



FPQC Maternal Opioid Recovery Effort (MORE) Data Collection Sheet

Complete for any pregnant woman admitted to the hospital for delivery with any opioid use during this pregnancy regardless of infant outcome

DEMOGRAPHICS

GA ____ Weeks ____ Days	Date of delivery ____/____/____	Maternal age ____
Type of insurance <input type="checkbox"/> Medicaid/Medicaid plans <input type="checkbox"/> Private <input type="checkbox"/> Uninsured <input type="checkbox"/> Unknown	Mother's Race <input type="checkbox"/> White <input type="checkbox"/> Unknown <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> Other: _____	Mother's Ethnicity <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Unknown
Prenatal care started on <input type="checkbox"/> I trimester <input type="checkbox"/> II / III trimester <input type="checkbox"/> No prenatal care	Does mother intend to keep her newborn(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No	Route of delivery <input type="checkbox"/> Vaginal <input type="checkbox"/> Cesarean

SCREENING

	Done:	Prenatally	Delivery admission	No screening
Opioid use 1st identified <input type="checkbox"/> Prior to current pregnancy <input type="checkbox"/> During current pregnancy <input type="checkbox"/> At admission prior to delivery <input type="checkbox"/> Post delivery/postpartum <input type="checkbox"/> Unknown	HIV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Hepatitis A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Hepatitis B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Hepatitis C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Infectious diseases	Gonorrhea	<input type="checkbox"/>	<input type="checkbox"/>
Opioid use identified by: (check all that apply) <input type="checkbox"/> Screening tool <input type="checkbox"/> Urine toxicology <input type="checkbox"/> Medical record <input type="checkbox"/> Infant with signs of NAS <input type="checkbox"/> Other: _____	Chlamydia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Syphilis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Tuberculosis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Mental Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Intimate partner violence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

DRUG USE

Select any of the following if there is a maternal history OR positive maternal lab confirmation

<input type="checkbox"/> Methadone	<input type="checkbox"/> Benzodiazepine	<input type="checkbox"/> Cocaine	<input type="checkbox"/> Alcohol
<input type="checkbox"/> Subutex (Buprenorphine)	<input type="checkbox"/> Barbiturates	<input type="checkbox"/> SSRI	<input type="checkbox"/> Other drugs: _____
<input type="checkbox"/> Suboxone (Buprenorphine/Naloxone)	<input type="checkbox"/> PCP	<input type="checkbox"/> Marijuana	
<input type="checkbox"/> Other opioid	<input type="checkbox"/> Amphetamines (e.g. Adderall)	<input type="checkbox"/> Tobacco (includes e-cig/vape pen)	

TREATMENT

Was the opioid prescribed? <input type="checkbox"/> Yes prescribed only <input type="checkbox"/> Both prescribed and nonprescribed <input type="checkbox"/> Not prescribed only <input type="checkbox"/> Unknown	Mental/Behavioral Health started: <input type="checkbox"/> Prior to delivery admission <input type="checkbox"/> On admission, prior to delivery <input type="checkbox"/> Post delivery/Postpartum <input type="checkbox"/> Not started <input type="checkbox"/> Unknown	MAT Started: <input type="checkbox"/> Prior to delivery admission <input type="checkbox"/> On admission, prior to delivery <input type="checkbox"/> Post delivery/Postpartum <input type="checkbox"/> Not started <input type="checkbox"/> Unknown
Detox during pregnancy <input type="checkbox"/> Yes <input type="checkbox"/> No		

INFANT NUTRITION

Breastfeeding or pumping at maternal discharge	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Contraindicated
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ROOMING IN

Rooming-in prior to maternal discharge	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Unable
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ON DISCHARGE

