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Practice Summary & Implementation Guidance

Group Well Child Care for Mothers with Opioid Use Disorder

The Group Well Child Care (WCC) program co-locates pediatric care within an opioid use disorder (OUD) treatment setting, providing integrated, peer-supported well-child visits that improve care access, coordination, and engagement for mothers in recovery and their infants.

Cutting-Edge | Emerging | Promising | Best

Location	Topic Area	Setting
Pennsylvania	Care Coordination; Mental Health & Substance Use; Primary & Preventative Care	Clinical

Population Focus	Date Added
Women & Maternal, Infant	Spring 2025

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Section 1: Practice Summary

PRACTICE DESCRIPTION

Need: Parents with opioid use disorder (OUD) often encounter significant social and economic hardships, including stigma, social isolation, and challenges to engaging in well-child care (WCC). Despite the critical importance of WCC in supporting child health and development, attendance rates among these families are low and traditional WCC experiences may lack key aspects of family-centeredness, such as open communication and personalized care. Additionally, pediatricians report a lack of time and resources to comprehensively address the psychosocial needs of these families.

Key Population: The primary focus is on birthing women undergoing treatment for OUD and their children under two years old. This population faces unique difficulties due to the compounded challenges of substance use disorder and the demands of early parenting.

The group WCC model strives to:

- Reduce stigma by creating a supportive group environment to share experiences and challenges, thereby normalizing their experiences and reducing feelings of isolation.
- Enhance quality of care by providing extended time with healthcare providers, facilitating more comprehensive discussions on child health, development, and parenting strategies.
- Improve clinical outcomes through increased engagement and support, thus improving adherence to WCC schedules, timely immunizations, and overall child health metrics.
- Promote parental recovery by integrating discussions on parental well-being and recovery within the WCC framework to support the holistic health of the family unit.

Relevant Background Information: This practice, group WCC for parents with OUD, is co-located with an urban, university-affiliated OUD treatment program to streamline services and encourage engagement in care for both the parent and child. Group WCC is an existing evidence-based practice that involves families with similarly aged children attending WCC sessions together. These sessions not only focus on standard child health assessments but also incorporate group discussions on topics such as family planning, stress reduction, and parenting skills. Structured activities, including mindfulness exercises and infant play, are designed to promote both child development and parental well-being. This practice takes the existing practice of WCC and seeks to improve the experience of WCC specifically for women in treatment for OUD.

CORE COMPONENTS & PRACTICE ACTIVITES

The core components of the practice include a group model of care, where 3-4 mother-infant dyads attend group well-child care (WCC) visits together using the *CenteringParenting* model. Group continuity is prioritized as the same cohort of mothers and infants attends multiple visits with the same providers to develop strong patient-provider relationships, and visits are scheduled consistently to enhance participation. Facilitated group discussions and peer sharing are central to the practice, with two providers co-facilitating each session, focusing on topics like child development, behavior, safety concerns, and addressing complex health needs. Coordination between pediatric and OUD treatment providers is key, with shared scheduling and regular communication to align pediatric visits with maternal treatment appointments and ensure effective care coordination. Finally, the practice is co-located with the OUD treatment program, where pediatric care, screenings, and vaccinations are provided on-site, minimizing transportation challenges and fostering seamless care integration for the dyad.

Core Components & Practice Activities

Core Component	Activities	Operational Details
Group Model of Care	Initial 30-minute newborn visit usually within 2–3 days after discharge at the pediatric primary care office, with any additional 15-min visits in the first few weeks of life as needed, i.e., for jaundice or a weight check. Beginning with the 1-month WCC visit, mother-infant dyads grouped by birth month are scheduled for WCC together, with subsequent visits occurring at the American Academy of Pediatrics recommended intervals (2, 4, 6, 9, 12, 15, and 18 months of age). Group WCC visits occur on-site at the opioid treatment program. Infants with an extended hospitalization beyond 1 month are eligible to join into a later group session if needed. Group sessions last two hours and utilize the *CenteringParenting* model to offer a structured mix of health assessments, interactive learning, and community building among participants.	Identify 3-4 women from the OUD treatment program who have/will have similarly aged infants and need WCC. Ensure Electronic Health Record supports a "group visit" classification for provider and patient scheduling. Identify a staff member to coordinate care within each cohort based on the infant's specific age (i.e., ensure adherence to the infant vaccination schedule). Participants who no-show for group WCC are contacted to schedule a routine office-based individual visit. Participants in group WCC are able to schedule acute visits in the office as needed.
Group Continuity	The same cohort engages in multiple visits over time, with the same providers in order to develop meaningful patient-provider relationships. Two providers are involved in all visits to co-facilitate the group. Additional support is offered to encourage participants to show up on time and to attend each appointment, including enhanced communication	Group WCC is offered on a consistent day and time (i.e., Thursdays at 10 AM) to enhance participation and consistency. Maternal OUD treatment appointments are scheduled to coincide with group WCC appointments whenever possible.

