

**--- TIPQC "OPIOID USE DISORDER: OPTIMIZING OBSTETRIC AND NEONATAL CARE" PROJECT ---
KEY OPPORTUNITIES FOR IMPROVEMENT**

Bundle Component	Key Opportunity for Improvement	Responsible Team	Page
READINESS	Education of all relevant care providers and staff	BOTH (MATERNAL & NEWBORN)	
READINESS	Education of pregnant women and families	BOTH	
RECOGNITION	Screening of all pregnant women for SUD/OD & referral to treatment	MATERNAL	
RESPONSE	Treatment & clinical care of pregnant women with OUD	MATERNAL	
PREVENTION	Reduce opioid overprescribing after delivery	MATERNAL	
RECOGNITION	Identification of opioid exposure and neonatal withdrawal in newborns	NEWBORN	
RESPONSE	Clinical care of opioid exposed newborns (OEN) and those with neonatal withdrawal	BOTH	
SPREAD	Capabilities of affiliated prenatal care (PNC) sites	MATERNAL	
SPREAD	Capabilities of level 1 and 2 newborn units	NEWBORN	

KEY OPPORTUNITY	Education of all relevant care providers and staff
------------------------	--

BUNDLE COMPONENT	READINESS
-------------------------	-----------

RESPONSIBLE TEAM	BOTH (MATERNAL & NEWBORN)
-------------------------	---------------------------

GOALS

- Reduce the stigma of Opioid User Disorder (OUD)
- Develop/Improve the relationship between the pregnant woman, family, and care team
- Increase the awareness and access of community resources

ASSOCIATED TOOLKIT PBP(S)

- PBP#1 Provide Education to Reduce Stigma and Knowledge Deficit Related to Care of the Pregnant Woman with SUD and OUD and the OEN
- PBP#2 OUD and OEN/NAS/NOWS Resource Mapping
- PBP#3 Provide Universal Screening for Drug and Alcohol Use in All Pregnant Women
- PBP#5 Establish a Plan of Care for the Out-Patient Prenatal/Antepartum Management of Women Who Screen Positive
- PBP#6 OUD Treatment and Risk Reduction
- PBP#7 Develop an Intrapartum Plan of Care for the Women with OUD
- PBP#8 Develop a Postpartum Plan of Care for the Women with OUD
- PBP#9 Provide NAS/NOWS Screening
- PBP#10 Non-Pharmacologic Care of the OEN or NAS/NOWS Newborn

ASSOCIATED DATA COLLECTION

- Quarterly Structure Measures Survey

ASSOCIATED DATA METRICS

- N/A

PROJECTED TIME FRAME

- TBD

CHECKLIST

Standardized evidence-based education/training and assessment, including continuing education and learning opportunities

- Relevant groups
 - Staff-wide, clinical and non-clinical
 - Providers, nurses, lactation consultants, child life, social workers, pharmacists, Department of Children's Services (DCS), volunteers (cuddlers)
- Relevant topics
 - Stigma of OUD
 - Emphasize that stigma, bias and discrimination negatively impact pregnant women with OUD and their ability to receive high quality care
 - Trauma-informed care
 - Professionalism, medical ethical principles, patient/family confidentiality
 - Substance Use Disorder (SUD)

- Pathophysiology
- Emphasize that SUD is a chronic medical condition that can be treated
- State, legal, and regulatory requirements for SUD care
- Validated Screening Tools
 - National Institute on Drug Abuse (NIDA) Quick Screen
 - Integrated 5 P's
 - CRAFFT
 - 4P's Plus
 - Substance Use Risk Profile – Pregnancy Scale (SURP-P)
- Other screening methods
 - Non-validated screening questions, such as “How many times in the past year have you used an illegal drug or used a prescription medication for non-medical reasons? (for example, because of the experience or feeling it caused)”
 - Urine toxicology screen, including which results are deemed “Opioids”
 - Patient reported (outside of screening tool)
 - Prescription Monitoring Program (PMP) Lookup
- Opioid Use Disorder (OUD)
 - Pathophysiology
 - Emphasize that opioid pharmacotherapy and behavioral health are effective treatments for OUD
- Screening, Brief Intervention and Referral to Treatment (SBIRT) Model, including motivational interviewing
- Methods of treatment
 - Medication Assisted Therapy (MAT)
 - Detoxification
 - Behavioral Health Counseling/Support
- Local SUD & OUD treatment resources map developed by Tennessee Department of Health (TDH)
 - Use map to increase awareness of and become familiar with SUD/OUD resources in your county and region
- Antepartum and intrapartum management of pregnant women with OUD
 - Screening for common co-morbidities
 - Infectious diseases (hepatitis B & C, human immunodeficiency virus (HIV), gonorrhea, chlamydia, syphilis)
 - Psych/Mental health disorders
 - Nicotine dependency
 - Counseling
 - Contraceptive choice, including long-acting reversible contraception (LARC)
 - Narcan
- Postpartum management of women with OUD
 - Post-delivery pain management protocols
 - Continuation of MAT
 - Opioid prescribing protocols to prevent overprescribing
 - Use and documentation of PMP lookup with all opioid prescribing
 - Rooming In
 - * CDC's Interactive Training Series on “Applying CDC's Guidelines for Prescribing Opioids” *
 - State reporting guidelines
 - Narcan

