

CORE PRINCIPLES FOR MATERNAL NEONATAL CARE

These core principles were drafted by the Maternal Neonatal Task Force, a subgroup of the California Department of Public Health's (CDPH) Statewide Opioid Safety Workgroup, and represent a core set of principles for anyone providing care to mothers and babies.



PREVENTION

All prescribers caring for women of reproductive age practice opioid stewardship to prevent opioid dependence and addiction.



TREATMENT

All perinatal women have access to screening, treatment and recovery services without barriers, including medications for addiction treatment, aligned with the American College of Obstetricians and Gynecologists (ACOG) opioid bundle.

All substance-exposed newborns are treated with evidence-based care that prioritizes mother/baby bonding when considering medical interventions.



SUPPORT

All health, social services, county welfare, mental/behavioral health, and criminal justice interventions impacting women with substance use disorders (SUD) and their infants promote the mother-baby dyad and bonding, trauma informed approaches, family resilience, recovery, and evidence-based care.

For related supportive resources, please visit <http://bit.ly/ProvRes>

Statewide Opioid Safety Workgroup's MATERNAL NEONATAL TASK FORCE MISSION

Provide a forum to identify opportunities and take action to address the maternal/perinatal opioid issue through “mutually reinforcing” activities of interested partners.

OBJECTIVES

- Endorse core principles of evidence-based care of perinatal women with SUD and their infants.
- Advise and make recommendations for statewide efforts to improve SUD maternal, neonatal, and infant care.
- Explore policy and payment opportunities to support workforce development and improved care for perinatal women and their infants.

Questions? Contact CDPH Opioid Prevention Initiative staff at: opi@cdph.ca.gov

