EBDC SUD Data Report

Evidenced Based Dyad Care – Substance Use Disorder

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EBDC SUD Goals

- Improve the care for moms with substance use
  - **85%** patients at EBDC facilities with OUD who received or were referred to recovery treatment services.
- Improve the care of newborns exposed to substances prior to birth
  - *New TBA* **50%** of SUD infants at EBDC facilities will have a discharge plan (collected to 10% intervals)
- Eliminate the stigma associated with perinatal substance use and exposure
  - **75%** of providers and nurses at EBDC facilities educated on care for SUD.

This report outlines the progress made in addressing care for moms with substance use disorder and substance exposed infants in Virginia. Through the EBDC SUD project, VNPC is implementing the AIM patient safety bundle for Substance Use Disorder.

5 "R"s of Alliance for Innovation on Maternal Health (AIM) Patient Safety Bundle

Readiness: Enhance care for moms with SUD through trauma-informed education, coordinated support, and improved communication across healthcare and community systems.

Recognition & Prevention: Use validated tools to screen moms for SUDs, behavioral health, and social needs, and connect them to appropriate services.

Response: Support moms with SUD through inclusive, evidence-based treatment, coordinated care pathways, and reproductive life planning.

Reporting & Systems Learning: Track SUD care outcomes by race, ethnicity, and payor, and engage vested supporters to share strategies and improve system-level care.

Respectful, Equitable, and Supportive Care: Foster transparent communication and shared decision-making with moms, honoring their values, goals, and right to refuse care.

Glossary of Data Terms

Outcome Measures: Indicators used to assess the effectiveness of health care interventions.

Process Measures: Indicators that track the implementation of specific actions or practices.

Structure Measures: Track the availability of resources, infrastructure, and organizational systems.

State Surveillance Measures: Indicators to track population-level data.

Severe Maternal Morbidity: Unexpected, life-threatening complications during delivery.

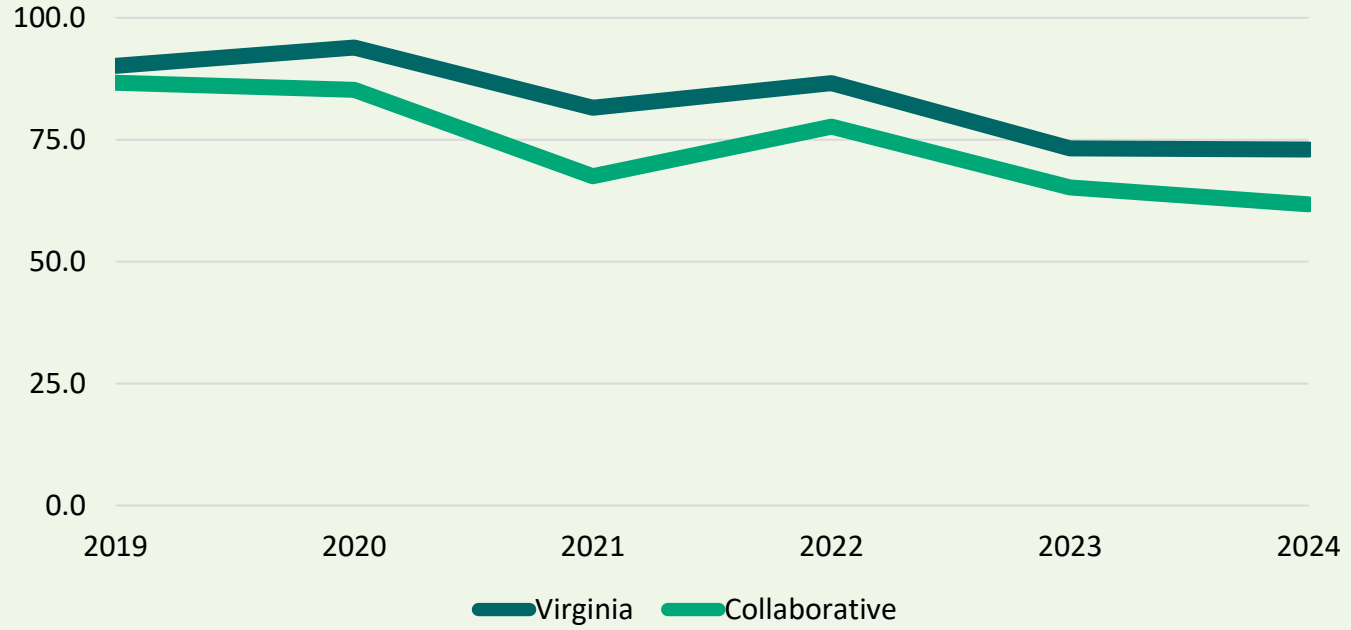
Substance Use Disorder: Medical condition characterized by persistent substance use despite consequences. AIM SUD definition includes Amphetamines, Cocaine, Opioids, and Sedatives.