- Contraception choice, including immediate postpartum Long Acting Contraception (IPPLARC)
 - Warm handoff
- Opioid exposed newborns (OEN)
 - Pathophysiology
 - How to identify
 - Federal (Child Abuse Prevention Treatment Act – CAPTA), state and county reporting guidelines for substance-exposed infants
 - “Plan of Safe Care” requirements
- Neonatal withdrawal
 - Pathophysiology
 - Signs and symptoms
 - Methods of scoring and assessment
 - Terminology: OEN, Neonatal Abstinence Syndrome (NAS), and Neonatal Opioid Withdrawal Syndrome (NOWS)
 - * TIPQC Vermont Oxford Network (VON) NAS Universal Training *
- Care of OEN and NAS/NOWS
 - Maternal/parental/family involvement in newborn care
 - Non-pharmacologic care
 - Pharmacologic treatment
 - Safe discharge
 - Local OEN, NAS/NOWS resources
- Corresponding ICD-10 billing codes
 - Maternal codes for opioid related disorders (F11.X codes)
 - HCPCS “alcohol and/or substance (other than tobacco) abuse structured assessment and brief intervention” (G0396 & G0397 codes)
 - Other screening codes
 - Newborn affected by maternal use of opiates (P04.14; new in October 2018)
 - Newborn affected by maternal use of other drugs of addiction (P04.49)
 - Neonatal withdrawal symptoms from maternal use of drugs of addiction (P96.1)

KEY OPPORTUNITY	Education of pregnant women and families
------------------------	--

BUNDLE COMPONENT	READINESS
-------------------------	-----------

RESPONSIBLE TEAM	BOTH (MATERNAL & NEWBORN)
-------------------------	---------------------------

GOALS

- Educate and empower pregnant women with OUD to increase their engagement (and the engagement of their family/support system) in their treatment and in the care of their OEN

ASSOCIATED TOOLKIT PBP(S)

- PBP#4 Provide Education for the Pregnant and Postpartum Women with OUD
- PBP#10 Promotion and Support of Breastfeeding

ASSOCIATED DATA COLLECTION

- Quarterly Structure Measures Survey

ASSOCIATED DATA METRICS

- N/A

CHECKLIST

Individualized education

- For all pregnant women
 - SUD in pregnancy
 - Substance
 - Nicotine, with and without tobacco (i.e. smoking and vaping)
 - Cocaine
 - Amphetamine/Methamphetamine
 - Benzodiazepine
 - Alcohol
 - Marijuana
 - Other
 - Emphasize that SUD is a chronic medical condition, treatment is available, family and peer support is necessary, and recovery is possible
 - Treatment plan
 - OUD in pregnancy
 - Complications for mother and infant
 - Treatment plan
 - MAT
 - Detoxification
 - Behavioral Health
 - Risks with prescription pain medication and diversion
 - Promote understanding of OUD as a chronic disease
 - Preparation for labor and birth
 - Breastfeeding
 - Safety with medication use
 - Benefits

- Post-delivery pain management expectations and options
 - Have a plan before delivery admission with all team members aware
- Domestic violence prevention
- Narcan
- Opioid Exposed Newborn (OEN)
- Neonatal withdrawal
 - NAS/NOWS
 - Signs and symptoms
 - Management
 - Non-pharmacologic
 - Pharmacologic
 - NAS/NOWS and strategies to decrease severity
- Newborn care and child safety
 - Rooming in
 - Maternal/family engagement in care of OEN, NAS/NOWS
 - Rationale for other allied health services such as PT/OT, developmental care team
 - Indications for DCS referrals, rationale for referral
 - Support of appropriate partners (i.e. social workers, case managers) to assist in the development of a “plan of safe care” for the woman and infant
 - Safe discharge
 - Local OEN, NAS/NOWS resources
 - Follow-up care with the infant’s primary care provider

