

# MORE: Maternal Opioid Recovery Effort



## More:

- ✓ Attention
- ✓ Support
- ✓ Services
- ✓ Follow up
- ✓ Compassion



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# Opioid Use During Pregnancy

## Urgent PAMR Message for Providers, Hospitals & Communities



Opioid Use During Pregnancy  
Florida Pregnancy-Associated  
Mortality Review (PAMR)  
March 2020

### Urgent PAMR Message to Providers and Hospitals

Obstetric providers and hospitals are the first health care contact for most mothers with Opioid Use Disorder (OUD) and need to lead the effort to screen, assess, and refer these mothers as well as providing for their obstetrical needs.

#### Florida PAMR Findings:

- Opioid Use Disorder (OUD) is a life-threatening chronic condition and is dangerous to pregnant and postpartum women.
- The rate of Florida women with OUD identified at delivery admission quadrupled from 0.5 per 1,000 deliveries in 1999, to 6.6 in 2014.<sup>1</sup> Use of illicit opioid and related drugs is now increasing as prescription opioids are becoming more restricted.<sup>2</sup>
- Drug-related deaths are the leading cause of death to mothers during pregnancy or within one year afterwards in 2017, accounting for 1 in 4 of these deaths in Florida. There are now as many maternal drug-related deaths as deaths due to traditional causes of maternal mortality. 75% of maternal drug-related deaths occur after the baby is born and the mother has been discharged.<sup>3</sup>

#### Risk Factors:

- Stigma and bias by the public and by health professionals make it very difficult for patients to discuss their condition and get help. Getting treatment during pregnancy and continuing afterwards are key to maternal survival and healthy families.<sup>4</sup>
- More than 30% of women with OUD have underlying depressive disorders that complicate patient care during pregnancy and postpartum.<sup>5</sup>
- Women with OUD who decide to stop medication-assisted treatment are at high-risk of relapse and potentially fatal consequences.<sup>5</sup>
- Loss of Medicaid or other health care benefits after delivery (such as, through loss of infant custody) may result in reduced access to the needed medication-assisted treatment.

#### PAMR Recommendations:

##### Prenatal Care and Screening

- Screen all pregnant women for OUD during prenatal care and at the time of delivery using a validated verbal or written screening tool NIDA Quick Screen, SPa or CRAFT. Using only biological testing for opioids and other drugs is not recommended.<sup>7</sup>
- Assess patients' prescription history through the Prescription Drug Monitoring Program (PDMP), preferably during the first prenatal visit.
- Be prepared to counsel women regarding opioid use during pregnancy and postpartum in a non-judgmental way. Tools such as SBIRT (Screening, Brief Intervention, Referral to Treatment) have been developed to help.<sup>8</sup>
- If a provider is unable to provide care for women with OUD, direct referral to another prenatal care provider or clinic to assure complete and compassionate care of the mother is essential.<sup>6</sup>
- A plan of safe care should be developed during prenatal care with input from all involved including prenatal care providers, community support services, and medication-assisted treatment providers.<sup>9</sup>

##### Referral and Treatment

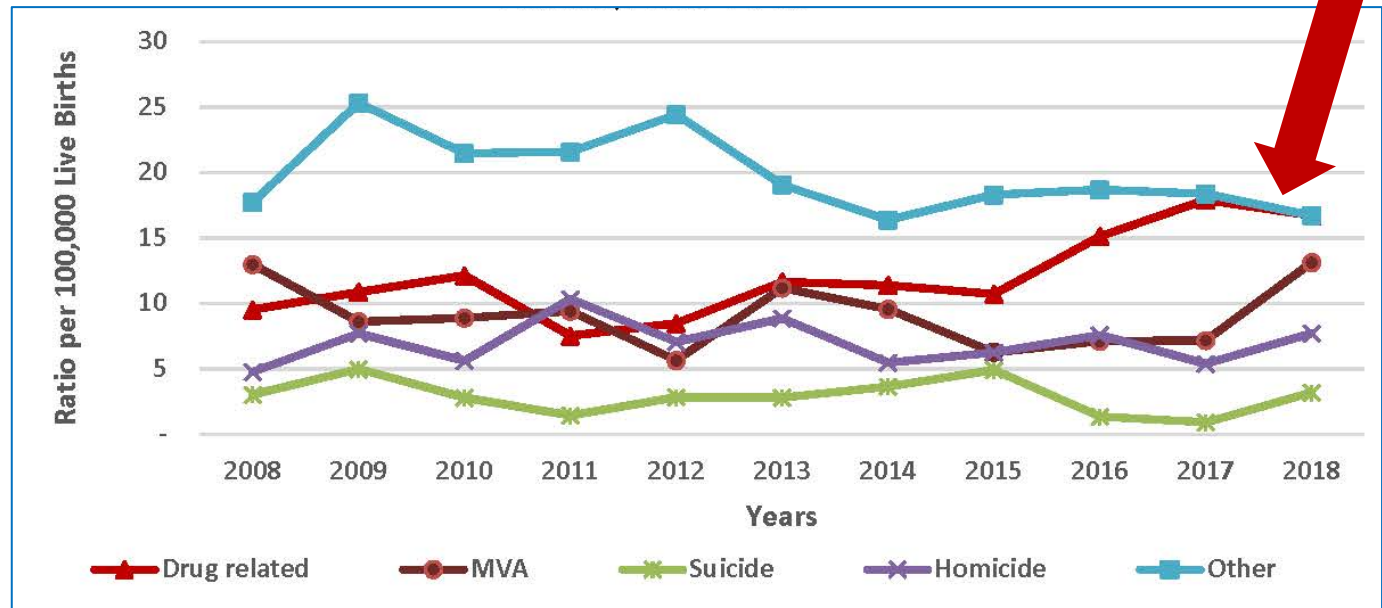
- Provide direct referrals for medication-assisted treatment and/or other community support services. Connecting and supporting treatment with rehabilitation specialists is essential to maintaining these patients in obstetrical care.<sup>7</sup>