Dyad Care: Coordinated approach that supports the health and well-being of both the mother and infant together, recognizing their interconnected physical, emotional, and social needs.

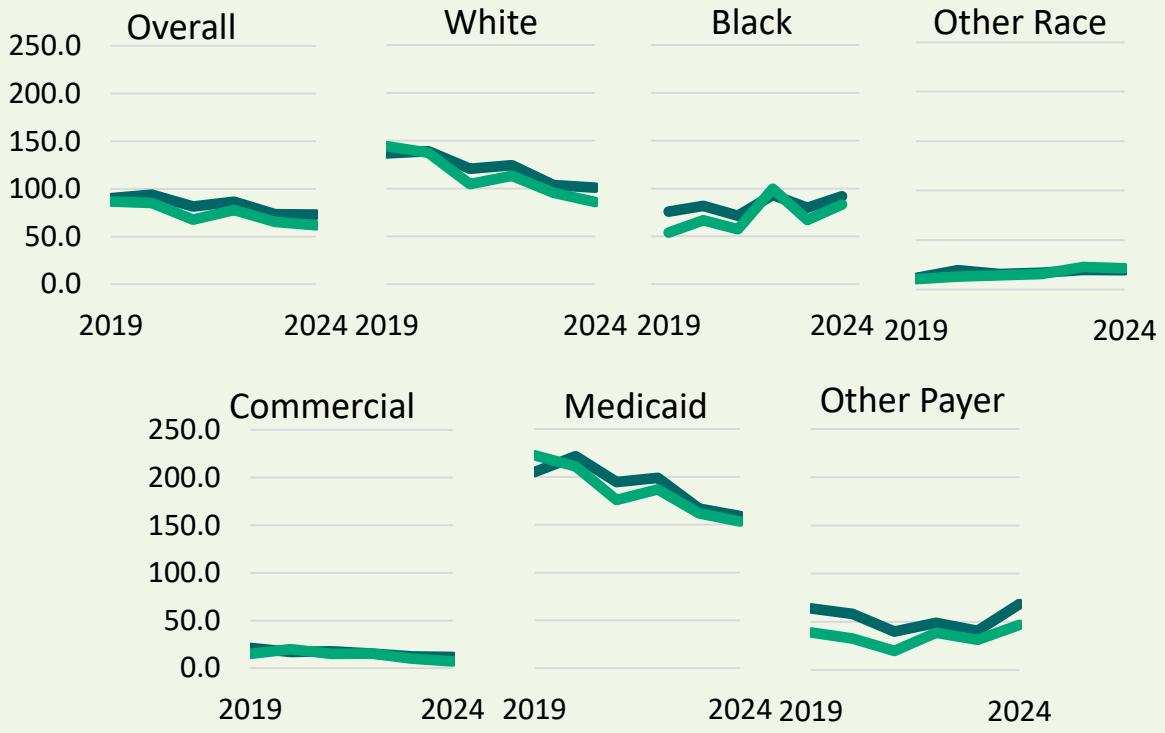
EBDC SUD State Surveillance Measures

Rate of SUD during pregnancy has been decreasing in Virginia.

