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| **All pregnant patients should be screened during their first prenatal visit for substance use**  **Prenatal Clinical Checklist - OUD Positive**  **using a validated screening tool. The prenatal care provider can use this folder to assure**  **appropriate screenings and referrals are in place. Folder contents are listed below:**   1. **Prenatal Checklist (Place on chart, update PRN)** 2. **MORE Provider education materials: Save a Life Naloxone (Narcan®) guide to help providers**   **complete Naloxone counseling/prescription, SBIRT Pocket Card, MORE Prenatal Algorithm, BH Impact flyer, ACOG tobacco cessation committee opinion**   1. **MORE patient education materials: MORE HOPE booklet, Naloxone tri-fold, contraception information, local resource list/link, if available**   **\*Since OUD is the leading cause of maternal death in Florida, all members of the health care team should work to reduce stigma and treat patients with empathy and compassion; follow this checklist to help improve outcomes.** | | | | |
| **Checklist Element** | **Date(s)** | | | **Comments** |
| Counsel mother regarding maternal/fetal/neonatal risks |  | | |  |
| Provide patient education – MORE HOPE booklet; naloxone flyer; contraception flyer |  | | |  |
| Discuss naloxone as lifesaving strategy and prescribe/provide for patient/family |  | | |  |
| Counsel on MAT for OUD and arrange appropriate referral (see SBIRT pocket card) |  | | |  |
| Counsel and link to behavioral health/recovery support services |  | | |  |
| Refer to social work, navigator or other community support services, if available, who will link patient to care and follow up |  | | |  |
| Obtain consent to share information with treatment provider |  | | |  |
| Screen for psychiatric conditions |  | | |  |
| Screen for domestic violence |  | | |  |
| Screen for housing instability |  | | |  |
| Complete Healthy Start Prenatal Screen and refer to Healthy Start |  | | |  |
| Refer immediately to Medicaid Plans’ OUD contact to coordinate referrals and services, if appropriate |  | | |  |
| Update/initiate mother’s Plan of Safe Care |  | | |  |
| Provide contraception counseling |  | | |  |
| Obtain recommended lab testing each trimester, as needed:   * Hepatitis C antibody * Hepatitis B antibody * HIV * Other secondary labs as recommended |  | | |  |
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| Screen for STIs each trimester as needed |  |  |  |  |
| **During 3rd Trimester** |  | | |  |
| Assess current use of community-based behavioral, health and social services |  | | |  |
| Make a birth plan including pain management in labor   * Refer for doula services if desired/available * Anesthesiology consult, if available |  | | |  |
| Conduct ongoing fetal surveillance |  | | |  |
| Assess method and availability of contraception |  | | |  |
| Obtain neonatology consult, if available  *Florida Perinatal Quality Collaborative 12/1/21 Adapted from ILPQC-MNO Initiative* |  | | |  |