KEY OPPORTUNITY	Screening of all pregnant women for SUD/ODU & referral to treatment
------------------------	---

BUNDLE COMPONENT	RECOGNITION
-------------------------	-------------

RESPONSIBLE TEAM	MATERNAL
-------------------------	----------

GOALS

- Implement a universal screening protocol for OUD that incorporates a screening, brief intervention, and referral to treatment (SBIRT) model
- Ensure that all pregnant women with OUD are offered a woman-centered OUD treatment program
- Increase access to MAT and OUD treatment programs for pregnant women
- Increase the awareness of and access to community resources

ASSOCIATED TOOLKIT PBP(S)

- PBP#2 OUD and OEN/NAS/NOWS Resource Mapping
- PBP#3 Provide Universal Screening for Drug and Alcohol Use in all Pregnant Women
- PBP#5 Establish a Plan of Care for the Out-Patient Prenatal/Antepartum Management of Women Who Screen Positive
- PBP#6 OUD Treatment and Risk Reduction
- PBP#13 Develop Monitoring and Reporting Systems

ASSOCIATED DATA COLLECTION

- Quarterly Structure Measures Survey
- Maternal Monthly Sampling of Records

ASSOCIATED DATA METRICS

- Implementation of universal screening for OUD during delivery hospitalization

CHECKLIST

SCREENING FOR SUD & OUD

- Select a validated screening tool for SUD (drug and alcohol use) for utilization in the inpatient and outpatient clinical settings.
- Train providers and staff to use the selected screening tool.
- Implement universal screening as part of comprehensive obstetric prenatal care. Perform at the first prenatal visit or entry into the healthcare system.
- Screen women with OUD for polysubstance use
- Develop electronic medical record (EMR) documentation, monitoring, and reporting capabilities:
 1. If, when, and how pregnant woman was screened for SUD
 2. Result of SUD screening
 3. Additional screening and potential diagnosis of OUD
- Train providers, coders and billing personnel regarding F11.X (Opioid related disorders) ICD-10 codes.
 - Periodic audit of records to assess accurate use of F11.X ICD-10 codes in pregnant women screened for SUD and OUD

BRIEF INTERVENTION FOLLOWING A POSITIVE SCREENING (SUD AND/OR OUD)

- Utilize motivational interviewing.
- Assess readiness for change.
- Recommend and discuss treatment options, including the risks and benefits.

- Treatment options:
 - MAT
 - Detoxification
 - Behavioral health counseling/support
- OUD Treatment Programs
- Emphasize that MAT and behavioral therapy are effective treatments for OUD.
 - Goal is lowest effective MAT dose to keep the woman in therapy and from using illicit drugs or polysubstance
- Using shared-decision making, match treatment response to each woman's stage of recovery and/or readiness to change.
- Train providers, coders and billing personnel regarding Healthcare Common Procedure Coding System (HCPCS) "alcohol and/or substance (other than tobacco) abuse structured assessment and brief intervention" ICD-10 codes (G0396 & G0397).

LOCAL SUD & OUD RESOURCES

- Develop a resource maps and/or algorithm to identify the following in your county and region:
 - Local SUD treatment facilities that provide women-centered care
 - Determine that drug and alcohol counseling and/or behavioral health services are provided.
 - In-patient residential treatment programs that accept (1) pregnant women and/or (2) parenting women (mother and newborn)
 - Out-patient treatment programs/services, that provide woman-centered care
 - Determine that OUD treatment programs meet patient and family resource needs (e.g. wrap-around services such as housing, child care, transportation, and home visitation).
 - Include links to local resources (e.g. peer navigation programs, narcotics anonymous (NA), support groups) that support recovery.
 - Providers who are trained and qualified to prescribe buprenorphine and/or methadone
 - Mental health programs that specialize in substance use
- Utilize the local resources map developed by TDH, once developed
 - Determine accuracy and completeness of map and provide TDH with feedback for appropriate revisions.