SUD rate per 10k deliveries, 2019-2024.



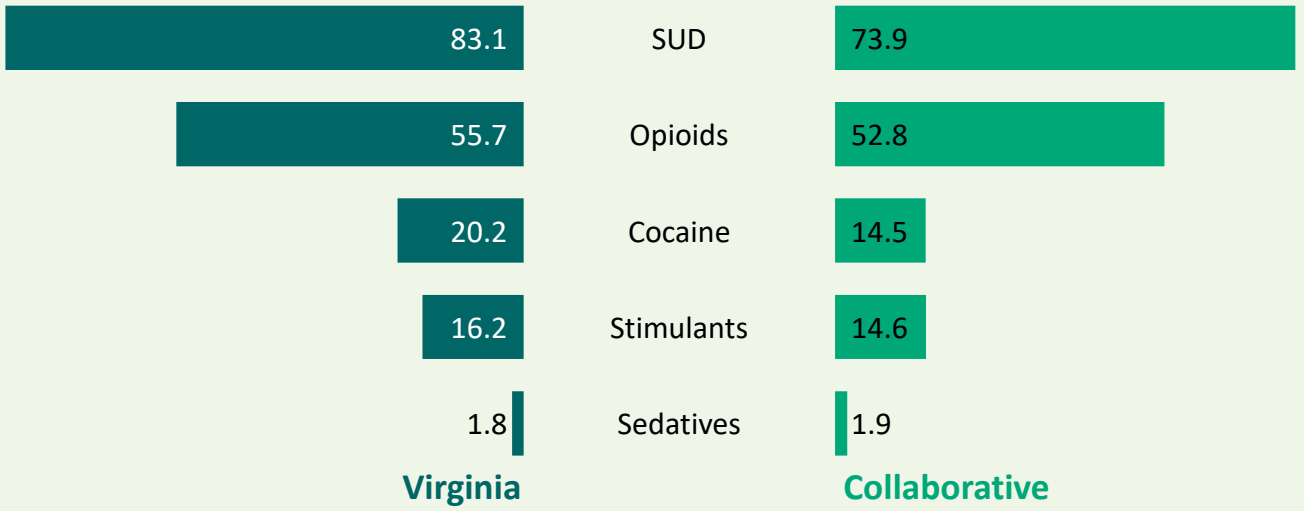
In Virginia, the rate of substance use disorder (SUD) has fallen by 19.1% since 2019, from 90.2 to 73.0 per 10,000 deliveries. Similarly, collaborative hospitals have seen a decrease of 28.8% in SUD rates, from 86.7 to 61.7 per 10,000 deliveries. When disaggregating the data by race and payor categories, distinct trends emerge. SUD rates are higher among White deliveries and Medicaid payor deliveries compared to other groups. Additionally, SUD rates in Black deliveries have been rising in recent years. Despite these disparities, persistent SUD rates across all demographic groups underscore the need for comprehensive efforts to improve outcomes for the entire population.



EBDC SUD State Surveillance Measures

SUD most commonly from opioid use.

SUD rates by substance per 10k hospital deliveries, 2019-2024.