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More information on a maternal opioid care bundle is available on the FPQC website:  
<https://health.usf.edu/publichealth/chiles/fpqc/more>

# Florida Findings

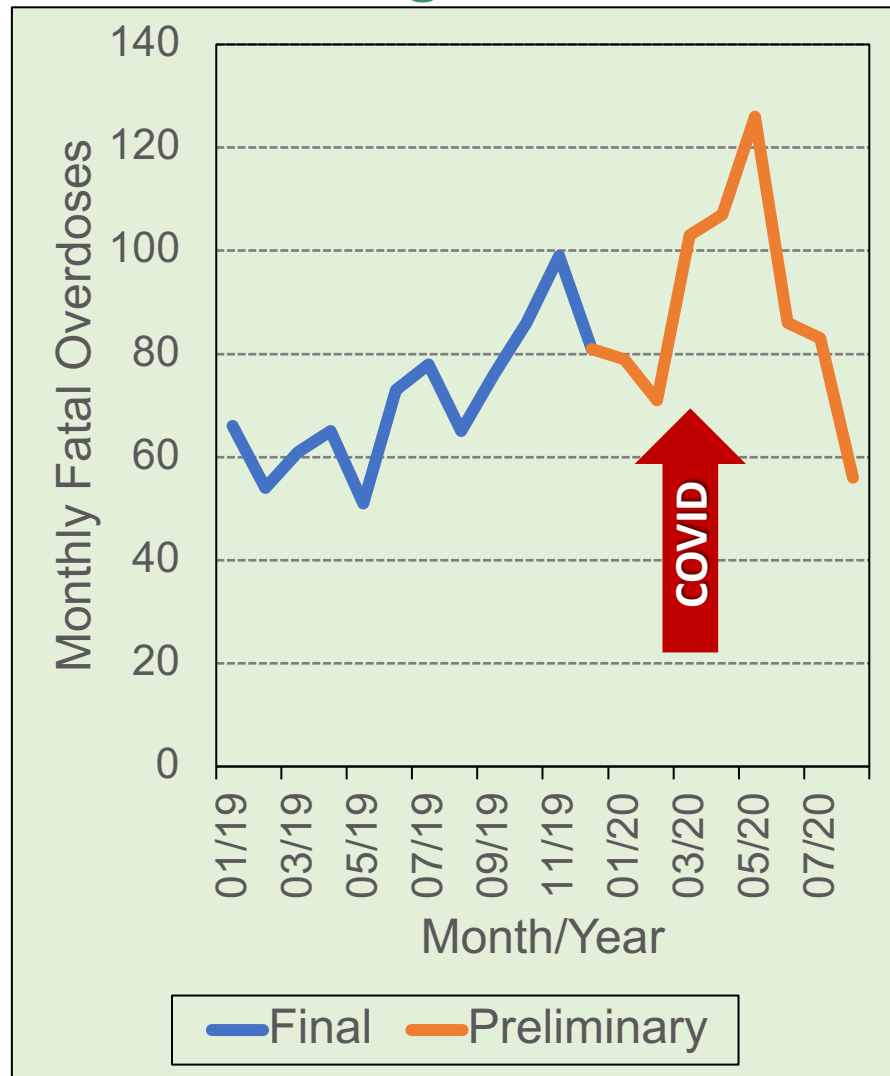


- Drug-related deaths are the leading cause of death to mothers during pregnancy & within one year of birth.
- Drug-related deaths account for 1 in 4 of these deaths.
- Most deaths (75%) occur after the baby is born and mother has been discharged.