REFERRAL AND ACCESS TO TREATMENT FOR WOMEN WITH OUD

- Identify partners to receive referrals
- Establish protocols for referral
- Match treatment response to each woman's stage of recovery and/or readiness to change.
- Determine if all pregnant women with OUD are enrolled in a woman-centered OUD treatment program.
 - Establish communication with OUD treatment providers and obtain consents for sharing patient information.
 - Assist in linking to local resources (e.g. peer navigator programs, narcotics anonymous (NA), support groups) that support recovery.
- Increase the number of providers trained in MAT willing to treat pregnant and postpartum women with OUD that take TennCare and/or insurance for care/services.

KEY OPPORTUNITY	Treatment & clinical care of pregnant women with OUD
------------------------	--

BUNDLE COMPONENT	RESPONSE
-------------------------	----------

RESPONSIBLE TEAM	MATERNAL
-------------------------	----------

GOALS

- Optimize the care of pregnant women with OUD by developing and implementing best practice protocols (prenatal, labor and birth, and postpartum) that incorporate care coordination among multiple providers.

ASSOCIATED TOOLKIT PBP(S)

- PBP#5 Establish a Plan of Care for the Out-Patient Prenatal/Antepartum Management of Women Who Screen Positive
- PBP#6 OUD Treatment and Risk Reduction
- PBP#7 Develop an Intrapartum Plan of Care for the Woman with OUD
- PBP#8 Develop a Postpartum Plan of Care for the Woman with OUD
- PBP#13 Develop Monitoring and Reporting Systems

ASSOCIATED DATA COLLECTION

- Maternal Care Checklist

ASSOCIATED DATA METRICS

- Percent of pregnant women with OUD who received MAT and/or behavioral treatment

CHECKLIST

TREATMENT

- Follow OUD treatment engagement during pregnancy and postpartum
 - Obtain patient consent to communicate and share records with OUD treatment providers
- Link the pregnant woman with OUD to obstetric and OUD treatment services
- If applicable, implement standardize protocols/guidelines for initiation of MAT and/or detoxification

ANTE- & INTRAPARTUM CLINICAL CARE

- Identify a lead provider responsible for care coordination.
- Standardize an individual clinical care protocol/checklist for optimal ante- and intra-partum management of the pregnant woman with OUD, which includes, but is not limited to:
 - Screening for commonly occurring co-morbidities
 - Polysubstance use
 - Psychiatric / mental health disorders (depression, anxiety, Post Traumatic Stress Disorder)
 - Infectious diseases (HIV, Hep B, Hep C, chlamydia, gonorrhea, syphilis)
 - Nicotine dependence
 - Physical and sexual violence
 - Resources and intervention for smoking cessation as indicated
 - Narcan counseling and prescription
 - Contraception counseling, including access to immediate postpartum contraception options (e.g. all contraception options including long acting reversible contraception [LARC])

- Appropriate consultation(s) and referral, which may include, but is not limited to:
 - Infectious disease
 - Gastroenterology
 - Psych/Mental/Behavioral health
 - Neonatology/Pediatrics
 - Anesthesiology
 - Social Work
- Match treatment response to each woman’s stage of recovery and readiness to change.
- Refer patients to woman-centered treatment programs that specialize in the care of the pregnant woman.
- Establish communication with OUD treatment providers and obtain consent for sharing patient information.
- Encourage obstetric providers to obtain buprenorphine training and Drug Enforcement Agency waiver.
- Create antepartum treatment protocols for MAT induction and maintenance.
- Develop protocols for women who choose to taper or wean during pregnancy.
- Continue prescribed dosing of methadone or buprenorphine during labor to prevent withdrawal.
- Develop and individualize intrapartum pain management plan.
 - Include protocol provisions that account for increased pain sensitivity and avoidance of mixed agonist-antagonist opioid analgesics.
- Develop and document clinical care protocol and checklist in EMR to support optimal use.
- Promote *coordination among providers* during pregnancy.
 - Develop a *communication strategy* to facilitate coordination among the obstetric provider, OUD treatment provider, health system clinical staff (i.e. inpatient obstetric staff, social services) and DCS.
- Engage DCS in developing safe care protocols tailored to the woman and family’s OUD treatment and resource needs as indicated.
- Seek priority access to home visiting services for women and families affected by SUD.