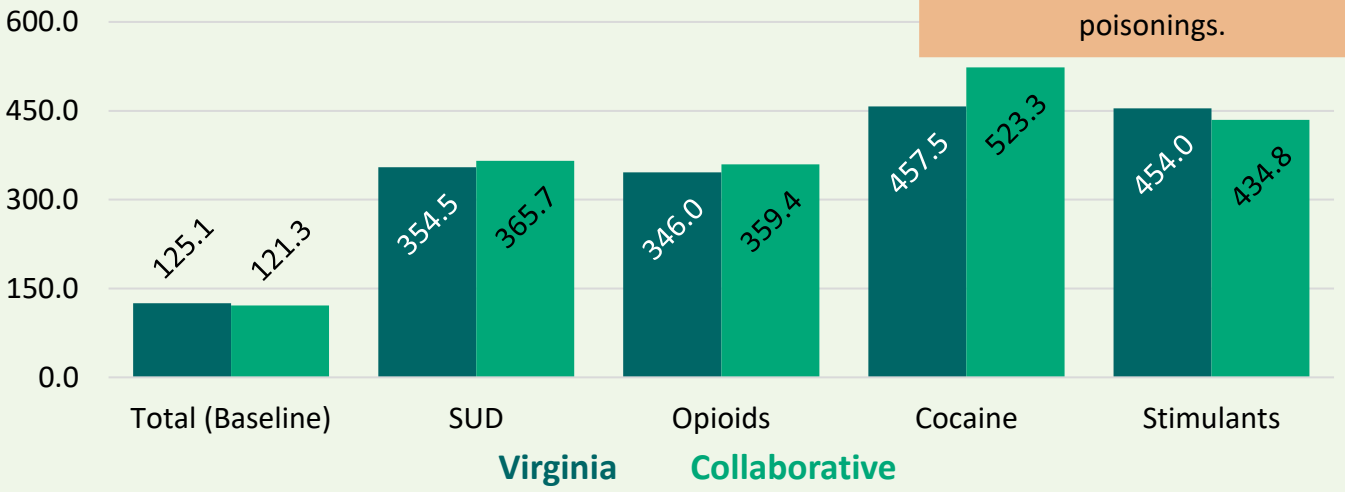
AIM defines SUD as a positive verbal screening or drug testing for current use of one or more illicit substances during a perinatal healthcare visit including opioids, cocaine, amphetamines/stimulants, and sedatives. Analyzing the rates for each substance reveals that opioids are more common than others. Consistent with the overall trends, collaborative hospitals show lower average rates for use of these substances compared to statewide data. Notably, opioids affects around 0.5% of deliveries at collaborative hospitals, while SUD wholly affects nearly 1%.

The risks associated with these conditions are evident, as Severe Maternal Morbidity (SMM) occurs more frequently when SUD is present. Within the collaborative, SMM is observed in 121.3 out of every 10,000 deliveries, with a 201.5% increase in frequency when SUD is diagnosed. Furthermore, in 2022 substance poison overdose deaths accounted for 14.5% of all Virginia pregnancy associated deaths showcasing the devastating outcomes of these substances. This underscores the critical need for early identification and intervention to mitigate the impact of SUD on maternal health outcomes.

SMM occurs more frequently in patients with SUD.

Severe Maternal Morbidity rates per 10k deliveries, 2019-2024.

In 2022, 14.9% of Virginia's pregnancy associated deaths were due to overdose poisonings.



EBDC SUD Improvement Data

With substance use disorder during pregnancy as an ongoing problem in Virginia, the Virginia Neonatal Perinatal Collaborative launched project EBDC-SUD (Evidence-Based Dyad Care – Substance Use Disorder) in the spring of 2024. EBDC is a quality improvement collaborative project focused on the implementation of the AIM SUD bundle. 11 birthing hospitals are actively engaged and submitting monthly data to the VNPC. Data collection began in June 2025 for baseline measures at the beginning of this project with continuous monthly collection scheduled through October 2026. These measures are posted online for the collaborative hospitals to monitor their own progress and identify areas for further improvement.

Outcome Measures

SUD O1: Percent of Newborns Exposed to Substances in Utero Who Were Discharged to Either Birth Parent



Outcome measures are valuable resources to evaluate the progress of a project and help facilities measure success. The outcome measures for EBDC are the percent of newborns exposed to substances in utero who were discharged to either birth parent and the percent of moms with OUD who received or were referred to recovery treatment. These graphs show the monthly reporting average of facilities reporting nonzero numbers. *Many facilities haven't been able to track this metric as it requires changes to electronic health records and hospital policy which take time to implement.