Discharge Bundle

Education	<input type="checkbox"/> MAT & SUD treatment <input type="checkbox"/> Family planning <input type="checkbox"/> Infectious/mental health comorbidities <input type="checkbox"/> NAS including non-pharmacological management <input type="checkbox"/> Narcan ® (naloxone) use <input type="checkbox"/> Safe sleep				
Services completed prior to maternal discharge	Yes	No/Unknown	Pt. declined	Opioid prescribed at discharge <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
	PPD screening	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
	Social work consult	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
	Peer counselor visit	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
	Pediatric consult	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Contraceptive plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Referrals	OB Postpartum visit	<input type="checkbox"/> Scheduled follow-up within 2wks	<input type="checkbox"/> Instructed	<input type="checkbox"/> Pt. declined <input type="checkbox"/> Not offered	
	Behavioral Health/MAT	<input type="checkbox"/> Scheduled follow-up	<input type="checkbox"/> Referral	<input type="checkbox"/> Pt. declined <input type="checkbox"/> Not offered	
	Healthy start services/home visiting		<input type="checkbox"/> Referral Made	<input type="checkbox"/> Pt. declined <input type="checkbox"/> Not offered	

FPQC Maternal Opioid Recovery Effort (MORE) Data Collection Definitions

Collect data on all women admitted to the hospital for delivery with any opioid use during this pregnancy regardless of infant outcome

DEMOGRAPHIC

GA: Infant's birth gestational age. Collect in weeks and days.

Date of delivery: Collect in MM/DD/YY format.

Maternal age: the age of the mother at the time of delivery. Completed years only. Do not round up.

Type of insurance: Mother's insurance type as documented in the medical record.

Race & Ethnicity: Mother's race and ethnicity as documented in the medical record.

Prenatal Care: specify the trimester when prenatal care started as documented in the medical record.

Mother intends to keep her newborn(s): whether the mother intends to keep her newborn(s) at the time of mother's discharge

Route of delivery: final route of delivery as documented in the medical record.

SCREENING

Opioid use 1st identified: the period when opioid use was first identified by someone in the healthcare system.

Opioid use identified by: tool/test/circumstance that identified opioid use. **Check all that apply.**

Infectious disease screening: woman was screened for HIV, Hepatitis A, Hepatitis B, Hepatitis C, Gonorrhea, Chlamydia, Syphilis and Tuberculosis either prenatally or during this admission for delivery as documented in the medical record

Mental Health screening: woman was screened for psychiatric comorbidities including peripartum depression.

Intimate partner violence screening: woman was screened for physical, sexual, or psychological harm by a current or former partner or spouse.

DRUG USE

Select any that apply for the listed drugs (illicit or prescribed) based on maternal report or drug screen (mother, infant).

TREATMENT

Prescribed opioid : the opioid was prescribed by a medical professional.

Detox during pregnancy: woman who received opioid detoxification as the primary intervention during this pregnancy.

MAT started: specify the period when MAT was started as documented in the medical record (treatment has to be started not referred).

Mental/Behavioral Health: specify the period when mental/behavioral health was started as documented in the medical record (treatment has to be started not referred). Mental/behavioral health services to be defined by hospital.

Breastfeeding or pumping at maternal discharge: mother is breastfeeding infant or pumping at maternal discharge.

Rooming-in: the Infant roomed in with the mother prior to maternal discharge. Mark unable if infant was transferred to another facility or to the NICU

ON DISCHARGE - Discharge Bundle

Education: education provided to the patient on: MAT & substance use disorder (SUD) treatment, infectious/mental health comorbidities, naran® (naloxone) use, family planning, NAS including non-pharmacological management and safe sleep.

Services completed prior to maternal discharge: Post partum depression (PPD) screening, social work consult, peer counselor visit, pediatric consult and contraceptive plan documented in the medical record. As part of a contraceptive plan a method must be provided, if method not available, an appointment must be schedule to provide the method in the contraceptive plan.

Opioid prescribed at discharge: Whether or not an opioid was prescribed at discharge for pain management.

Referrals provided prior to maternal discharge: OB postpartum visit, behavioral health/MAT and Healthy start services/home visiting programs