	and outreach before visits and provision of transportation vouchers or parking passes.	
Facilitated Group Discussion & Peer Sharing	Two providers are involved in all visits to co-facilitate the group discussion. At the beginning of each group, confidentiality and group participation expectations are discussed. In addition to any necessary health assessments, immunizations, and developmental screenings, group WCC utilizing the *CenteringParenting* models includes facilitated group discussions, interactive activities, and mindfulness. Priorities for content for group discussion and peer sharing include: 1. Improving knowledge and confidence related to child development, behavior, and nutrition 2. Mitigating safety concerns 3. Addressing complex health and subspecialty needs through care coordination 4. Acknowledging parental health and wellbeing in the pediatric encounter Supporting health education and care related to neonatal opioid withdrawal syndrome	Providers receive training on how to facilitate the *CenteringParenting* model. *CenteringParenting* fidelity checklists are completed at the end of each session to measure if the session had peer-to-peer discussion, if people sat in a circle, if everyone was present, etc. Music is played in the room, and breakfast is provided to create a relaxed environment.
Pediatric and OUD Treatment Provider Coordination	A multi-disciplinary team of pediatric and OUD providers initially met biweekly to establish the program's structure, scheduling, and goals. These meetings have now shifted to quarterly to review progress, address challenges, and refine implementation. This collaboration has fostered stronger relationships between the	A dedicated program coordinator based at the OUD treatment program manages logistics, including scheduling and coordination. Shared scheduling systems align pediatric WCC visits with OUD treatment schedules.

	two provider groups and allows for case discussions as needed. While group WCC visits are pediatric in nature, they are also documented within the OUD treatment system's medical records to ensure OUD providers are aware of upcoming pediatric appointments and can reinforce attendance. Real-time communication between teams ensures participant challenges or concerns are addressed promptly – OUD providers can reach out to pediatricians with ad hoc concerns, and pediatricians can do the same.	Pediatric appointments are integrated with OUD morning medication visits to minimize additional transportation burdens and improve attendance.
Co-location with OUD Treatment Program	Purchase of on-site pediatric exam equipment to facilitate comprehensive well-child visits without requiring travel to a separate facility. Procurement of state-approved lab equipment to conduct hemoglobin and lead screenings on-site, ensuring essential screenings are completed conveniently. Participate in the CDC's Vaccine for Children program, including development of a vaccine transport system with coolers to safely transport and administer pediatric vaccines at the OUD treatment site. Formal agreement between the OUD treatment program (Jefferson Health's Maternal Addiction, Treatment, Education & Research program) and the pediatric program (Nemours Children's Health) to govern space use, rental terms, and shared responsibilities.	Group sessions occur in a dedicated group room at the SUD treatment program. The group space itself entails a circle of chairs or pillows on the floor with mats in the middle for infants. A room divider with a computer and an examination table offers a private area for pediatricians to examine the infant and review history, current issues, and other maternal concerns. There are shelves with children's books and toys that participants may use. Healthy snacks are provided during the session for the mothers and their children (when age appropriate). Coordination between provider teams ensures seamless scheduling, integration of pediatric visits with maternal treatment, and streamlined communication.

COMMUNITY WELLNESS

This program is actively working to improve health by addressing the major challenges that mothers with OUD and their children face in accessing high-quality pediatric care.

By co-locating WCC within OUD treatment settings, the program reduces logistical and transportation challenges, ensuring that mothers can access pediatric services while already attending treatment. This approach directly addresses factors that lead to low WCC utilization, which are often driven by community health factors such as poverty, unstable housing, and lack of reliable transportation. Additionally, integrating pediatric care into a trusted environment reduces stigma, creating a space where mothers feel more comfortable seeking care without fear of judgment.

The program also works to address known differences in child development and health outcomes by enhancing care coordination, promoting early identification of developmental concerns, and increasing engagement in preventive pediatric care. Rather than focusing solely on mitigating the effects of prenatal substance exposure, the model prioritizes access to comprehensive, high-quality pediatric services that these children may otherwise miss.