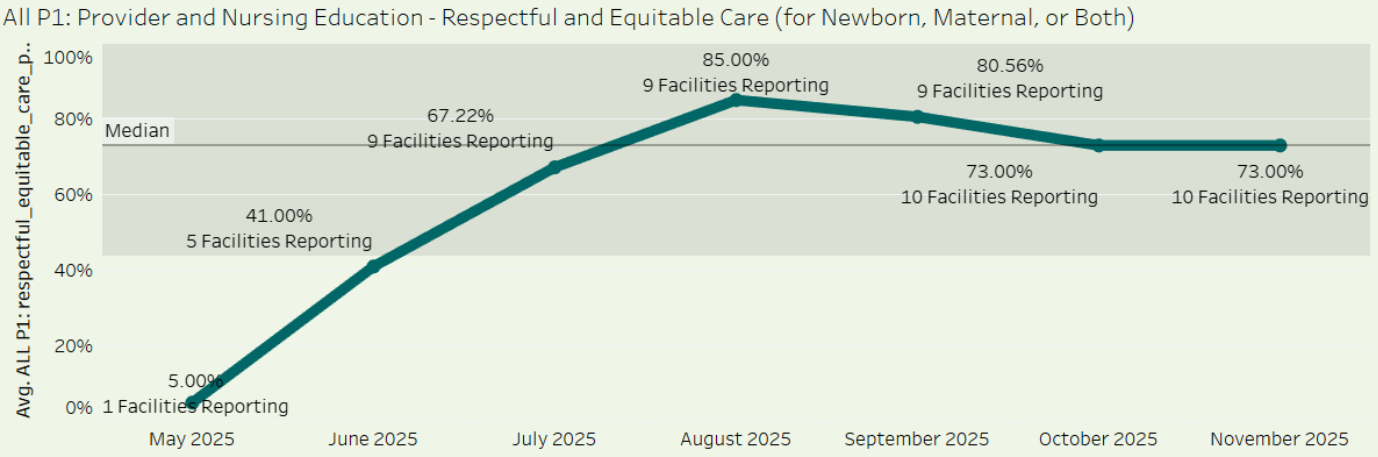
SUD O3: Percent of Pregnant and Postpartum People with OUD who Received or Were Referred to Recovery Treatment Services



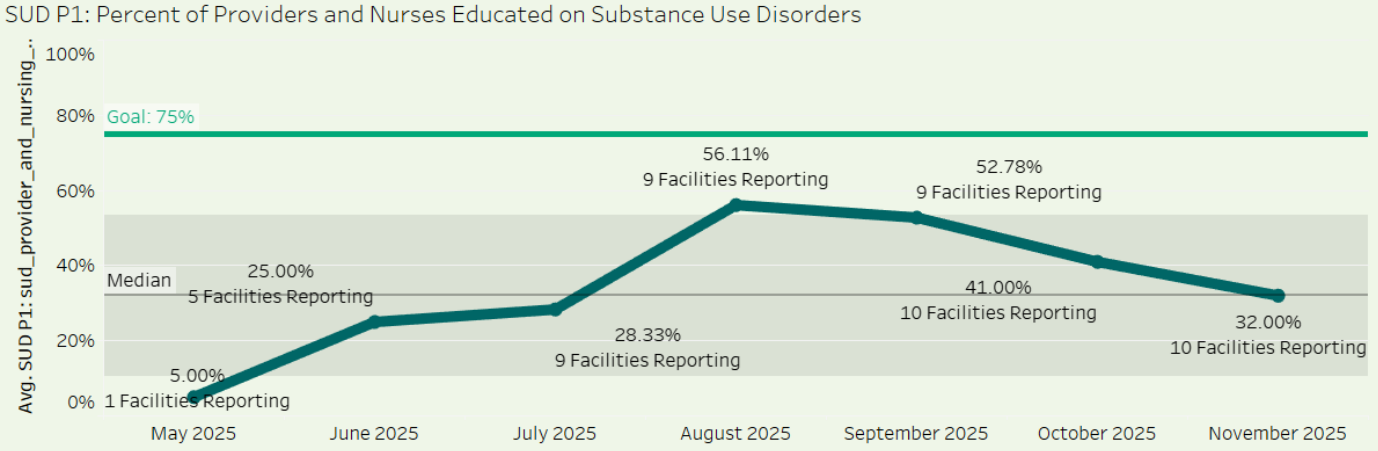
After baseline data collection, EBDC faculty worked with VNPC staff to develop SMART (Specific, Measurable, Achievable, Relevant, and Time-Bound) goals to streamline program evaluation and align facility goals. For SUD O3, EBDC facilities should be averaging 85% (see light green line above) of moms with OUD received or were referred to recovery treatment. This was aimed to be a substantial improvement from 76.2% in the baseline period. With 4 facilities reporting, this goal has been achieved in November 2025, and facilities should be looking to sustain the gains.

