

## Opium Use Disorder (OUD) Maternal Checklists

### Maternal (Undelivered) or Mother & Newborn

Upon admission to any hospital based point of entry (L&D, ED, etc.) complete a universal, self-reported screening on Opioid Use Disorder (OUD) for all pregnant patients (outpatient or inpatient). Self-reported screening should utilize a validated screening tool.

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#### ON ADMISSION (either for delivery or antepartum admission):

- Woman with new OUD screen positive:
  - Ensure privacy – create safe environment by excusing visitors/family from room
  - Use motivational interviewing techniques to gather further information to share with provider:
    - Last use: date, type, amount, route of administration
    - Drug history: e.g. type, duration, route of administration, amount, attempts at recovery, family history
    - Current desire for wellness and recovery
    - Current support system
  - Re transparent and supportive, including regarding notification to the patient’s provider. Provide the opportunity for the patient to express feelings and to ask questions.
  - Report positive screen results to obstetric provider. Discuss maternal plan of care, including orders, discharge goals, and prenatal or postpartum follow-up needs.
  - Document Plan of Safe Care
- Woman with known OUD:
  - Locate records or contact prenatal care provider to obtain records and delivery/postpartum plans
  - Locate records or contact MAT provider
- Notify social worker of positive screen and request a consult. A plan regarding appropriate reporting, notification, and documentation should be discussed and fully in place.
- Notify anesthesiologist, enquire if prenatal consultation with anesthesiologist occurred
- Begin preparation for discharge: It is important to understand the need to utilize the full length of stay to facilitate an interdisciplinary and collaborative Plan of Safe Care and effective patient education, including information and education regarding OUD.
- If delivery expected:** Report positive screen to neonatal/pediatric provider and/or team. Clarify who will be discussing the plan of care for the newborn with the patient. Anticipate clinical resources needed at delivery.
  - Complete report to neonatal provider
  - Document Plan of Safe Care
- Fully inform the patient of communication among her care team regarding the plan of care for both herself and her newborn, including the possibility of Neonatal Abstinence Syndrome (NAS).

## Opiate Use Disorder (OUD) Discharge Checklist MATERNAL (UNDELIVERED) or MOTHER & NEWBORN

### DISCHARGE CHECKLIST—MATERNAL PLAN OF SAFE CARE:

*NOTE:* Post discharge, the mother is at risk of relapse and resulting sequelae. Do not defer responsibility of maternal/newborn Plan of Safe Care, referrals, and support for follow up after discharge. **If support resources are not available, discharge Plan of Safe Care to be facilitated by primary nurse or other nursing/social work staff.** Facilitate Interdisciplinary Team Huddle. Include the following team members as appropriate to the patient's phase of care: social worker, obstetrical care provider, anesthesia provider, primary/responsible nurse, newborn care provider, patient/family, and other disciplines as appropriate.

- Use closed loop communication to discuss outcome of OUD admission needs assessment, clinical plan of care, and discharge Plan of Safe Care
- Ensure pain management aligns with OUD best practices
  
- Referral to social worker if not already done complete with warm handoff
  - Patient intake assessment complete and documented
- Patient education: use teach back to validate understanding of clinical management, maternal/newborn discharge Plan of Safe Care, OUD, postpartum and neonatal follow up needs, and a warm handoff
- Complete and document depression screening utilizing a validated screening tool if not completed earlier during admission.
- Schedule Maternal discharge follow up appointments and complete warm handoff for the following:
  - OB provider – Prenatal: confirm frequency with obstetrical provider
  - OB provider - Postpartum: 1 - 2 weeks
  - Behavioral Health: Established - 2 weeks / Not Established – 1 week
  - Home visitation/Public Health: 24 – 48 hours
  - Drug treatment therapy: 24 hours
- Referral to CPS if required:
  - Suspected Child Abuse Report faxed
  - Referral complete
- Facilitate additional referrals per social and OUD needs assessment:
 

<input type="checkbox"/> Public Health Department	<input type="checkbox"/> Smoking Cessation program
<input type="checkbox"/> Recovery Group	<input type="checkbox"/> Parenting Class
<input type="checkbox"/> Lactation Consultant	<input type="checkbox"/> Community Support/Peer groups
<input type="checkbox"/> WIC - Women, Infants & Children	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Infectious Disease Provider	

#### FINAL:

- Review Plan of Safe Care as well as routine clinical discharge instructions with patient/family and provide written copies. Use teach back to validate understanding and clarify information.

## Opiate Use Disorder (OUD) Discharge Checklist MATERNAL (UNDELIVERED) or MOTHER & NEWBORN

### NEWBORN DISCHARGE CHECKLIST:

- Schedule newborn discharge follow up appointments:
  - Newborn primary care provider: 24 – 72 hours
  - Public health nursing visit: Within 3 days
  - Developmental high-risk infant follow-up (HRIF) program, usually at several months of age (dependent on program requirements)
- Referral to CPS if required, including documentation
- Ensure warm handoff to newborn primary care provider prior to discharge to discuss:
  - Hospital course, including any non-pharmacologic and pharmacologic treatment
  - Feeding plans
    - Emphasis on breastfeeding (unless contraindicated)
    - High calorie formula supplementation if slow weight gain
  - Special medical concerns
  - Social issues or concerns (include CPS involvement if applicable)
- Refer for outpatient support programs (if not already in place)
  - Early intervention programs (California Home Visiting Program, Early Head Start, Early Start)
  - Women, Infants and Children (WIC)
  - Parenting classes and support groups

### FINAL:

- Review Plan of Safe Care as well as routine clinical discharge instructions with patient/family and provide written copies. Use teach back to validate understanding and clarify information.

### Resource:

Vermont Newborn Plan of Safe Care Template

<https://dcf.vermont.gov/sites/dcf/files/FSD/Docs/Hospital-Plan-Safe-Care.pdf>