

ILPQC MNO

Combined OB & Neonatal Monthly Sustainability 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.

Option to Report No Cases for a Month	<input type="checkbox"/> I have no mothers/newborns affected by opioids to report this month
If NO mothers and newborns affected by opioids to report this month (MM/YYYY)	____/____
REDCAP Identifiers	
REDCap Record ID	REDCap Record ID: _____
Hospital ID Number	Hospital ID Number: _____

OB Data Collection Form

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.

A. Demographics

1. Maternal Age (XX, 12-50)	Maternal Age: _____
2. Maternal Race <i>Please select all that apply</i>	<input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> Other
3. Maternal Zip Code of Residence	Zip Code: _____
4. Date of Delivery (MM/DD/YYYY)	Date of Delivery ____/____/____
5. Number of Infants	<input type="radio"/> Singleton <input type="radio"/> Multiple _____
6. Birth Weight (<i>grams</i>)	Birth weight: _____
7. Gestational age at delivery (<i>weeks, 0-44</i>)	Gestational age, weeks: _____
8. Gestational age at delivery (<i>days, 0-6</i>)	Gestational age, days: _____
9. Infant Gender <i>Please select one</i>	<input type="radio"/> Male <input type="radio"/> Female

	<input type="radio"/> Unknown
B. Mother Treatment History	
10. Received prenatal care?	<input type="checkbox"/> Yes <input type="checkbox"/> No
11. When was maternal opioid use disorder (OUD) identified? <i>Please select one</i>	<input type="checkbox"/> Prior to current pregnancy <input type="checkbox"/> During current pregnancy <input type="checkbox"/> Delivery Admission, prior to Delivery <input type="checkbox"/> Post Delivery/Postpartum <input type="checkbox"/> Unknown
12. When was a pediatric/neonatal consult on OUD/NAS completed?	<input type="checkbox"/> Prenatally, before delivery admission <input type="checkbox"/> During delivery admission, prior to delivery <input type="checkbox"/> During delivery admission, consult completed but not able to be done before delivery <input type="checkbox"/> No consult completed <input type="checkbox"/> Unknown
13. Outcome Measure: Was the mother receiving Medication Assisted Treatment (MAT) prenatally or by delivery discharge? (Updated 1/2019) <u>Medication-Assisted Treatment (MAT) Definition:</u> <i>Mother on prescribed Methadone, Buprenorphine/Subutex/Suboxone, or Other (e.g. Vivatrol, Naltrexone)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Patient declined MAT <input type="checkbox"/> MAT not available (box to address issue) <input type="checkbox"/> MAT not indicated (box to indicate why) <input type="checkbox"/> MAT counseling not provided <input type="checkbox"/> Unknown <input type="checkbox"/> Unknown
14. If yes, when did the mother receive MAT?	<input type="radio"/> MAT started prenatally, before delivery admission <input type="radio"/> MAT started during delivery admission <input type="radio"/> Unknown
15. Outcome Measure: Was the mother connected to Behavioral Health Counseling/Recovery Services prenatally or by delivery discharge? (Updated 1/2019) <u>Behavioral Health Counseling/Recovery Services Definition:</u> <i>Received Behavioral Health Counseling/Recovery Services including:</i> <ul style="list-style-type: none"> • Residential Treatment/Inpatient Recovery Program • Outpatient Treatment • Methadone Clinic/Treatment Center 	<input type="checkbox"/> Yes <input type="checkbox"/> Residential Treatment/Inpatient Recovery Program <input type="checkbox"/> Outpatient Treatment <input type="checkbox"/> Methadone Clinic/Treatment Center <input type="checkbox"/> Behavioral Health Counseling <input type="checkbox"/> Peer Support Counseling/12-Steps Program <input type="checkbox"/> Other <input type="checkbox"/> No <input type="checkbox"/> Patient declined