EBDC SUD Improvement Data

Process Measures



For EBDC, 6 process measures are being collected. The first two, ALL P1, and SUD P1, are related to provider and nursing education for respectful/equitable care and perinatal mental health conditions, respectively. Both process measures have been well reported with most facilities submitting data for them each month. Facilities report percentages of providers and nurses educated within the last 2 years estimated to the nearest 10%. On this page, the data is visualized to show the average value reported by facilities each month. It is up to the discretion of the facility to determine what education to use and how to measure completeness. For ALL P1 (above), there is a steady increase in average provider and nursing education with the average leveling in October and November to 73%. 82% of participating facilities reported nonzero numbers for ALL P1 in November. Similarly, SUD P1, shows a steady increase of facilities reporting and average percent of providers and nurses educated on SUDs. SUD P1 peaked at 56.11% in August 2025 and observed a slight decline to 32% in November 2025 with 82% of participating facilities reporting a nonzero number.



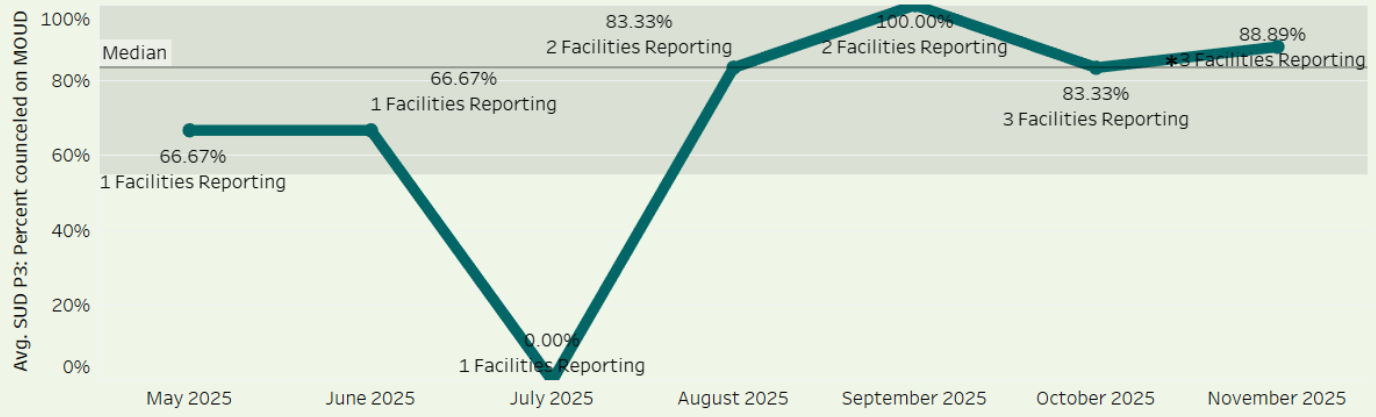
Another SMART goal for the collaborative is to reach 75% of providers and nurses educated on substance use disorders by the end of the collaborative. This was determined to successfully evaluate a reduction in the stigma associated with substance use disorders in pregnancy as providers and nurses should know appropriate diagnosis and treatment options for their patients. Jun-Aug baseline period observed an average of 46.4% with a slight decrease to 32% in November 2025.