POST-PARTUM & POST-DISCHARGE CLINICAL CARE

- Establish postpartum clinical pathway for the woman with OUD that incorporate care coordination among multiple providers; individualizing to meet the woman’s needs.
- Develop and individualize postpartum pain management plan.
- Continue prescribed dosing of methadone or buprenorphine during the postpartum period to prevent withdrawal.
- Continue or initiate psych/mental/behavioral health services.
- Encourage and promote post-partum follow up with obstetric and preventative services.
- Encourage and promote post discharge follow up with OUD treatment provider.
 - Note: The plan may include arrangements for transportation services.
- Develop a safety net for the woman and infant post discharge, when and how to contact resources, etc.
- Continue contraceptive counseling and complete desired contraceptive plan, if applicable.

KEY OPPORTUNITY

Reduce opioid overprescribing after delivery

BUNDLE COMPONENT PREVENTION

RESPONSIBLE TEAM MATERNAL

GOALS

- Prevent OUD by reducing opioid overprescribing after delivery

ASSOCIATED TOOLKIT PBP(S)

- PBP#13 Develop Monitoring and Reporting Systems

ASSOCIATED DATA COLLECTION

Quarterly Structure Measures Survey

ASSOCIATED DATA METRICS

- Implementation of post-delivery and discharge pain management prescribing practices for routine vaginal and cesarean births focused on limiting opioid prescriptions (*AIM S2*)
- Implementation of specific pain management and opioid prescribing guidelines for OUD patients (*AIM S3*)
- Percent of pregnancy associated opioid deaths (*AIM O3; provided by THA*)

CHECKLIST

- Develop prescribing guidelines for pain management following both vaginal & cesarean birth
- Develop clinical guidelines, protocols, or revised order sets to reduce opioid overprescribing after delivery (vaginal and c-section).
- Monitor provider compliance with state law on documentation of the use of the Prescription Monitoring Program (PMP) lookup prior to prescribing opioids to pregnant and postpartum women.
- QuizTime provider training

KEY OPPORTUNITY	Identification of opioid exposure and neonatal withdrawal in newborns
------------------------	---

BUNDLE COMPONENT	RECOGNITION
-------------------------	-------------

RESPONSIBLE TEAM	NEWBORN
-------------------------	---------

GOALS

- Standardize the identification of OEN and newborns with NAS/NOWS

ASSOCIATED TOOLKIT PBP(S)

- PBP#9 Provide NAS/NOWS Screening
- PBP#13 Develop Monitoring and Reporting Systems

ASSOCIATED DATA COLLECTION

- Newborn Clinical Care Checklist

ASSOCIATED DATA METRICS

- Percent of newborns exposed to maternal use of opiates
- Percent of newborns diagnosed with NAS/NOWS

CHECKLIST

IDENTIFICATION OF OEN

- Agree on definition of “OEN”
- Implement protocol/guideline for identifying OEN
- Document OEN “definition” (i.e., components of definition) and diagnosis in EMR, including sources of exposure (i.e., maternal and neonatal toxicology screening)
- Train providers, coders and billing personnel regarding P96.1, P04.49, and P04.14 ICD-10 codes.
- Periodic audit of records to assess accurate use of these ICD-10 codes to capture OEN.

ASSESSMENT & DETECTION OF NEONATAL WITHDRAWAL

- Agree on definition of “NAS/NOWS”
- Determine which NAS/NOWS screening/scoring tool will be utilized to assess the severity of withdrawal (e.g., Modified Finnegan or Eat-Sleep-Console) and the intervals for scoring
- Implement protocol/guideline for identifying NAS/NOWS
- Document NAS/NOWS “definition” (i.e., components of definition) and diagnosis in EMR, including sources of exposure
- Train providers, coders and billing personnel regarding P96.1 ICD-10 codes.
 - Periodic audit of records to assess accurate use of this ICD-10 codes to capture NAS.

KEY OPPORTUNITY	Clinical care of opioid exposed newborns (OEN) and those with neonatal withdrawal
------------------------	---

BUNDLE COMPONENT RESPONSE

RESPONSIBLE TEAM BOTH

GOALS

- Optimize the care of OEN and those with NAS/NOWS

ASSOCIATED TOOLKIT PBP(S)

- PBP #10 Promotion of Breastfeeding
- PBP#11 Non-Pharmacologic Care of the OEN or NAS/NOWS Newborn
- PBP#12 Prepare the Infant for Discharge, and When Required, Engage DCS in Developing Safe Care Protocols Tailored to the Patient and Family's OUD Treatment and Resource Needs
- PBP#13 Develop Monitoring and Reporting Systems

