

--- TIPQC "OPIOID USE DISORDER: OPTIMIZING OBSTETRIC AND NEONATAL CARE" PROJECT ---
MATERNAL CLINICAL CARE CHECKLIST

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 use¹ 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.

Date of delivery (MM/DD/YYYY) _____

Mother's race (NOTE: "Other" includes unspecified and bi-/multi-racial) White Black or AA Other

Mother's ethnicity – Hispanic or Latino? No Yes Unknown

TennCare/Medicaid recipient? No Yes Unknown

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
- Methamphetamine
- Phencyclidine (PCP)
- MDMA (Ecstasy)
- Other – specify _____

Received Medically Assisted Therapy (MAT) at any point during the pregnancy? No Yes 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? No Yes Unknown

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

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
