ANTEPARTUM

FIRST PRENATAL VISIT

- SBIRT (Screening, Brief Intervention, Referral toTreatment) for all pregnant patients
- Refer to Addiction Medicine Specialist or obtain recordsfrom current treatment provider
- Complete HIV, Hepatitis C, Hepatitis B, Gonorrhea, Chlamydia, Syphilis screening
- Risk screening for tuberculosis
- Consider bowel regimen of stool softeners, fluids, fiberproducts and hemorrhoid cream
- Screen for co-occurring mental health disorders such as depression, anxiety, and PTSD
- Refer to insurance case manager
- Provide education on maternal drug use includingmaternal and fetal risks
- Provide education on NOWS
- Provide Narcan education and Narcan prescription

2ND TRIMESTER

- Order monthly growth ultrasounds at 24 weeks gestation
- Discuss contraceptive plan and give contraceptiveeducation
- Review recovery goals and assist with referrals

3RD TRIMESTER

- Repeat HIV, HEP C, Syphilis Screening
- Confirm contraceptive plan. For Medicaid patients who desire sterilization, ensure TN sterilization form is signed after counseling on risks and benefits
- Consider anesthesia consultation if IV access is difficult or severe anxiety, or coexisting medical issues could prevent spinal analgesia
- Discuss importance of having trained newborn providers care for infant after delivery
- Encourage communication between patient and newborn care provider. Consider prenatal appointment with pediatrician/neonatologist who will care for infant after birth
- If delivering hospital is not able to provide care for infant with NOWS, discuss patient preference for transfer of care in last trimester of pregnancy vs. transfer of newborn after delivery if pharmacologic management isrequired
- Confirm that hospital has Buprenorphine or Methadone available on formulary. If not available, discuss local hospital policy for administering home medications
- Advise families that recommended length of stay of newborns is at least 5 days and that infant will be monitored for signs of NOWS. Infants may need to stay longer if treatment or prolonged monitoring is required
- Review hospital breastfeeding guidelines with mothers
    - Women stable in treatment including buprenorphine or methadone MAT and who do not use illicit drugs should be encouraged to breastfeed.
- Refer for Childbirth education
- Perform toxicology testing when clinically indicated and with patient permission
    - Routine toxicology tests may differ by institution.
    - Testing for Methadone and Buprenorphine may need to be specially ordered. Positive toxicology tests should be sent for confirmation.

Opioid Use Disorder Pregnancy Checklist

TIPQC

Tennessee Initiative for Perinatal Quality Care

DELIVERY ADMISSIONS

- Obtain release of information for addiction treatment provider and confirm dose of Methadone or Buprenorphine and notify of admission. An attending provider may prescribe Buprenorphine and Methadone to maintain outpatient dose during hospitalization
- Consult addiction specialist or Maternal Fetal Medicine if illicit substance use and not already in treatment
- Consider acute withdrawal in the differential diagnosis of a patient with intractable nausea, vomiting or abdominal pain
- PICC or central line may be needed when peripheral venous access is too difficult due to history of IV drug use
- Review newborn testing recommendations with patients privately
- Review hospital breastfeeding and marijuana policy guidelines with mother. Women stable in treatment on Buprenorphine or Methadone should be encouraged to breastfeed
- Encourage skin to skin contact and rooming-in
- Complete Plan of Safe Care
- Refer to appropriate social services agencies
- Notify addiction treatment provider upon discharge to confirm follow up appointment
- Give patient list of medications administered during hospitalization and those prescribed at discharge
- If on methadone, give dose prior to discharge and ensure that patient can return to methadone clinic on the following day
- Be alert for symptoms of over-medication or inadequate pain control
- If a patient appears somnolent, evaluate medications and consider decreasing dosages. Consult addiction treatment provider prior to adjusting MAT dose
- By 3 weeks postpartum, schedule postpartum visit to develop a reproductive plan, screen for postpartum depression, and connect patient to a primary care provider
- Provide overdose and Narcan education and Narcan prescription
- Provide comprehensive education on all contraceptive options
- Ensure HIV, Hep C, Hep B, syphilis screening is up to date and complete as needed

NOTICE: THE AUTHORS OF THIS CHECKLIST USED REASONABLE EFFORTS TO PROVIDE ACCURATE INFORMATION; HOWEVER THIS CHECKLIST IS NOT INTENDED TO BE COMPREHENSIVE. THE INFORMATION AND RESOURCES INCLUDED IN THIS CHECKLIST ARE PROVIDED FOR INFORMATIONAL PURPOSES ONLY. NOTHING CONTAINED HEREIN CONSTITUTES MEDICAL ADVICE. HEALTH CARE PROVIDERS SHOULD NOT RELY ON THIS CHECKLIST IN DETERMINING THE BEST PRACTICES FOR THEIR PATIENTS.

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PAIN MANAGEMENT

Patients on chronic opioids are more sensitive to pain and pain should be managed appropriately. Schedule doses of NSAIDS and Acetaminophen for mild to moderate pain if there are no contraindications to these medications. Short acting Opioids can be added as needed. Hydromorphone may offer better pain relief for patients on buprenorphine MAT.

- Continue patient's regular maintenance dose of Methadone or Buprenorphine. Evaluate dose with the addiction treatment provider after delivery as needed
- Patients undergoing C-section should also continue their maintenance dose of Buprenorphine or Methadone.
- Oral opioids can be added for break-through pain in addition to the maintenance dose of Methadone or Buprenorphine
- Schedule NSAIDS/acetaminophen and maximize multi-modal analgesia options
- Neuraxial Analgesia (spinal or epidural) may be the mostsafe and effective way to control pain both for vaginal births and cesarean sections. Surgical patients delivered with general anesthesia will usually need a PCA with Dilaudid to control post cesarean section pain
- Patients using illicit substances may require increased doses of pain medication