***When an OB patient screens + for Opioid Use Disorder (OUD) during an admission (L&D/Antepartum/MBU),***

***a MORE Folder is obtained by the patient’s nurse. Folder contents are listed below:***

**(1) *MORE Checklist* (Place on chart, update PRN, & review at each care handoff)**

 **(2) MORE Provider education materials: *Save a Life* *Naloxone (Narcan) guide* to help providers complete Naloxone**

**counseling/prescription, SBIRT Pocket Card, MORE OUD Algorithm**

**(3) *MORE patient education materials: MORE HOPE pamphlet, Naloxone tri-fold, contraception information***

* ***Nursing* works with the rest of the OB clinical team to make sure the MORE Checklist is completed prior to discharge.**
* **Since OUD is the leadingcause of maternal death in Florida, all members of the health should work to reduce stigma, treat patients with empathy & compassion, & follow this checklist to help improve outcomes.**

**Maternal Opioid Recovery Effort (MORE) Care and Discharge Checklist**



|  |  |
| --- | --- |
| **Clinical Team Initials/Notes/Date****Care Checklist** |  |
|  **Report + OUD screen** to **OB** provider & give provider the **MORE Clinical Algorithm** to review |  |
|  **Report + OUD screen** to **Pedi/Neo** when baby is born |  |
|  **Team Huddle** during hospitalization: OB Provider, Neo/Peds, Social Work, Charge & Bedside RN  |  |
|  Confirm **Hep C**, **Hep B, HIV,** & other recommended secondary screening completed  |  |
|  **Domestic Violence screening** & Mental Health screening completed |  |
|  Confirm the provider has the “**Save a Life** **Naloxone” guide** to assist with Naloxone counseling/  prescription as a risk reduction strategy for all patients who use opioids regularly |  |
|  Hand off/Review **MORE folder** & **MORE Checklist** with postpartum RN  |  |

**Clinical Team Initials/Notes/Date**

|  |  |
| --- | --- |
| **Prior to Discharge** |  |
| Review **MORE patient education materials** (**MORE folder** or **http://fpqc.org/more**)Reinforce important role of mom/family in self-care & care of baby with NAS.  |  |
| Request a **Neo/Peds consult** for positive OUD screen to counsel on NAS & how moms engage in opioid exposed newborn care when appropriate |  |
| Confirm patient’s readiness for **Medication-Assisted Treatment (MAT**) & plan is documented. Free assistance with clinical management of OUD/MAT is available for providers through **Florida BH Impact**: **833-951-0296** |  |
| Confirm **Social Work/Case Management** Consult is done. |  |
| Confirm patient is linked to behavioral health services/recovery treatment program & has follow up **or** work through social work consult to confirm a warm handoff & close follow up to establish linkage to services. |  |
| Work with Neo/Peds team to **engage & support mom/family**, providing non-pharmacologic care as appropriate: breastfeeding, skin-to-skin, rooming-in, Eat Sleep Console (ESC). |  |
| Confirm Behavioral Health and/or MAT **appointment** made **before** discharge. |  |
| Confirm **Naloxone** (**Narcan** ) counseling has been provided & prescription has been provided before discharge. If possible, have the prescription filled prior to discharge.  |  |
| Confirm all recommended secondary infectious disease screening completed, results provided to the patient, & follow-up plan established by OB for all positive screens. |  |
| Confirm comprehensive **contraception** counseling has been provided & method of contraception has been identified/prescribed. |  |
| Confirm patient has early postpartum **follow-up appointment** with OB for 1-2 weeks PP **scheduled**.  |  |
| Ensure the OB clinical team is in communication with Neo/Peds to confirm a coordinated Plan of Safe Care (POSC). Make sure the patient/family understands **their** **POSC**. |  |
| Ensure ***Alternatives to Opioids*** pamphlet has been provided if opioids prescribed. |  |
| Reviewthis Checklistwith OB Provider. Determine **next steps** for ANY incomplete elements.  |  |

 *Florida Perinatal Quality Collaborative 2/11/21 Adapted from ILPQC-MNO Initiative*