inject Substances
- Substance Reuse Prevention Plan

Videos

- Dying for Care
- Tough MOMs Carry Naloxone
- Mandatory Responder

Plans of Safe Care Resources

- HardBeauty
- Circle of Parents
- SafeCare Colorado
- SuPPoRT Colorado Plans of Safe Care One-Pager for Families

Substance Exposed Newborn Resources

- Neonatal Opioid Withdrawal Syndrome (NOWS) Patient Information Guide

Community Resources

Opioid Treatment Program Locator Directories

- Colorado OBH's Opioid treatment program directory: Find programs providing medications (methadone, buprenorphine, suboxone, vivitrol, antabuse, naltrexone, naloxone, narcan) for the treatment of opioid addiction in Colorado counties.
- SAMHSA's Opioid treatment program directory: Find programs providing methadone for the treatment of opioid addiction (heroin or pain relievers) state by state.
- SAMHSA's Buprenorphine physician and treatment program locator: Find physicians and treatment programs providing buprenorphine for opioid addiction (heroin or pain relievers) state by state.

2 Materials for Hospitals and Healthcare Providers

Maternal

Managing Substance Use Disorders in Pregnancy

Frontline Staff Video Series- Open Access:

- Part 1: Stigma & Bias
- Part 2: Harm Reduction & Naloxone
- Part 3: Treatment of SUD
- Part 4: Caring for Perinatal People with SUD
- Part 5: Perinatal Substance Use: What Social Workers and Mandatory Reporters Need to Know
- Part 6: Indications for Toxicology Testing
- Part 7: Toxicology Testing: Limitations and Complexities

Substance Specific Treatment Video Series- Open Access:

- Nicotine Use in Pregnancy
- Cannabis Use in Pregnancy
- Stimulant Use in Pregnancy
- Alcohol Use in Pregnancy

Other Videos- Open Access:

- Dying for Care
- Mandatory Responder
- Tough MOMs Carry Naloxone

CME Accredited Modules: opioideducation.com/momsplus

Training Slide Decks

- Stigma and Bias Training
- Treatment and Recovery Training
- Harm Reduction and Naloxone Training
- Toxicology Guidelines Training
- Perinatal Alcohol Use Training
- Perinatal Stimulant Use Training
- Perinatal Cannabis Use Training
- Perinatal Nicotine Use Training
- Doing Right by Birth Training
- PoSC Training for Peers

2 Materials for Hospitals and Healthcare Providers

Case Study Flyers

- Perinatal OUD Methadone Case Study Flyer
- Perinatal OUD Buprenorphine Case Study Flyer
- Perinatal OUD Comfort Care Case Study Flyer

Toxicology Education and Resources:

- SuPPoRT Colorado Executive Summary
- Indications for Toxicology Testing in Colorado Hospitals- SuPPoRT Colorado Guidelines
- MOMs+ Toxicology and Reporting Guidelines Summary

Peripartum Pain Management

- MOMs+ Peripartum Pain Management in Persons with OUD Guide

Plans of Safe Care Resources

- SuPPoRT Colorado: Collaboration and Integration of Plans of Safe Care Implementation in Colorado Best Practice Guidance
- SuPPoRT Colorado Plans of Safe Care One-Pager for Providers
- SuPPoRT Colorado Plans of Safe Care One-Pager for Families
- Colorado Department of Human Services: Child Welfare: Plans of Safe Care Website
- Infants Exposed Prenatally to Substances (IEPS) Notification Form
- Colorado Plans of Safe Care Brief Form
- Colorado Comprehensive Plans of Safe Care Form (Complete Version)
- When to Report Infant Substance Exposure to Colorado Child Welfare- Provider Rack Card
- Colorado Plans of Safe Care Hospital Workflow

Naloxone Distribution Implementation Toolkit

- MOMs Naloxone Take Home Kits Brief Training
- Let's Talk About Naloxone
- MOMs Take-Home Naloxone Kits Dispensing Guide

Scripting Implementation Toolkit

- Talking to MOMs: A 5-Step Guide to Successful Conversations
- Scripting for SUD & Positive Results

Perinatal SUD Workflow

- Perinatal SUD Hospital Workflow

2 Materials for Hospitals and Healthcare Providers

Patient-Facing Posters

- Perinatal Substance Use Poster
- Opioid Use Disorder Poster
- Spanish Perinatal Substance Use Poster
- Spanish Opioid Use Disorder Poster
- Words Matter Poster

Complementary Resources

- CDC Screening Guidelines
- Key Colorado Legislation
- Colorado Public Health Harm Reduction Legislation guide (including 911 Good Samaritan Law)
- VA Safe Injection Practices Guide
- National Harm Reduction Coalition Resources on Sex Work
- Drugs of Abuse, a DEA Resource Guide (pages 46-109)
- American Academy of Pediatrics resources on NOWS
- JOGNN recommendations on breastfeeding while on treatment for SUDs