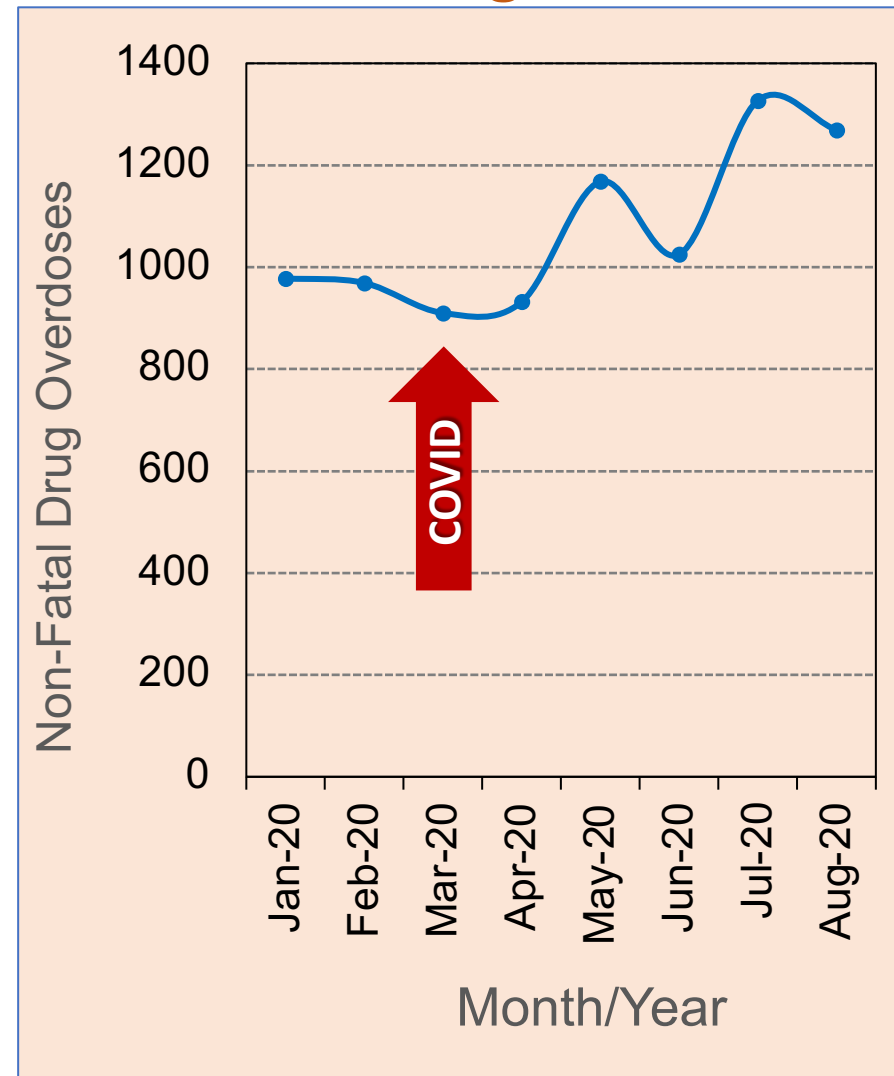


# Overdoses Among Florida Women of Childbearing Age

## Fatal Drug Overdoses



## Non-Fatal Drug Overdoses



# Critical Recommendations to Reduce Opioid-Related Mortality

Provide direct referral to medication-assisted treatment.



Women with OUD should receive a prescription and education on Naloxone

# Step Up!

*“Obstetric providers and hospitals are the first health care contact for most mothers with Opioid Use Disorder (OUD) and need to lead the effort to screen, assess, and refer these mothers as well as provide for their obstetrical needs.”*



