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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*