Beyond medical care, the program provides tangible support for families through resources such as grocery bags with food and nutritional information, diapers, books, and toys. These efforts help alleviate financial strain, reduce reliance on food assistance programs, and promote early literacy and healthy development, addressing broader community health factors that contribute to negative health outcomes.

EVIDENCE OF EFFECTIVENESS

Early indicators suggest that the group WCC program is working as intended, with positive trends in utilization and participant experience. Initial evaluation comparing WCC utilization among program participants to a control group shows a trend toward increased visit attendance, though statistical significance has not yet been reached due to the small sample size. To date, 22 mother-infant dyads have participated in at least one group WCC visit, with a total of 30 sessions completed. Notably, 93% of these visits included a group discussion, reinforcing the peer support component of the model. On average, groups have consisted of 2.5 dyads per session, and each dyad has attended approximately 4.1 group visits. The mean visit duration of 114 minutes reflects the program's ability to provide extended, meaningful engagement.

Participant interviews indicate high satisfaction with the group WCC model, with mothers particularly valuing the peer support and overall experience. Staff interviews, which are still ongoing, also highlight the benefits of co-locating pediatric care within OUD treatment settings, as well as the role of peer support in fostering a welcoming and nonjudgmental environment. These early successes suggest that the program is making progress in improving care access, strengthening engagement, and creating a supportive space for mothers in recovery and their children.

Section 2: Implementation Guidance

COLLABORATORS AND PARTNERS

The success of this program has relied on strong collaboration with key partners, including healthcare providers and community organizations. Each collaborator plays a vital role in identifying eligible participants, facilitating care coordination, and providing resources that enhance program engagement and sustainability. The table below outlines these partnerships, their contributions, and their connections to the population served.

Practice Collaborators and Partners			
Partner/ Collaborator	**How are they involved in decision-making throughout practice processes?**	**How are you partnering with this group?**	**Does this stakeholder come from a community impacted by the practice?**
OUD treatment staff	OUD treatment staff play a critical role in identifying eligible mothers, referring them to the program, and encouraging participation. Their support helps build trust and engagement.	Collaborate through leadership meetings, shared scheduling, and ongoing coordination to ensure seamless integration of pediatric care into treatment visits.	Yes, many are peer counselors with a history of OUD.
Mothers in treatment for OUD	Mothers in the program have been active partners in implementation, providing real-time feedback as to what's working well and what needs improvement.	We have gauged feedback through informal conversations and structured interviews. Some of these same mothers now serve on the MATER advisory board.	Yes, they have experience with OUD.
Pediatric Subspecialists, Neonatologists, OBGYNs	These providers frequently care for the same patients and play a key role in care coordination. Their support helps reinforce the importance of WCC, creates organizational buy-in, and ensures they know	Primarily through information-sharing - conducted initial presentations (especially for OBGYNs and neonatologists) and	N/A

	who to contact for questions or referrals.	provided periodic updates as needed.	
Community Agencies	Important to understand the broader landscape of treatment providers in the city and strengthen referral pathways. These agencies help connect eligible mothers to both OUD treatment and group WCC services.	Agencies refer mothers to the OUD treatment & group WCC program and help raise awareness about available services.	Yes, many of the agencies' staff and leadership have personal experience with OUD
Centering Healthcare Institute (CHI)	Provided structured guidance on implementing the group WCC model, ensuring a stepwise approach to program development and implementation. Their expertise helped establish best practices and accreditation.	Received CHI training and an advisor for ongoing support over a year. CHI also conducted a site visit, facilitated accreditation as a centering site, provided patient and provider Centering notebooks, and provided a food security grant that funds grocery bags for program participants.	N/A

REPLICATION

We are still in the planning phases of expanding the practice of group WCC to other families in treatment for OUD, and replicating this intervention for other pediatric populations in our primary care clinic.

INTERNAL CAPACITY

Implementation for this study was supported by a 2018 competitive award from Centering Healthcare Institute which provided in-kind services that included group facilitation training for providers and staff, as well as in-person and virtual consultation for initiating a group WCC program. These services provided the structure and guidance to plan key aspects of implementation, including staffing and patient recruitment. A Steering Committee convened monthly, comprised of two lead pediatricians, the medical director and clinic manager from the pediatric office, a lead pediatric nurse, and a neonatologist, as well as a practice administrator, program director, peer counselor, treatment staff, and a research coordinator from the SUD treatment program. In 2021, we were also awarded a Food Insecurity Initiative grant from Centering Healthcare Institute to cover the cost of breakfast for group WCC participants as well as some additional grocery supplies.