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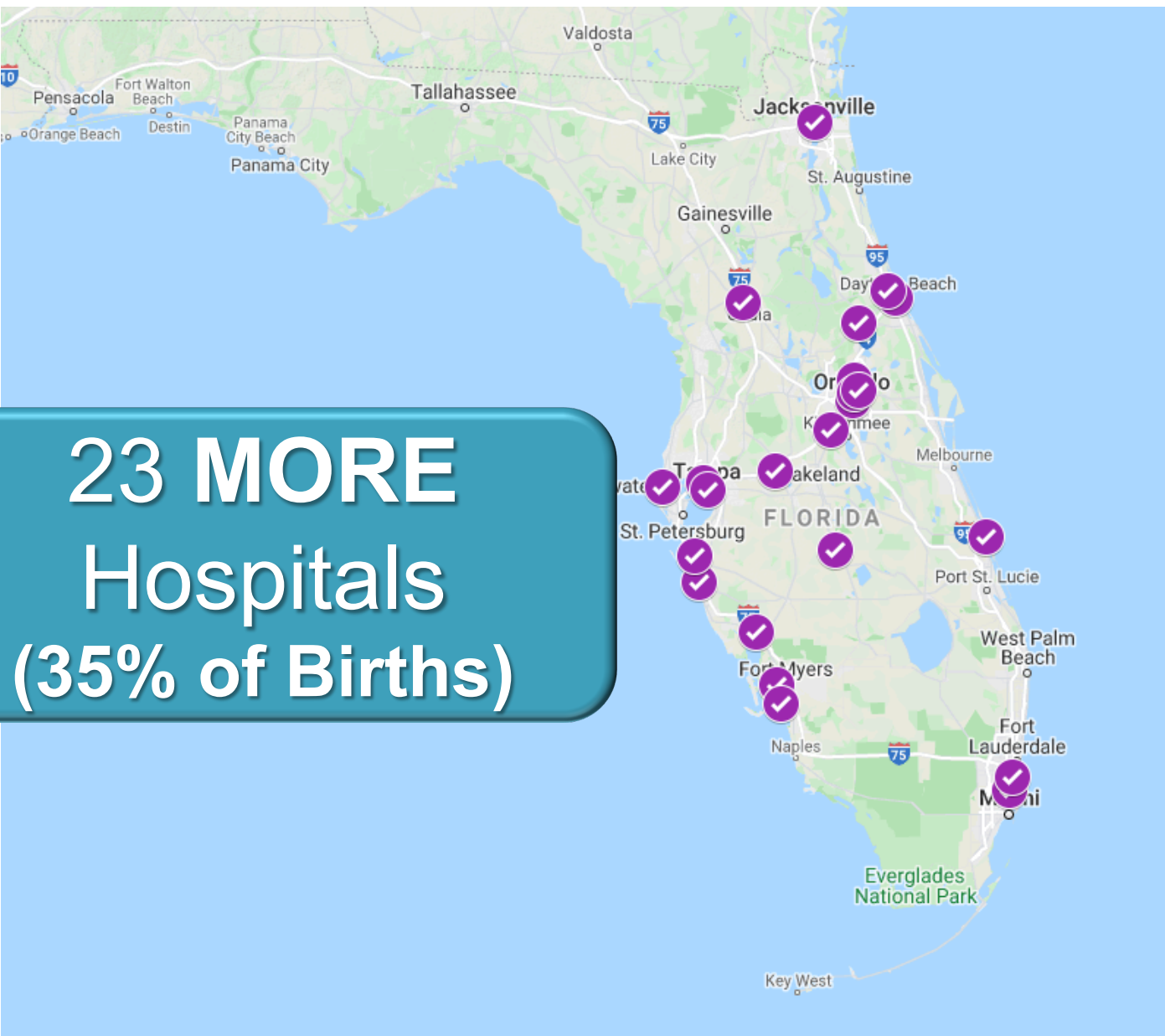
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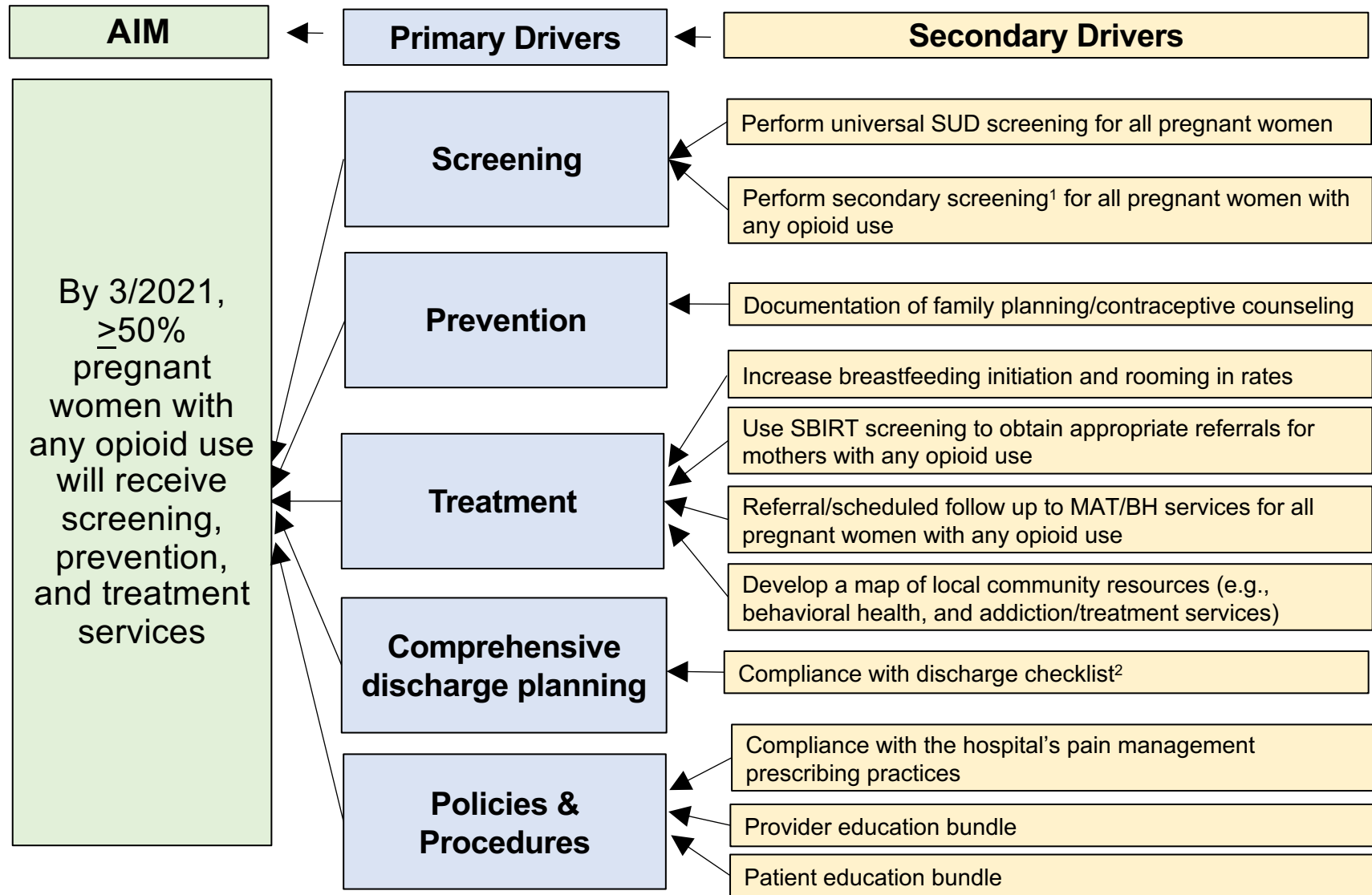








# Global aim: Improve identification, clinical care and coordinated treatment / support for pregnant women with any opioid use and their infants



<sup>1</sup>Secondary screening: 1) infectious diseases: HIV, HepA, HepB, HepC, GC, CT, syphilis and TB; 2) mental health including postpartum depression; 3) Intimate partner violence

<sup>2</sup>Discharge checklist: 1) Peer counselor visit 2) Postpartum depression screening, 3) Social work consult, 4) Pediatric consult, 5) Contraceptive plan, 6) Scheduled OB postpartum visit, 7) Scheduled Behavioral Health and/or MAT visit or referral, 8) Healthy Start/Home visiting program referral, and 9) patient education bundle (MAT & SUD treatment, infectious/mental health comorbidities, safe sleep, NAS including non-pharmacological management, family planning and Narcan<sup>®</sup> (naloxone) use)

# Interview

### The 5Ps Prenatal Substance Abuse Screen For Alcohol and Drugs

The 5Ps is an effective tool of engagement for use with pregnant women who may have substance abuse problems. This screening tool poses questions related to substance use by women's parents, her pregnancy and in her past. These are non-confrontational questions that elicit information which can be useful in evaluating the need for a more complete assessment and possible substance abuse.

