Please capture a record for each pregnant woman with Opioid Use Disorder (OUD) who delivered at your hospital. More specifically, each pregnant woman identified to have OUD who was admitted to your L&D and subsequently delivered a live newborn. Pregnant women identified to have OUD are:

- those with a positive validated screening tool for substance use\(^1\) at any point during their pregnancy and assessed to have OUD, or
- those who endorse or report misuse of opioids / OUD at any point during their pregnancy (includes screening using a non-validated single-item screening question), or
- those using any non-prescribed opioids at any point during their pregnancy, or
- those using prescribed opioids chronically for longer than a month in the third trimester of their pregnancy.

**IMPORTANT:** A pregnant women with a positive urine opioid toxicology screen alone during pregnancy does NOT identify her to have OUD. However, a pregnant women with a negative urine opioid toxicology drug screen and who denies opioid use but her newborn has a positive opioid toxicology screen (urine, meconium, cord, and/or other tissue) does qualify her to have OUD.

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**MATERNAL CLINICAL CARE CHECKLIST**

<table>
<thead>
<tr>
<th>Date of delivery (MM/DD/YYYY)</th>
<th>____________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mother’s race (NOTE: “Other” includes unspecified and bi-/multi-racial)</td>
<td>O White  O Black or AA  O Other</td>
</tr>
<tr>
<td>Mother’s ethnicity – Hispanic or Latino?</td>
<td>O No  O Yes  O Unknown</td>
</tr>
<tr>
<td>TennCare/Medicaid recipient?</td>
<td>O No  O Yes  O Unknown</td>
</tr>
</tbody>
</table>

**Opioid exposures (check all that apply)**

- Buprenorphine (includes Subutex and Suboxone)
- Heroin
- Methadone
- Other Opiates (Codeine, Hydrocodone, Hydromorphone (Dilaudid), Morphine, Oxycodone, Oxymorphone, Propoxyphene)

**Other exposures (check all that apply)**

- Amphetamine
- Barbiturates
- Benzodiazepines
- Cannabinoids (marijuana (THC) or metabolite)
- Cocaine or metabolite
- Methamphetamines
- Phencyclidine (PCP)
- MDMA (Ecstasy)
- Other – specify ________________________________

**Received Medically Assisted Therapy (MAT) at any point during the pregnancy?**

- O No  O Yes  O Unknown

If “Yes”, what medication was used? (check all that apply)

- Methadone
- Buprenorphine/Subutex/Suboxone
- Other (e.g. Vivitrol, Naltrexone)
- Unknown

**Received behavioral therapy at any point during the pregnancy?**

- O No  O Yes  O Unknown

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\(^1\) National Institute on Drug Abuse (NIDA) NIDA Quick Screen, Integrated 5 P’s, 4P’s Plus, Substance Use Risk Profile – Pregnancy Scale (SURP-P), and CRAFFT

Last revised 8/6/19
Received **opioid detoxification** at any point during the pregnancy?  ○ No  ○ Yes  ○ Unknown

**Screened** for mental health disorders during this pregnancy using evidence-based screening tools?  *NOTE: Screening must be documented in mother’s record.*  ○ Not documented  ○ Yes  ○ Previously screened/diagnosed

**Screened** for any of the following Sexually Transmitted Infections (STIs) during this pregnancy?  *NOTE: Screening must be documented in mother’s record.*

- HIV  ○ Not documented  ○ Yes
- Hepatitis B  ○ Not documented  ○ Yes
- Hepatitis C  ○ Not documented  ○ Yes

Received **counseling** on any of the following during this pregnancy?  *NOTE: Counseling must be documented in mother’s record.*

- Narcan  ○ Not documented  ○ Yes
- Contraception  *(Contraception plan must also be documented)*  ○ Not documented  ○ Yes

Received any of the following **consults** during this pregnancy?  *NOTE: Consults must be documented in mother’s record.*

- Social work  ○ Not documented  ○ Yes
- Neonatology/Pediatrics  ○ Not documented  ○ Yes

Receiving treatment for substance abuse at the newborn’s discharge?  ○ No  ○ Yes  ○ Unknown

*If “Yes”, what treatment? (check all that apply)*

- □ MAT
- □ Behavioral therapy
- □ Other addiction treatment services – specify ________________________________

Appointment with an addiction specialist/MAT provider scheduled for after maternal discharge?  ○ No  ○ Yes  ○ Unknown

Plan of safe care, including discharge plan for mom/infant, reviewed prior to maternal discharge?  ○ No  ○ Yes  ○ Unknown

Contraception plan confirmed prior to maternal discharge?  ○ No  ○ Yes  ○ Unknown

**IPPLARC** provided prior to maternal discharge (if applicable)?  ○ No  ○ Yes  ○ Unknown  ○ Not provided

Provided **Narcan** prescription prior to maternal discharge?  ○ No  ○ Yes  ○ Unknown

Scheduled early postpartum follow-up visit (within 2 weeks postpartum) prior to maternal discharge?  ○ No  ○ Yes  ○ Unknown

Newborn receiving their mother’s milk at the time of the newborn’s discharge (breastfeeding and/or Expressed Breast Milk, EBM; for eligible mothers)?  ○ No  ○ Yes  ○ Mother not eligible

Newborn discharged home to biological mother?  ○ No  ○ Yes  ○ Unknown

Newborn clinically diagnosed with NAS/NOWS (i.e. based on signs and symptoms of NAS/NOWS; not treatment dependent)?  ○ No  ○ Yes  ○ Unknown

**DCS** report made during mother’s and/or newborn’s hospitalization?  ○ No  ○ Yes  ○ Unknown

Hospital Social services involved in the newborn’s care?  ○ No  ○ Yes  ○ Not available