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| ILPQC MNO  **OB** **Monthly** Data Collection Form  *Data will be submitted monthly for all women discharged from delivery that month who meet the following definition. Data should be submitted by the 15th of the month for the previous month.* | |
| ***OB Data Collection:*** *Please complete OB data collection for all women with Opioid-Use Disorder (OUD) delivering at your hospital. This includes all women: with a positive self-report screen assessed to have OUD, or positive opioid toxicology test during pregnancy, or reporting opioid use disorder, or using any non-prescribed opioids during pregnancy, or using prescribed opioids chronically for longer than a month in the third trimester. In addition, please include if newborn (viable pregnancy ≥24weeks, 0 days) has an unanticipated positive neonatal cord, urine, or meconium screen for opioids or if newborn has symptoms associated with opioid exposure including NAS.* | |
| Option to Report No Cases for a Month | |
| What MNO data are you submitting? | * I’m entering OB Data * I have no mothers/newborns affected by opioids to report this month |
| If **NO** infants affected by opioids to report this month (MM/YYYY) | \_\_\_\_\_/\_\_\_\_\_\_ |
| REDCAP Identifiers | |
| REDCap Record ID | REDCap Record ID: \_\_\_\_\_\_\_\_\_ |
| Hospital ID Number | Hospital ID Number: \_\_\_\_\_\_\_\_ |
| 1. Demographics | |
| 1. Maternal Age (XX, 12-50) | Maternal Age: \_\_\_\_\_\_\_\_ |
| 1. Maternal Race   *Please select all that apply* | * White * Black * Hispanic * Asian * Other |
| 1. Maternal Zip Code of Residence | Zip Code: \_\_\_\_\_ |
| 1. Date of Delivery (MM/DD/YYYY) | Date of Delivery \_\_\_\_/\_\_\_\_/\_\_\_\_ |
| 1. Number of Infants | * Singleton * Multiple\_\_\_\_\_\_ |
| 1. Birth Weight *(grams)* | Birth weight: \_\_\_\_\_ |
| 1. Gestational age at delivery *(weeks, 0-44)* | Gestational age, weeks: \_\_\_\_\_ |
| 1. Gestational age at delivery *(days,0-6)* | Gestational age, days: \_\_\_\_\_ |
| 1. Infant Gender   *Please select one* | * Male * Female * Unknown |
| 1. Mother Treatment History | |
| 1. Received prenatal care? | * Yes * No |
| 1. When was maternal opioid use disorder (OUD) identified?   *Please select one* | * Prior to current pregnancy * During current pregnancy * Delivery Admission, prior to Delivery * Post Delivery/Postpartum * Unknown |
| 1. When was a pediatric/neonatal consult on OUD/NAS completed? | * Prenatally, before delivery admission * During delivery admission, prior to delivery * During delivery admission, consult completed but not able to be done before delivery * No consult completed * Unknown |
| 1. How was maternal OUD identified?   *Please select all that apply* | * Screening tool and assessment * Urine toxicology * Patient reported outside of screening tool * Medical record * PMP lookup * Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   IF screening tool was used, select all that were used:   * NIDA Quick Screen * 5 P’s Screening Tool * AUDIT-C * CRAFFT * 4P’s Plus * Substance Use Risk Profile Pregnancy Scale * Single item/question screening * Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * Unknown |
| 1. Was maternal urine toxicology drug screen positive prenatally, prior to delivery admission?   *Please select all that apply* | * Yes * No * Don’t Know * Never Done   IF YES, what detected drug classes:   * Amphetamines * Barbiturates * Benzodiazepines * Buprenorphine * Cannabinoids (marijuana or metabolite) * Cocaine or metabolite * Opiates * Methadone * Methamphetamine * Phencyclidine (PCP)   + Other (Specify: \_\_\_\_\_)   IF YES to Opiates AND/OR Buprenorphine AND/OR Methadone, was it prescribed:   * YES * No |
| 1. Was maternal urine toxicology drug screen positive during delivery admission, prior to maternal discharge?   *Please select all that apply* | * Yes * No * Don’t Know * Never Done   IF YES, what detected drug classes:   * Amphetamines * Barbiturates * Benzodiazepines * Buprenorphine * Cannabinoids (marijuana or metabolite) * Cocaine or metabolite * Opiates * Methadone * Methamphetamine * Phencyclidine (PCP)   + Other (Specify: \_\_\_\_\_)   IF YES to Opiates AND/OR Buprenorphine AND/OR Methadone, was it prescribed:   * YES * No |
| 1. Outcome Measure: Was the mother receiving Medication Assisted Treatment (MAT) prenatally or by delivery discharge? (Updated 1/2019)   ***Medication-Assisted Treatment (MAT) Definition:***  *Mother on prescribed Methadone, Buprenorphine/Subutex/Suboxone, or Other (e.g. Vivatrol, Naltrexone)* | * Yes * No * Patient declined MAT * MAT not available (box to address issue) * MAT not indicated (box to indicate why) * MAT counseling not provided * Unknown * Unknown |
