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| **All pregnant women should be screened during their first prenatal visit for substance use** **Prenatal Clinical Checklist - OUD** **using a validated screening tool. The prenatal care provider can use this checklist to assure****appropriate screenings and referrals are in place for women with any opioid use.** **MORE patient education materials include: MORE HOPE booklet, Naloxone instructions,** **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 regarding maternal/fetal/neonatal risks |  |  |
| Provide patient education – MORE HOPE booklet; naloxone flyer, tobacco cessation |  |  |
| Discuss naloxone as lifesaving strategy and prescribe/provide for patient/family |  |  |
| Conduct Brief Intervention to assess readiness for Medication Assisted Treatment (MAT) for OUD and arrange appropriate referral (see SBIRT pocket card). Free assistance with clinical management of OUD/MAT is available for providers through **Florida BH Impact**: **833-951-0296** |  |  |
| Counsel and link to behavioral health/recovery support services |  |  |
| Refer to social work or navigator, 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’ case manager contact list 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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| Assess for STIs each trimester as needed |  |  |  |  |
| Repeat brief intervention to assess for readiness for MAT as needed  |  |  |
| **During 3rd Trimester** |  |  |
| Make plan for 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 1/24/22 Adapted from ILPQC-MNO Initiative*