

Project Nurture: Integrating maternity and substance use care to improve outcomes for mothers and their children

Pregnant women with substance use disorders face unique barriers to prenatal care and addiction treatment, exacerbating the risk of adverse outcomes for mothers and their children. The Project Nurture model offers a promising new approach.

By integrating maternity care, substance use treatment and human services navigation in a peer support framework, Project Nurture transformed care delivery, resulting in reduced foster-care placements and increased prenatal visits.

Many pregnant women with substance use disorders may be reluctant to seek care because of fears that the health care team will report them to child welfare officials. Systemic separation between health care and human service sectors, coupled with an absence of integration between maternity and substance use care, severely hampers providers' ability to meet women's complex needs. Most maternity care providers lack experience in substance use treatment, while substance use treatment providers are not usually trained to care for pregnant women. In both cases, the combination of pregnancy and substance use may trigger legal system interventions to place newborns in foster care. Substance use has been identified as a contributing factor to a rise in national and regional foster care caseloads.

The Project Nurture model, implemented in 2015 by one of Oregon's Coordinated Care Organizations, integrates maternity care with substance use treatment and includes coordination between the health and human services sectors. Project Nurture provides pregnant women with peer support, clinical care and links to social services with the goal of safe and healthy parenting. Cornerstones of the model include building trust between clinicians and patients along with establishing a transparent

McConnell, KJ, Kaufman, MR, Grunditz, JI, et al. Project Nurture Integrates Care And Services To Improve Outcomes For Opioid-Dependent Mothers And Their Children. *Health Affairs*. 2020;39(4):1-8

[Access to full article](#)

KEY FINDINGS

- Project Nurture was associated with **reductions in child maltreatment and placement of children in foster care** and with increases in prenatal visits and maternal length of stay.
- The program was **developed in the health care system** but appears to **confer significant benefits to the human services sector.**
- Similar impacts were not observed among the **growing population of pregnant women using methamphetamine.**



relationship between clinical providers and child welfare staff of the state's Department of Human Services.

Project Nurture was associated with improvements in child welfare and prenatal visits.

We assessed the effects of Project Nurture on a range of outcomes for mothers with opioid dependence. We compared changes in outcomes for women with opioid dependence enrolled in Medicaid and giving birth in Multnomah County to outcomes for similar women in Oregon counties not served by Project Nurture.

Improvements in key measures of child welfare

Project Nurture was associated with a 7.2 percentage point reduction in placement of children in foster care in the first year after birth and an 8.3 percentage point reduction in substantiated reports of child maltreatment. Prenatal visits increased by 1.1 visits. Maternal length of stay increased slightly, by .5 days. Project Nurture was not associated with changes in preterm births, low birthweight babies, or the percent of newborns requiring high-needs care (i.e. use of neonatal intensive care units). However, the lack of measurable impacts may have been limited by our study design.

Methamphetamine: an area to monitor.

Generally, our analyses did not indicate benefits associated with Project Nurture among women using methamphetamine.

However, methamphetamine use among pregnant women is significant and growing, particularly in the western United States.

Implications

Project Nurture's implementation was associated with improvements in several key outcomes, including placement of children in foster care and substantiated reports of child maltreatment within the first year of life.

Our study suggests that Project Nurture may indeed produce savings, although they may be in the human services system as opposed to the health care system. However, health care and human services generally remain siloed, which limits opportunities to share savings across systems.

The Project Nurture model is planned for expansion at multiple sites across Oregon, with legislation in 2019 allotting \$2.5 million for Project Nurture and other supports for pregnant and parenting women with substance use disorders.

The program's long-term success is likely to be contingent on identifying a model for long-term financing, the ability for staff across different sectors to engage, cooperate and share resources, and the potential to offer treatment options to women with a broad set of substance use disorders, including methamphetamine addiction.

See full article for references.

Support for this work was provided by the Circle of Giving and the OHSU Center for Women's Health.

Project Nurture was associated with reductions in foster-care placements and child maltreatment reports.

CENTER FOR HEALTH SYSTEMS EFFECTIVENESS

Original article: McConnell KJ, Kaufman MR, Grunditz JI, Bellanca H, Risser A, Renfro S. Project Nurture Integrates Care And Services To Improve Outcomes For Opioid-Dependent Mothers And Their Children. *Health Affairs*. Health Affairs. 2020;39(4):1-8. DOI: 10.1377/hlthaff.2019.01574.

Cite as: McConnell, KJ. Project Nurture: Integrating maternity and substance use care to improve outcomes for mothers and their children. Center for Health Systems Effectiveness, Oregon Health & Science University. 2018.

Mailing address: 3181 S.W. Sam Jackson Park Road, Mail Code: MDYCHSE, Portland, Oregon 97239-3098