PRACTICE TIMELINE

Detailed implementation strategies for group WCC, including a timeline for various activities, are available at https://centeringhealthcare.org. Our program involved approximately 12 months of pre-implementation planning in order to navigate required approvals and contractual agreements from our respective healthcare organizations. We utilized an additional 18 month timeframe for planning implementation, including arrangements for staffing, patient scheduling, documentation, visit workflows, billing and coding, physical space and equipment, finance and budgeting, and marketing and recruitment. Plans for sustaining the program have been ongoing.

PRACTICE COST

Detailed guidance on budget planning for group WCC is available at https://centeringhealthcare.org. In general, costs associated with the project included facilitation training for program staff, food for participants during the group WCC visits, and the effort of a coordinator who assumed responsibility for patient outreach, space setup, and data collection. Although a physical space for group care already existed and no renovations were required, we did incur costs for purchase of clinical equipment and supplies. Finally, effort was budgeted for a clinical director, who also served as the program champion, to oversee implementation and direct efforts of the coordinator.

LESSONS LEARNED

Lessons learned from implementation group WCC for mothers with OUD include the following key facilitators and challenges:

Implementation Facilitators

- Continuity of Care: Having the same provider lead group WCC sessions (and extended WCC sessions) strengthens relationships, builds trust, and ensures more personalized, attentive care so mothers can feel more comfortable discussion concerns.
- Addressing Material Needs: Connecting participants to social workers and material resources, such as transportation assistance, housing support, and essential baby supplies, has increased adherence to WCC and the perceived value of care. Mothers especially have reported appreciation for help navigating public assistance programs and tangible supports like diapers and meal-planning guidance.
- Focus on Maternal Recovery and Peer Support: Group WCC offers an opportunity to integrate maternal wellness, recovery support, and peer learning alongside pediatric care. Mothers have reported that they value peer discussions on substance use recovery, stress management, and parenting strategies.
- Clinician OUD Training and Knowledge: Clinicians and mothers have both reported that clinician comfort and knowledge with OUD-related issues, including intrauterine opioid exposure and maternal substance use history and treatment, are important facilitators of the therapeutic relationship and supported an environment where people could speak openly about their child's health and their substance use history.
- Program Champion: Early identification of a dedicated program champion can greatly support program implementation and sustainability, facilitate engagement, help navigate challenges, and create buy-in within a health system and among providers.

Implementation Challenges & Considerations

- Stigma Toward Mothers with OUD: Fear of judgment can hinder engagement and cause participants to be hesitant to share their own substance use history or treatment, especially as part of a pediatric clinical encounter. Trauma-informed, nonjudgmental care is essential, as is provider training on OUD treatment.
- Gaps in Parenting Knowledge: Participants may need additional guidance on typical child development and behavior, which can be improved through the structured educational components of group WCC and through additional community and social supports.
- Competing Specialized Healthcare Needs: Balancing pediatric and maternal health needs within group WCC requires thoughtful consideration. Group WCC sessions may focus on specific maternal concerns, such as withdrawal symptoms and neonatal abstinence syndrome, leaving limited time for basic anticipatory guidance and parenting support.
- Insufficient Time for All Concerns: As highlighted through these implementation challenges, the root of the challenge comes down to insufficient time to address all concerns and needs of participants and the need to balance individualized and group-based care. While group visits extend discussion time with a provider, some medical and social issues will still require separate follow-ups.
- Logistical Challenges: Ensuring all participants arrive on time remains a challenge, requiring additional appointment reminders and transportation support. Additionally, scheduling maternal OUD treatment appointments to coincide with the group WCC appointment is recommended.
- Relapse and Discharge: Maternal relapse and discharge from treatment has presented significant challenges to implementation and requires additional wrap-around support to address.

NEXT STEPS

Next steps for this program include completing the randomized controlled trial that seeks to build the evidence base for the effectiveness and impact of group WCC for mothers with OUD and continued quality improvement to address implementation challenges. As part of this effort, the team is in the process of analyzing clinical and healthcare outcome data to assess program effectiveness, with a focus on measuring overall well-childcare engagement, parenting knowledge, and the quality of maternal-child interactions. We are actively planning to expand this program to non-research participants as a routine clinical service.

RESOURCES PROVIDED

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- Goyal NK, Rhode JF, Short V, Patrick SW, Abatemarco DJ, Chung EK. Well child care adherence during the first 2 years of life after intrauterine opioid exposure**.** Pediatrics. 2020; 145 (2) e20191275.

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