



MNO 6 Key Opportunities for Improvement

1. **Improve identification of pregnant women with opioid use disorder (OUD)** through standardized screening and assessment for OUD on: admission to labor and delivery, emergency rooms, affiliated outpatient prenatal sites, implement **S**creening, **B**rief Intervention, **R**eferral to **T**reatment (SBIRT) protocol.
2. **Improve linkage to addiction care for moms with OUD** through standardized mapping of local resources to link moms to addiction services/MAT/behavioral health services in your area. Share completed local linkage to care resources document with inpatient OB units, ER and affiliated prenatal care sites.
3. **Optimize clinical care of pregnant women with OUD** through patient and provider education, implementation of care protocols/checklists and consultations to be completed prior to or during delivery admission.
4. **Increase maternal participation in the care of opioid exposed newborns** (rooming-in, breastfeeding, swaddling/holding, eat-sleep-console) through standardized education materials and a neonatal / pediatric consult before delivery regarding NAS and care of opioid exposed newborns.
5. **Improve outcomes for opioid exposed newborns through key interventions:** standardize identification and assessment of opioid-exposed newborns, increase maternal involvement in care, optimize non-pharmacologic newborn care, standardize pharmacologic treatment, and develop standard safe discharge plans.
6. **Optimize prevention of OUD** through provider and patient education on risks of OUD and alternate pain management strategies, provider compliance with state law on documentation of PMP lookup when prescribing any narcotic, and implementation of clinical guidelines for strategies to reduce opioid over-prescribing after delivery.