



# PROJECT M.O.M.

*Maternal Overdose Mortality*

 [ldh.la.gov/ProjectMOM](https://ldh.la.gov/ProjectMOM)

## PURPOSE

Keep women alive and families intact.

## PROBLEM

Accidental opioid overdose has been the leading cause of pregnancy-associated death in Louisiana since 2018. Every preventable death is a tragedy, but the death of a pregnant woman or young mom doubles the tragedy, as the loss of the mother endangers her child.

## ANTICIPATED HEALTH OUTCOMES

Reduce pregnancy-associated opioid overdose deaths by 80% within three years and protect infants from loss or foster care placement. Early identification and treatment of substance use disorder in pregnant women improves maternal and infant health outcomes.



## TENETS OF THE PROGRAM

Scale best practices and pilot programs across Louisiana that:

- Reduce stigma and ensure that care delivery is trauma-informed, dignified, and meets people where they are.
- Improve patient engagement and retention in treatment programs.
- Increase substance use screening across prenatal providers and facilities.
- Increase availability and access to substance use disorder (SUD) treatment, including for opioid use disorder (OUD), such as medication for opioid use disorder (MOUD).
- Improve access to care by training and supporting providers to deliver SUD treatment in clinics, emergency departments (EDs), and hospitals.
- Strengthen primary care, coordination, and continuity for pregnant and postpartum women with SUD or OUD.
- Link hospital and ED encounters to rapid outpatient treatment, and increase accessibility of lifesaving medications including naloxone and buprenorphine to prevent overdose mortality.

## ENABLING CONDITIONS TO SUPPORT PROJECT M.O.M.

- Convene hospital and community partners to enhance data tracking.
- Align managed-care and hospital incentive payments to support access to treatment.
- Assist parishes with allocating opioid settlement funds to support critical resources such as peer recovery coaching, residential treatment beds, and outpatient clinics.

## ONGOING INITIATIVES THAT SUPPORT PROJECT M.O.M.

- Through the [Guiding Recovery and Creating Empowerment \(GRACE\) Program](#) at Woman's Hospital, pregnant women with SUD, OUD, and those using tobacco work with a nurse care manager and social worker for nonjudgmental support and connection to treatment throughout their pregnancy and into the postpartum period.
- Based on the success of the Lake Charles region, the [Louisiana Bridge](#) program makes evidence-based substance use treatment accessible through EDs. The program includes rapid initiation of buprenorphine in the ED setting where appropriate, utilizing trained substance use navigators (SUNs) to educate patients using a culture of care that offers treatment without stigma.
- Administered across Acadiana (Region 4), the [Ally Initiative](#) provides peer navigators (allies) in the ED for individuals who experience opioid overdoses. Allies educate patients on substance use, treatment, and harm reduction strategies, provide resources such as naloxone, and help connect patients to care.
- The [Provider-to-Provider Consultation Line](#) (PPCL) is a statewide, mental health telephone consultation line and training program that assists healthcare professionals in building their capacity to address the mental health and substance use needs of their pregnant and postpartum patients.
- Through the [Safe Birth Initiative](#), the Louisiana Perinatal Quality Collaborative (LaPQC) works with birthing facilities across the state to improve screening, brief intervention and linkage to treatment, and harm reduction for mothers and infants impacted by SUD. As of 2025, all 46 birthing hospitals participate in this effort. The next phase of the program involving four birthing hospitals will include a more integrated approach to care via family-centered substance use care, connections to peer support services and treatment partnerships, integrated care navigation to ensure long-term maternal and infant health success, and comprehensive provider training in substance use care.
- In 2024, five birthing hospitals participated in the LaPQC's [Naloxone Pilot Project](#). Nearly 100 moms walked out of the hospital with this lifesaving opioid referral agent in hand, and over 7,000 naloxone kits were distributed to 38 birthing hospitals.
- The **Eat, Sleep, Console** care model is an innovative, evidence-based approach for infants diagnosed with neonatal abstinence syndrome. This non-pharmacologic intervention uses the mother as the primary method to manage her baby's withdrawal symptoms and promotes mother-infant bonding.
- Our Lady of Angels and LSU's family medicine residency program in Bogalusa created a [specialized Family Medicine-OB Partnership](#) to expand access to MOUD treatment for pregnant women with OUD and provide coordinated care throughout their pregnancy journey and beyond. They also implemented the Eat, Sleep, Console model for infants exposed to OUD that improved withdrawal care, shortened hospital stays, and supported mother-infant bonding.
- Louisiana developed a **cross-systems state team** to support policy and practice changes related to the needs of newborns prenatally affected by substances and their affected families. This group has developed a shared mission and vision, convenes regularly, and reached consensus on goals to improve systems of care.