- Advise the client responses are confidential.
- A single "YES" to any of these questions indicates further assessment is needed.

1. Did any of your *Parents* have problems with alcohol or drug use?  
    \_\_\_ No \_\_\_ Yes
2. Do any of your friends (*Peers*) have problems with alcohol or drug use?  
    \_\_\_ No \_\_\_ Yes
3. Does your *Partner* have a problem with alcohol or drug use?  
    \_\_\_ No \_\_\_ Yes
4. Before you were pregnant did you have problems with alcohol or drug use?  
    \_\_\_ No \_\_\_ Yes
5. In the past month, did you drink beer, wine or liquor, or use other drugs? (If Yes, specify)  
    \_\_\_ No \_\_\_ Yes

Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Interpreter Used: ☐ No ☐ Yes      Interpreter Name: \_\_\_\_\_

**Institute for Health and Recovery  
Integrated Screening Tool**

Woman's health can be affected by emotional problems, alcohol, tobacco, other drug use, and domestic violence. Woman's health is also affected when those same problems are present in people close to us. By "alcohol," we mean beer, wine, wine coolers, or liquor.

<b>Parents</b> Did any of your parents have a problem with alcohol or other drug use?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
<b>Peers</b> Do any of your friends have a problem with alcohol or other drug use?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
<b>Partner</b> Does your partner have a problem with alcohol or other drug use?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
<b>Violence</b> Are you feeling at all unsafe in any way in your relationship with your current partner?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
<b>Emotional Health</b> Over the last few weeks, how worried, anxious, depressed, or nervous made it difficult for you to do your work, get along with people, or take care of things at home?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
<b>Past</b> In the past, have you had difficulties in your life due to alcohol or other drugs, including prescription medications?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
<b>Prenatal</b> In the past month, have you taken any alcohol or used other drugs?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
1. How many days per month do you drink? _____ 2. How many drinks on any given day? _____ 3. How often did you have 4 or more drinks per day in the last month? _____	YES <input type="checkbox"/>	NO <input type="checkbox"/>
<b>Smoking</b> Have you smoked any cigarettes in the past three months?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
	<b>Review Risk</b>	<b>Review Domestic Violence Resources</b>
	<b>Review Substance Use, Set Healthy Goals</b>	<b>Consider Mental Health Evaluation</b>
<b>Advise for Brief Intervention</b>		
<b>Y N NA</b> Did you State your medical concern? <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Did you Agree to obtain or reduce use? <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Did you Check patient's reaction? <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Did you Refer for further assessment? <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<b>At Risk Drinking</b> Non-Pregnant <input type="checkbox"/> Pregnant/Planning Pregnancy <input type="checkbox"/> > 7 drinks / week > 3 drinks / day <b>Any Use is Risky Drinking</b>	

# Use SBIRT screening to obtain appropriate referrals for mothers with any opioid use

Some risks of drinking and drug use during pregnancy

Fetal alcohol spectrum disorders  
(alcohol)

Birth defects  
(alcohol, marijuana, cocaine, opiates)

Low birth weight  
(alcohol, marijuana, cocaine, opiates, marijuana)

Miscarriage  
(alcohol, cocaine)

Premature birth  
(alcohol, marijuana, cocaine, opiates, marijuana)

Development and behavior problems  
(alcohol, marijuana, opiates, marijuana)



Steps of the Brief Intervention	
Positive the subject	<ul style="list-style-type: none"><li>Thank you for completing this questionnaire and let us tell you if we receive your results?</li><li>Can you tell me more about your past/current drinking or drug use? What does a typical week look like?</li></ul>
Provide Feedback	<ul style="list-style-type: none"><li>Sometimes patients change their answers on this questionnaire and continue to use drugs or alcohol during their pregnancy?</li><li>Encourage to all pregnant patients not to consume any amount of alcohol or drugs, because of the risk to the fetus of this page?</li></ul>
Enhance motivation	<ul style="list-style-type: none"><li>What are possible and what are you concerned about when it comes to your substance use?</li></ul>
Negotiate plan	<ul style="list-style-type: none"><li>Encourage to seek help, then "offer support you think you can take to reach your goal of having a healthy pregnancy and baby?"</li><li>Hope we can check in about this next time we see schedule a date?</li></ul>

