**1a. Was patient receiving Medication Assisted Treatment (MAT)**

**prenatally or by delivery discharge?**

* Yes
* No (if unknown assume no and continue to 1b)

**1b. If no, why? Select all that apply (*BHC/RTS = Behavioral Health Counseling/Recovery Treatment Services*)**

* *OUD not identified* prior to delivery AND □ prenatal care received OR □ limited to no prenatal care received
* OUD identified, but patient was not *counseled/assessed for readiness to start MAT and referral to treatment (SBIRT)*
* OUD identified, patient received counseling (SBIRT) , but *declined BHC/RTS and MAT*
* OUD identified, patient received counseling (SBIRT) and was linked to BHC/RTS but *declined MAT*
* Providers/staff *didn’t document*
* OUD identified, patient received counseling (SBIRT) and ready for *MAT, but MAT treatment providers not available*
* *MAT not indicated. Describe why not:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

**2. Select all the steps in the OUD protocol that were completed** **prenatally OR during delivery admission unless otherwise noted.**

* Patient was screened for OUD using a validated screening tool □ prenatally AND □ on L&D
* OB provider was notified of positive screen and documented provider assessment of OUD diagnosis
* Patient was counseled (SBIRT) on OUD risks, benefits of treatment, assessed for readiness for treatment (MAT)
* Patient was navigated to MAT
* Patient was navigated to Behavioral Health Counseling/Recovery Treatment Services
* Patient received Behavioral Health Counseling/Recovery Treatment Services
* OUD clinical care checklist in chart
* Prenatal pediatric consult (or during delivery admission) to discuss NAS and non-pharmacologic care of newborn
* Patient received education materials / counseling on OUD / NAS and engaging in opioid exposed newborns care

**3a.** **Does patient have a completed OUD Clinical Care Checklist (completed prenatally or during delivery admission)?**

 Yes

 No

**3b. If no, why? Please select all that apply**

* OUD not identified by clinical care team
* Providers/staff didn’t have access to checklist
* Provider/staff didn’t know they needed to complete checklist for patients with OUD
* Providers/staff didn’t document care received
* Checklist was in chart but not completed

**4.** S**elect all items in the OUD Clinical Care Checklist that were completed prenatally or during delivery admission.**

* Referral to BH Services/Recovery Treatment Services
* MAT provided and documented
* Narcan counseling and prescription offered and documented
* Hepatitis C screening and provided and documented
* Contraception Counseling provided and documented
* Behavioral Health/Social Work Consult provided and documented
* OUD/NAS Neonatal/Pediatric consult provided and documented
* Education on OUD and Engaging in Opioid Exposed Newborn Care provided and documented
* Close OB follow up visit scheduled (if postpartum an early OB postpartum visit scheduled within 2 weeks)
* Warm handoffs / close follow up used to link to services and treatment