| 1. Outcome Measure: Was the mother connected to Behavioral Health Counseling/Recovery Services prenatally or by delivery discharge? (Updated 1/2019)   ***Behavioral Health Counseling/Recovery Services Definition:***  *Received Behavioral Health Counseling/Recovery Services including:*  Residential Treatment/Inpatient Recovery Program  Outpatient Treatment  Methadone Clinic/Treatment Center  Behavioral Health Counseling  Peer Support Counseling/12-Steps Program | Yes  Residential Treatment/Inpatient Recovery Program  Outpatient Treatment  Methadone Clinic/Treatment Center  Behavioral Health Counseling  Peer Support Counseling/12-Steps Program  Other   * No * Patient declined * Not available (box to address issue) * Not indicated (box to indicate why) * Behavioral Health Counseling/Recovery Services not offered * Unknown   Unknown |
| 1. What medication was used for treatment for maternal opioid use disorder prenatally or during delivery admission, prior to maternal discharge?   *Please select all that apply* | * Methadone * Buprenorphine/Subutex/Suboxone * Other (e.g. Vivatrol, Naltrexone) * None * Unknown |
| 1. Is a substance use diagnosis included on the maternal problem list? | * Yes * No * Unknown |
| 1. Is maternal psychiatric diagnosis included on the problem list? | * Yes * No * Unknown |
| 1. If yes, check all that apply? | * Depression * Anxiety * PTSD * Bipolar Disorder * Other psychiatric diagnosis: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 1. Was standardized education for pregnant women with OUD given on the following topics prenatally or during delivery admission, prior to maternal discharge?   *Please select all that apply* | * Opioid use disorder and NAS * Importance of breastfeeding for eligible opioid exposed infants * Importance of mother’s participation in newborn care specific to babies with NAS * Not Given * Unknown |
| 1. Was an OUD clinical care checklist included in the patient’s pregnancy medical record? | * Yes, only in the prenatal record * Yes, only in the labor and delivery admission record * Yes, in both the prenatal record and the labor and delivery admission record * No, it was not included |
| 1. If an OUD clinical care checklist was included in the patient's medical record, were all checklist items completed? | * Yes, prenatally, before delivery admission * Yes, during delivery admission, prior to delivery * Yes, during delivery admission, checklist completed prior to discharge * Not completed |
| 1. Was Narcan counseling documented in the medical record prenatally or during delivery admission, prior to maternal discharge? | * Yes * No * Unknown |
| 1. Was contraception counseling and plan documented in the medical record prenatally or during delivery admission, prior to maternal discharge? | * Yes * No * Unknown |
| 1. Were HIV, Hepatitis B, and Hepatitis C screening completed and documented prenatally or prior to delivery?   *Please select all that apply* | * HIV Screening * Hepatitis B Screening * Hepatitis C Screening * No screening * Unknown |
| 1. Was a maternal behavioral health or social work consult regarding maternal follow-up/addiction services documented prenatally or during delivery admission, prior to maternal discharge? | * Yes * No * Unknown |
| 1. Maternal Discharge | |
| 1. Does the patient have an appointment with an MAT provider/behavioral health counseling/recovery program scheduled at maternal discharge? (Updated 1/2019) | * Yes * No * Unknown |
| 1. Does the patient have navigator/social worker/case management coordinating MAT provider/behavioral health counseling/recovery services follow-up in the postpartum period? (Updated 1/2019) | * Yes * No * Unknown |
| 1. Did infant and mother room-in together during the mother’s hospitalization?   ***Rooming-In Definition***   * *Check “Yes, during maternal hospitalization if mother/baby care was provided in the same room at any time prior to mother’s discharge.* * *Check “No” if mother did not room-in at any time prior to mother’s discharge.* | * Yes, during maternal hospitalization * Unable to ‘room in’   + Mother not participating in newborn care   + Hospital does not have appropriate facilities for rooming in   + Infant transferred to NICU   + Other * No * Unknown |
| 1. Eligible to breastfeed at maternal discharge? | * Yes * No * Unknown   IF NO: What feeding received?   * Donor breast milk * Formula * Unknown |
| 1. IF YES- eligible to breastfeed: Was the mother breastfeeding her infant at **maternal** discharge?   *Please select one* | * Mother’s breast milk only   + Exclusive breastfeeding   + Breastfeeding and pumped breastmilk through bottle * Breastmilk/breastfeeding with formula supplementation * Formula only * Unknown |
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