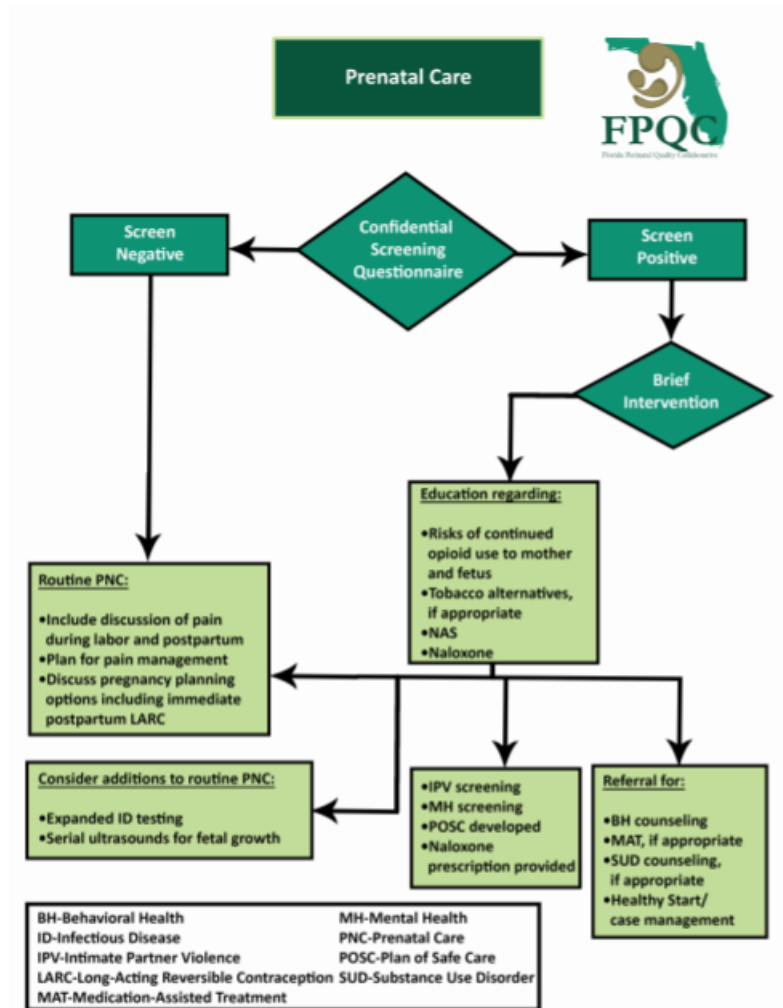
SBIRTFL, End-Point Treatment Referral Initiative  
Florida Department of Children and Families  
maternal health and substance use information,  
resources and treatment service referrals

[SBIRTFL/HELP \(2021\)  
Practice/Screening/Referral](#)

Interpreting the SBIRT Screening Tool			Billing Codes	
Screening	Score	Referral Action	Screening Only	
Minimal substance use/questions	Low Risk	Positive Reinforcement	Consent/Ref: LPT0000	
Yes/No/Refuse		Screen Risk	Medicaid: 00000	
Yes/No/Refuse Questions	Risk	Referral/Referral Intervention/Referral	Screening Plus Brief Intervention	
Yes/No/Refuse/Refuse, or Present Questions		Referral for further assessment and possible specialized treatment	Consent/Ref: 127500-OPF 0000	
			Medicaid: 00000-OPF 0000	



Referral/  
scheduled follow  
up to MAT/BH  
services for all  
pregnant women  
with any opioid  
use



# Prevention

## Documentation of family planning/contraceptive counseling



### Birth Control

What is right for you?

You've just welcomed a baby – are you ready for another? Providers suggest waiting at least 18 months before having another baby so that you will remain healthy through your pregnancy. You have options to help you prevent or plan your next pregnancy.

- Tubal ligation/vasectomy
- Condoms and other natural methods
- Shot, patch, pill, ring
- Implant, Intrauterine device (IUD)

#### What's most effective?

Method	Effectiveness
Implant	99.5%
IUD	99.2%
Pill	91%
Condom	82%

Content source: Centers for Disease Control and Prevention's Division of Reproductive Health, National Center for Chronic Disease Prevention and Health Promotion

The most **safe** and **effective** reversible option for women is also known as long-acting reversible contraception (LARC). LARC includes the implant and the IUD.

LARC can prevent pregnancy for years and can be removed at any time. You can become pregnant soon after it's removed. Talk to your health care provider about your options.

*\*Cost of birth control may depend on when you get the method and your health insurance.*

USF HEALTH COLLEGE OF PUBLIC HEALTH UNIVERSITY OF SOUTH FLORIDA

FPQC Florida Perinatal Quality Collaborative

### Long Acting Reversible Contraception (LARC)

#### What is LARC and why is it important?

LARC is the abbreviation for long-acting reversible contraception. It is a type of reversible birth control that is inserted into the uterus and can last for up to 10 years. It is a highly effective method of birth control that can help you prevent pregnancy for a long time.

#### How effective is LARC?

LARC is more than 99% effective at preventing pregnancy. It is a highly effective method of birth control that can help you prevent pregnancy for a long time.

#### What are the benefits of LARC?

LARC is a highly effective method of birth control that can help you prevent pregnancy for a long time. It is a highly effective method of birth control that can help you prevent pregnancy for a long time.

#### What are the risks of LARC?

LARC is a highly effective method of birth control that can help you prevent pregnancy for a long time. It is a highly effective method of birth control that can help you prevent pregnancy for a long time.

#### Does LARC cause pain or discomfort?

LARC is a highly effective method of birth control that can help you prevent pregnancy for a long time. It is a highly effective method of birth control that can help you prevent pregnancy for a long time.