ASSOCIATED DATA COLLECTION

- Newborn Clinical Care Checklist
 - All fields
- OUD Clinical Care checklist
 - Limited data capture on newborns - focus on capturing whether newborn was receiving mother's milk at discharge; whether newborn was discharged to biological mother; and average length of stay for newborns with NAS/NOWS

ASSOCIATED DATA METRICS

- Percent of OEN receiving mother's milk at newborn discharge
- Percent of OEN who go home to biological mother (without safety placement or IPA)
- Average length of stay for newborns with NAS/NOWS

CHECKLIST

- Implement protocol/guidelines regarding
 - Non-pharmacologic care, may include but is not limited to:
 - Rooming in model of care
 - Feeding promotion, including lactation support & breastfeeding for eligible mothers, feeding on demand, and speech/feeding therapy
 - Consoling measures, including skin-to-skin contact, infant holding, gentle rocking, swaying, swaddling, pacifiers, and rocker beds/seats
 - Decrease environmental stimuli to noise and light (i.e. noise lessening measures and light modification) as well as clustering of infant care and allowing for uninterrupted periods of sleep, including not waking newborn for scoring
 - Physical, Occupational, and/or Massage Therapy
 - Use of volunteer services (cuddlers, etc.)
 - Pharmacologic treatment
 - Safe discharge, including components of a discharge checklist:
 - Scheduling a follow-up appointment with the primary care provider prior to discharge
 - Referral to home visiting services as indicated
 - Referral to early intervention services as indicated

- Referral to pediatric developmental specialists (if diagnosed with NAS/NOWS)
- Referral made for follow-up with pediatric gastroenterology or infectious disease clinic for testing of HCV (if exposed to hepatitis C virus)
- Standardize clinical care protocol/checklist for management of OEN, including those with NAS/NOWS.
- Document clinical care protocol/checklist in EMR to support use.
- Provide breastfeeding and lactation support for all eligible pregnant women with OUD, including those on MAT.
- Develop and implement policy/guidelines regarding (required) communication with social work team, clinical team, and DCS as indicated.
- Coordinate with NICU, obstetric, and pediatric care teams to support the woman's efforts, including rooming in.
- Engage appropriate partners (i.e. social workers, case managers) to assist the woman and family in the development of a "plan of safe care" for mom and infant.
- Facilitate discharge to biological mother when appropriate
- Provide a "safety net" for pregnant women with OUD and their infants with opioid exposure or NAS/NOWS post discharge, including when and how to contact resources, etc.
- Promote a system that supports post discharge follow-up care of the woman and infant with opioid exposure or NAS/NOWS with primary care and preventative services (Medical Home Model)

KEY OPPORTUNITY	Capabilities of affiliated prenatal care (PNC) sites
------------------------	--

BUNDLE COMPONENT	SPREAD
-------------------------	--------

RESPONSIBLE TEAM	MATERNAL
-------------------------	----------

GOALS

- Increase the capabilities of the hospital's affiliated prenatal care (PNC) sites in regards to care of the pregnant women with SUD/ODU

ASSOCIATED TOOLKIT PBP(S)

N/A

ASSOCIATED DATA COLLECTION

N/A

CHECKLIST

- Provide the following to hospital associated PNC sites
 - Education materials for all relevant providers
 - Education materials for pregnant women regarding SUD in pregnancy
 - Education materials for pregnant women with OUD
 - Options for standardized, validated self-report screening tools for screening pregnant women for SUD/ODU
 - Sample SBIRT protocol and process flow for women who report or screen positive for OUD to assess and link to MAT, behavioral health support and addiction treatment services as indicated
 - Local OUD Treatment Resources document
 - Checklists and sample standardized protocols / best practices for optimal ante-, intra- and post-partum care of pregnant women with OUD
 - Checklists and sample standardized protocols / best practices for opioid prescribing

KEY OPPORTUNITY Capabilities of level 1 and 2 newborn units

BUNDLE COMPONENT SPREAD

RESPONSIBLE TEAM NEWBORN

GOALS

- Increase the capabilities of level 1 and 2 newborn units regarding OEN and those with NAS/NOWS

ASSOCIATED TOOLKIT PBP(S)

- N/A

ASSOCIATED DATA COLLECTION

- N/A

CHECKLIST

- Support the spread of the following to level 1 and 2 newborn units:
 - Education materials for pregnant women
 - Education materials for providers
 - Suggested topic: When to transfer newborn to a higher-level care
 - Identification of OEN, NAS/NOWS
 - Clinical care of OEN and those with neonatal withdrawal