

# Project Nurture



A new model of care that integrates maternity care and substance use treatment

## Initiative background, overview & goals

**Project Nurture is a new model of care that integrates maternity care and substance use treatment. Key components include:**

- Team-based approach to care
- Maternity care, Level 1 substance use treatment, case management and peer support
- Weekly group visits
- Emphasis on peer support throughout for both recovery and parenting
- Planned, coordinated approach to the inpatient maternity stay
- Coordinated referrals to higher levels of treatment as needed
- Medication Assisted Treatment (MAT) for women with opioid use disorder
- Transparent relationship with DHS child welfare with a goal of safe and healthy parenting for women who want to parent
- Extended postpartum support lasting a full year after the infants birth
- Development of standardized screening protocols to more accurately identify pregnant women with substance use disorders

## Key partners

- CODA
- Legacy
- LifeWorks NW
- OHSU
- Providence



Partner Organization | Contact Information



## What's been done so far

**Since 2014 Project Nurture has cared for more than 300 women. An extensive evaluation revealed the following key findings:**

Compared to pregnant women with SUD who were not exposed to Project Nurture, pregnant women with SUD who were exposed to Project Nurture had:

1. 170% reduced odds of preterm birth
2. C-section rate of 28% compared to 36.5%
3. Infants that had 50% reduced odds of needing higher level care (anything other than routine newborn care)
4. Significantly higher rates of engagement with MAT for women with opioid use disorder (76% vs. 51%)
5. High rates of child custody by program exit at 1 year (93% of women in Project Nurture are parenting their infants)

## Lessons learned, barriers & challenges

Women living with substance use disorders who become pregnant are a unique population in the health care system. While they resemble other populations in terms of need for physical and mental health services, as well as substance use treatment and care coordination, they differ in that they often avoid treatment due to shame, judgement and fear of DHS involvement. Given the poor overall health of these women, lack of prenatal care and substance use, births are often complicated and premature, furthering the enormous health and societal costs for these pregnancies.

## Next steps

Health Share has financially supported the Project Nurture model since its inception. In coordination with plan partners, we are now looking to build a sustainable funding model for the program's future.

We are also looking to further integrate SUD treatment with physical health services—crucial to improving access and engagement, especially for this complex population. Investments in effective models like Project Nurture produce many positive ripple effects for families and health systems.

Costs for this model include peer support staff (Certified Peer Recovery Mentors and Doulas), case management, coordination of care, complex care management by clinicians and program administration. However, potential cost savings from improving immediate health outcomes are about \$1,600 per participant and up to \$2,200 for women with opioid use disorders. In addition, the lifetime savings from averting preterm birth and foster care placement are substantial and far-reaching.

## Project sites

**CODA/OHSU** Based at CODA, with OHSU Family Medicine providing maternity and pediatric care. Deliveries at OHSU. MAT with methadone on-site.

**Legacy/Lifeworks** Based at Legacy Midwifery clinic on the Emanuel campus, with Lifeworks providing addiction treatment. Deliveries occur at Legacy Emanuel.

**Providence Milwaukie** Based at Providence Family Medicine clinic in Milwaukie. Providence behavioral health staff provide substance use treatment and mental health support. MAT with buprenorphine on-site. Deliveries occur at Providence Portland.