ACOG OBSTETRICS & GYNECOLOGY

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FLORIDA PERINATAL QUALITY COLLABORATIVE

MS MEDICAL GROUP



# Treatment

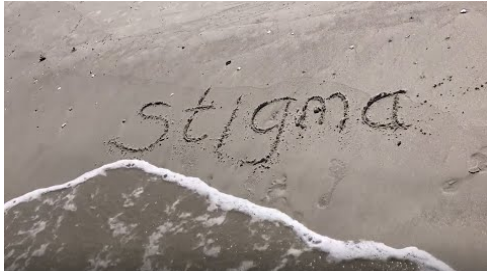
- Increase breastfeeding initiation and rooming in rates



# Comprehensive Discharge Planning

- Postpartum depression screening
- Scheduled OB postpartum visit
- Scheduled behavioral health and/or MAT visit or referral
- Narcan counseling and prescription provided
- Social work consult
- Pediatric consult
- Contraception counseling and plan
- Healthy Start/home visiting/case management referral
- Patient education bundle

# MORE Video Series



From Judgment to Healing:  
*The Impact of Stigma*

Getting Real: *Taking the  
First Steps Toward Recovery*



Screening, Brief  
Intervention, and Referral to  
Treatment

Mothers & Babies to  
Services: *Plans of Safe Care*



Find these on [FPQC.org/MORE](https://fpqc.org/MORE)

# MORE Provider Outreach Material



**Target Audience:**  
Prenatal Care Providers

**Purpose:**  
Increase understanding  
& build capacity for  
identifying & addressing  
needs of moms with  
OUD



## Sample Script for a Brief Intervention

Raise the subject	<ul style="list-style-type: none"> <li>• "Thank you for completing this questionnaire and for being honest about this subject. Is it ok with you if we review your results?"</li> <li>• "Can you tell me more about your past/current drinking or drug use? What does a typical week look like?"</li> </ul>
Provide feedback	<ul style="list-style-type: none"> <li>• "I also thank you for trusting me and being willing to talk about this subject."</li> <li>• "Sometimes patients who give similar answers on this questionnaire are continuing to use drugs or alcohol during their pregnancy."</li> <li>• "I recommend to all my pregnant patients not to use any amount of alcohol or drugs, because of the associated risks" (review risks from front)</li> <li>• "What are your thoughts about this recommendation?"</li> </ul>
Enhance motivation	<ul style="list-style-type: none"> <li>• "By being honest with me, it is obvious that you want to have a healthy pregnancy and we want to work with you to make this happen."</li> </ul>
Negotiate plan	<ul style="list-style-type: none"> <li>• Summarize conversation. Then: "What steps do you think you can take to reach your goal of having a healthy pregnancy and baby?"</li> <li>• "We can talk about this again at your next appointment."</li> </ul>

### Interpreting the 5Ps Screening Tool

Answers	Zone	Indicated Action
No to all substance use questions	Low Risk	Positive reinforcement
"Yes" to Parents	Risk	Review risk
"Yes" to Peer Questions		Perform Brief Intervention/Referral
"Yes" to Partner, Past, or Present Questions	Harmful or Severe	Refer for further assessment and possible specialized treatment

1-800-662-HELP (4357)  
www.myflorida.networkofcare.org



## FLORIDA PERINATAL QUALITY COLLABORATIVE MATERNAL OPIOID RECOVERY EFFORT FOUR-PART VIDEO SERIES

### SCREENING, BRIEF INTERVENTION, AND REFERRAL TO TREATMENT (SBIRT): A UNIVERSAL TOOL FOR PREGNANT WOMEN

SBIRT helps with early identification of women who need treatment for substance use disorder. Presented from the perspective of a practicing OB/GYN physician interacting with a woman affected by substance use. Includes recommendations for evidence-based screening tools. Focus is on increasing SBIRT for all pregnant women in order to increase the number of women who are identified and receive timely and appropriate treatment. 8 minutes.



### LINKING MOTHERS & BABIES TO SERVICES: PLANS OF SAFE CARE (POSC)

Presented from a nurse's perspective, designed to help hospital teams understand the need for POSC for pregnant/postpartum women, and how to start the process for a POSC. Includes guidance for motivational interviewing. Appropriate for physicians, nurses, social work, and other members of the team interacting with women in a hospital setting. 9 minutes.

### GETTING REAL: TAKING THE 'FIRST' STEPS TOWARD RECOVERY

Written and presented by women in recovery, designed to help women choose to enter the recovery process. Discusses fears and barriers that prevent women from entering care, and tips for how to eliminate those barriers. Addresses the importance of support from the health care team in the recovery process. Appropriate for pregnant, post-partum, and parenting women with substance use disorder. About 3 minutes.

### FROM JUDGMENT TO HEALING: THE IMPACT OF STIGMA

Designed to show how shifting the words we use can reduce stigma-related barriers to treatment and recovery. The language and content were developed by women in recovery. Appropriate for all audiences, especially professionals caring for pregnant and postpartum women with substance use disorders. About 2.5 minutes.

[HTTP://FPQC.ORG/MOREVIDEOS](http://fpqc.org/morevideos)



MORE  
Attention  
Support  
Services  
Follow-up  
Compassion





# Language Matters

Language is powerful – especially when talking about addictions.  
Stigmatizing language perpetuates negative perceptions.  
“Person first” language focuses on the person, not the disorder.