Substance Use Disorder Treatment Protocols

- MOMs+ Methadone Inpatient OB Order Set
- MOMs+ Buprenorphine Standard Induction Inpatient OB Order Set
- MOMs+ Buprenorphine Low-Dose Induction Inpatient OB Order Set
- MOMs+ Opioid Withdrawal Inpatient OB Comfort Order Set
- MOMs+ Buprenorphine Low-Dose Induction Outpatient OB Order Set
- MOMs+ Buprenorphine Standard Induction Outpatient OB Order Set
- MOMs+ Stimulant Use Disorder OB Order Set- Inpatient
- MOMs+ Stimulant Use Disorder OB Order Set- Outpatient
- MOMs+ Alcohol Use Disorder OB Order Set- Inpatient
- MOMs+ Alcohol Use Disorder OB Order Set- Outpatient
- MOMs+ Cannabis Use Disorder OB Order Set- Inpatient
- MOMs+ Cannabis Use Disorder OB Order Set- Outpatient
- MOMs+ Nicotine Use Disorder OB Guidelines- Inpatient/Outpatient
- MOMs+ Methadone Dosing Considerations
- MOMs+ Provider & Patient Help Lines
- Subjective Opioid Withdrawal Scale (SOWS)
- MOMs+ Legal and Regulatory Considerations for Hospital Treatment of OUD

Perinatal pain management for people on MOUD/MAUD, or with SUD

2 Materials for Hospitals and Healthcare Providers

Infant

Neonatal Opioid Withdrawal Syndrome (NOWS) and other Neonatal Abstinence Syndrome (NAS) Management

- Eat, Sleep, Console - American Academy of Pediatrics, Colorado Chapter
- Eat, Sleep, Console Approach: Effectiveness, Outcomes, and Future Considerations
- Why Eat, Sleep, Console?
- Neonatal Opioid Withdrawal Syndrome Pathway
- Model NOWS/NAS Policy
- Frequently Asked Questions About Eat, Sleep, Console- for clinicians
- Case Study Series- Caring for Newborns with Substance Exposure
- Best Practices in Caring for Newborns with Substance Exposure (CME Platform Access) (Open Access Non-CME Viewing)

Breastfeeding Considerations for Patients with Substance Use Disorders

- What to Know About Breastfeeding: In the Setting of Cannabis Use for Outpatient Pediatrics - American Academy of Pediatrics, Colorado Chapter
- High Stakes: Exploring the Impact of Cannabis Use in Pregnancy and Lactation

NOWS Counseling Implementation Toolkit

- NOWS Group Counseling Billing Guide
- Neonatal Opioid Withdrawal Syndrome (NOWS) Patient Information Guide

Integrated Care Models: OB/GYN, Family Medicine, Midwifery, Pediatrics, Addiction Medicine, and Behavioral Health Collaboration

- PCSS: Harm Reduction: Compassionate Care for People Who Use Drugs Podcast Series, Episode 6: Drug Use, Pregnancy, & Parenting
- ASAM eLearning: Pregnancy & Neonatal
- AIM: CARE FOR PREGNANT AND POSTPARTUM PEOPLE WITH SUBSTANCE USE DISORDER

Med Literature

- Ellis LP, Parlier-Ahmad AB, Scheikl M, Martin CE. An Integrated Care Model for Pregnant and Postpartum Individuals Receiving Medication for Opioid Use Disorder. J Addict Med. 2023 Mar-Apr 01;17(2):131-139. doi: 10.1097/ADM.0000000000001052. Epub 2022 Aug 17. PMID: 35972153; PMCID: PMC9931937.
- Schmidt CN, Patel D, Alpers BS, Spaulding M, Ocegueda L, Thomas M, Sammann A, Briscoe H. Facilitating Integrated Perinatal Care for Families Affected by Substance Use. J Addict Med. 2023 Jan-Feb 01;17(1):1-3. doi: 10.1097/ADM.0000000000001016. Epub 2022 Jul 8. PMID: 35796411.
- Flannigan K, Murphy L, Pei J. Integrated Supports for Women and Girls Experiencing Substance Use and Complex Needs. Subst Abuse. 2023 Nov 9;17:11782218231208980. doi: 10.1177/11782218231208980. PMID: 37954218; PMCID: PMC10637139.
- Klie KA, Nagle-Yang S, Zhao L, Fringuello ME. Integrated Care for Pregnant and Parenting People With Substance Use. Clin Obstet Gynecol. 2024 Mar 1;67(1):200-221. doi: 10.1097/GRF.0000000000000831. Epub 2023 Dec 14. PMID: 38095083.
- Johnson A, Swenson KS, Dillner E, Klie KA, Duncan R, Brandspigel S, Breen K. Addressing Perinatal Substance Use: A Triad Approach Led by the Colorado Perinatal Care Quality Collaborative. J Midwifery Womens Health. 2024 Jul-Aug;69(4):586-592. doi: 10.1111/jmwh.13615. Epub 2024 Feb 9. PMID: 38339840.

2 Materials for Hospitals and Healthcare Providers

Key CHoSEN resources: CO Chapter of AAP resources via CHoSEN Steering Committee

Sample Screening and Assessment Tools including scripting

Legal and Ethical Considerations in Perinatal Substance Use Care (If, When, How; DHS guidance, etc.)

Sample Hospital Protocols and Policies (CPCQC's hospital policy, SuPPoRT CO Toxicology, etc.)

Training and Continuing Education Resources for Healthcare Providers

- MOMs+ LMS
- CPCQC's Stigma and Bias training
- PAS SBIRT training
- CPCQC's Motivational Interviewing training
- CPCQC's QI 101 Training

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