EBDC SUD Improvement Data

SUD P2: Percent of Pregnant and Postpartum People Screened for SUDs



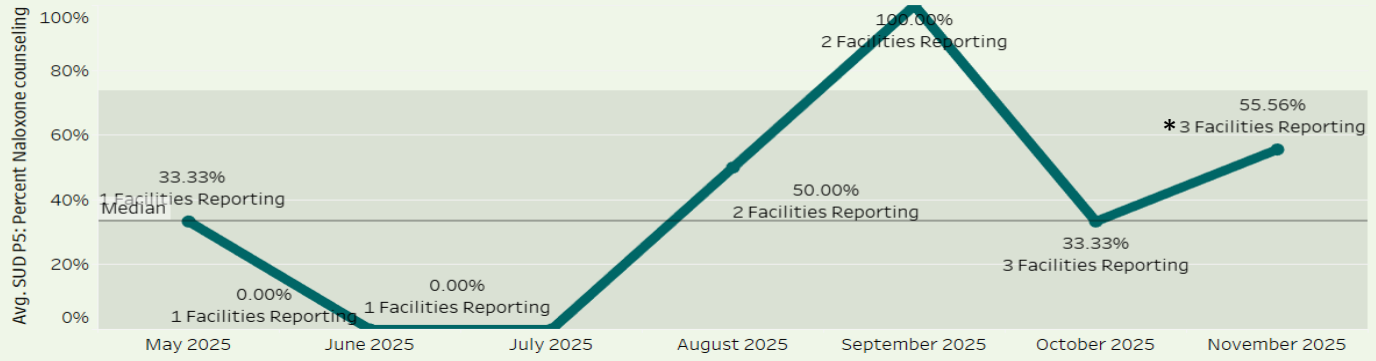
SUD P3: Percent of Pregnant and Postpartum People with OUD who were Counseled on MOUD



SUD P4: Percent of moms People with SUD who Were Counseled on Recovery Treatment Services



SUD P5: Percent of Pregnant and Postpartum People with SUDs who Received Naloxone Counseling



*Many facilities haven't been able to track this metric as it requires changes to electronic health records and hospital policy which take time to implement.

EBDC SUD Improvement Data

Structure Measures

EBDC structure measures continue to be well reported by participating facilities on a scale of 1 (not started) to 5 (fully in place). Since the baseline period there has been a decline in the number of facilities reporting measures as "fully in place", but most measure averages have increased since the baseline period. The drop in facilities reporting a 5 is likely due to facilities completing initial PDSA cycles and observing areas for further improvement that was not previously known. In November 2025, SUD S1 is the best performing structure measure where hospitals are implementing post-delivery and discharge pain management prescribing guidelines for routine births focused on limiting opioid prescriptions. Next is ALL S7 where facilities are creating a comprehensive list of community resources for moms that is being shared with postpartum inpatient nursing units and outpatient OB sites. Still work to be done, but structure measure improvement is foundational for program success.

Structure Measures: Measured 1 (Not Started) to 5 (Fully in Place)	Baseline Jun-Aug 2025	Baseline Facilities Reporting 5 Jun-Aug 2025	Facilities Reporting Jun-Aug 2025	Updated in November 2025	Updated Facilities Reporting 5 – Nov 2025	Facilities Reporting Nov 2025
All S1: Patient Event Debriefs	3.4	72.7%	11	3.1	20.0%	10
All S7: Resource Mapping/ Identification of Community Resources	3.3	36.4%	11	3.7	30.0%	10
SUD S1: General Pain Management Guidelines	3.1	36.4%	11	3.8	30.0%	10
SUD S2: OUD Pain Management Guidelines	3.1	27.3%	11	2.3	20.0%	10
SUD S3: Validated Verbal Screening Tools and Resources Shared with Prenatal Care Sites	2.1	9.1%	11	2.9	10.0%	10

Currently, 11 facilities are part of the EBDC cohort. In late 2026, EBDC SUD will shift its focus toward sustainability, with data collection and technical analysis transitioning to a less frequent schedule. These steps aim to ensure long-term success and integration of SUD practices within participating facilities.

For more information see AIM SUD Bundle Materials