When Discussing Addictions...

## SAY THIS NOT THAT

Person with a substance use disorder  
Person living in recovery  
Person living with an addiction  
Person arrested for drug violation  
Chooses not to at this point  
Medication is a treatment tool  
Had a setback  
Maintained recovery  
Positive drug screen

Addict, junkie, druggie  
Ex-addict  
Battling/suffering from an addiction  
Drug offender  
Non-compliant/bombed out  
Medication is a crutch  
Relapsed  
Stayed clean  
Dirty drug screen

NATIONAL COUNCIL  
FOR BEHAVIORAL HEALTH  
(STATE ASSOCIATIONS OF ADDICTION SERVICES)  
Stronger Together

Mothers and Newborns affected by Opioids



# SAVE A LIFE.

Overdose is now the leading cause of death  
for pregnant and postpartum women in Illinois.



## NARCAN/NALOXONE

**WHAT** Narcan/Naloxone is an approved medication for the treatment of opioid overdose and is a key risk reduction strategy that reduces overdoses and save lives. It is safe and easy to use.

**WHO** OB providers should counsel and prescribe Narcan/Naloxone for all patients with Opioid Use Disorder (OUD) and co-prescribe for all patients taking opioids regularly.

**HOW** Share with patients that it is important for all women who are prescribed opioids or have OUD to stay safe because opioid medications can cause slowed breathing and even overdose. Narcan/Naloxone is an antidote that can reverse an overdose. Having this medication on hand can be life saving for patients and their friends or family.

### HOW TO PRESCRIBE

- Order Naloxone/Narcan 4mg/0.1mL.
- Administer spray x 1 intranasally.
- Repeat in alternate nostril if no response after 2-3 minutes.
- Dispense quantity 2
- Allow for 2 refills
- When prescribing at delivery discharge, consider “med to bed” programs so medication can be provided to patient before discharge home.

Visit [fpqc.org/MNO](http://fpqc.org/MNO) initiative or email [info@fpqc.org](mailto:info@fpqc.org)

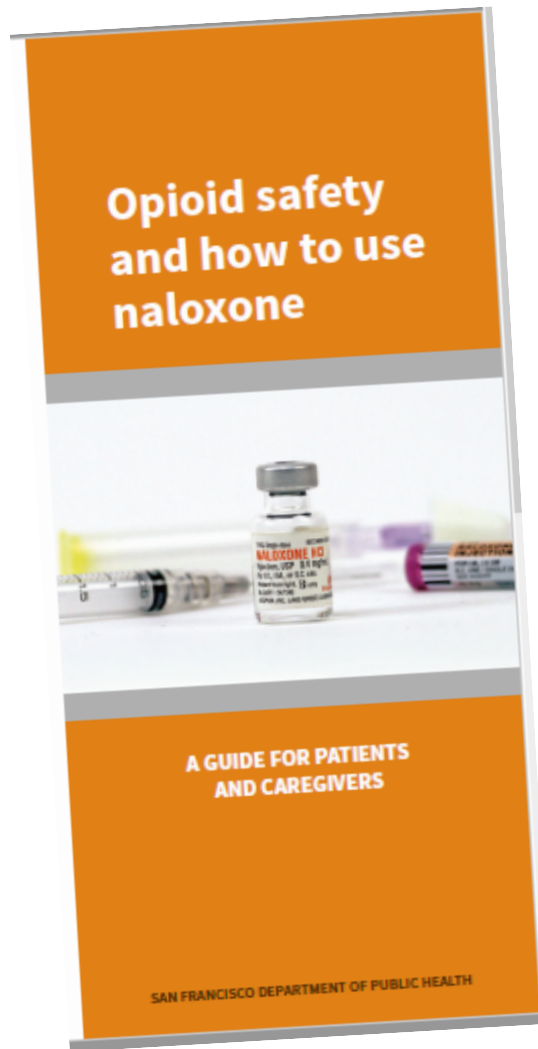


Scan here for a sample script for Narcan/Naloxone

March, 2020



# MORE Patient Education Material



# Community Mapping

- FPQC is working with Healthy Start to assist hospitals in the MORE initiative to MAP their community resources
- Some communities have already completed the task, using systems like UniteUs or the FPQC Mapping Tool
- [www.fpqc.org/MORE](http://www.fpqc.org/MORE)

# System Challenges & Barriers

- COVID-19
- Availability of Services
  - MAT Providers
  - Inpatient treatment beds, especially in facilities that can accommodate both moms & children
  - Behavioral health care
- Access to Care
  - Medicaid coverage postpartum
  - Medicaid reimbursement of BH, SBIRT, screening

# System Challenges & Barriers

- Acceptability of Services
  - Stigma
  - Families most in need are hardest to engage
  - Language/cultural issues
  - Awareness of issue
- Funding
  - Sustained for special initiatives
  - Fragmentation



# Plan of Safe Care Work Group

- POSC Pilot Project
  - Partnering with DCF and DOH to pilot POSC using Healthy Start WellFamilies system
  - 3-5 communities will participate – if you are interested, contact Carol or Lori
  - Goal is to start POSC during intake for pregnant women

# Plan of Safe Care Work Group

- Goals: Increase the number of women who have a POSC starting in pregnancy
  - Identifying best practices
  - Working on messaging around POSC for different audiences
  - Planning to provide framework of recommendations



# Questions?



# ARE YOU CONNECTED?

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