<ul style="list-style-type: none"> Behavioral Health Counseling Peer Support Counseling/12-Steps Program 	<input type="checkbox"/> Not available (box to address issue) <input type="checkbox"/> Not indicated (box to indicate why) <input type="checkbox"/> Behavioral Health Counseling/Recovery Services not offered <input type="checkbox"/> Unknown <input type="checkbox"/> Unknown
16. If yes, when was mother connected to services?	<input type="radio"/> Connected prenatally, before delivery admission <input type="radio"/> Connected during delivery admission <input type="radio"/> Unknown
17. What medication was used for treatment for maternal opioid use disorder prenatally or during delivery admission, prior to maternal discharge? <i>Please select all that apply</i>	<input type="checkbox"/> Methadone <input type="checkbox"/> Buprenorphine/Subutex/Suboxone <input type="checkbox"/> Other (e.g. Vivatrol, Naltrexone) <input type="checkbox"/> None <input type="checkbox"/> Unknown
18. Is a substance use diagnosis included on the maternal problem list?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. Was standardized education for pregnant women with OUD given on the following topics prenatally or during delivery admission, prior to maternal discharge? <i>Please select all that apply</i>	<input type="checkbox"/> Opioid use disorder and NAS <input type="checkbox"/> Importance of breastfeeding for eligible opioid exposed infants <input type="checkbox"/> Importance of mother's participation in newborn care specific to babies with NAS <input type="checkbox"/> Not Given <input type="checkbox"/> Unknown
20. Was an OUD clinical care checklist included in the patient's pregnancy medical record?	<input type="radio"/> Yes, only in the prenatal record <input type="radio"/> Yes, only in the labor and delivery admission record <input type="radio"/> Yes, in both the prenatal record and the labor and delivery admission record <input type="radio"/> No, it was not included
21. If an OUD clinical care checklist was included in the patient's medical record, were all checklist items completed?	<input type="radio"/> Yes, prenatally, before delivery admission <input type="radio"/> Yes, during delivery admission, prior to delivery <input type="radio"/> Yes, during delivery admission, checklist completed prior to discharge <input type="radio"/> Not completed
22. Was Narcan counseling documented in the medical record prenatally or during delivery admission, prior to maternal discharge?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
23. Was contraception counseling and plan documented in the medical	<input type="checkbox"/> Yes

record prenatally or during delivery admission, prior to maternal discharge?	<input type="checkbox"/> No <input type="checkbox"/> Unknown
24. Were HIV, Hepatitis B, and Hepatitis C screening completed and documented prenatally or prior to delivery? <i>Please select all that apply</i>	<input type="checkbox"/> HIV Screening <input type="checkbox"/> Hepatitis B Screening <input type="checkbox"/> Hepatitis C Screening <input type="checkbox"/> No screening <input type="checkbox"/> Unknown
25. 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

C. Maternal Discharge

26. Does the patient have an appointment with an MAT provider/behavioral health counseling/recovery program scheduled at maternal discharge? (Updated 1/2019)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
27. 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)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

Neonatal Data Collection Form

Neonatal Data Collection:

Please collect key data elements on all infants (≥35 gestational weeks- 35 weeks, 0 days) of mothers with opioid use disorder. This include newborns: with a mother that has a positive self-report screen assessed to have OUD, or positive opioid toxicology test before delivery, 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. Please include newborns with an unanticipated positive neonatal cord, urine, or meconium screen for opioids or if newborn has symptoms associated with opioid exposure including NAS. Data collection should include mom / baby pairs. If infants delivered before 35 weeks, then OB data will be collected on mom with basic newborn data included on OB data form, neo data form will only be collected if the baby is born ≥ 35 weeks.

A. Basic Hospital Information

Note on Infant Transfers:

For infants transferred between hospitals, this form should be completed by that hospital that provided the majority of care during the acute period of risk. Typically, for mother this is during delivery and for infants this is approximately day 3 to day 10 of life. We are defining that hospital as the BIRTH hospital if the infant remains there for at least 5 days of life, and the RECEIVING hospital if the infant is transferred at day of life 5 or less. We believe this will capture the appropriate hospital in the vast majority of situations. If there is a situation that is vague, please contact one of the project leaders to discuss. For all mother/infants, this form should only be completed ONCE. Examples are listed below

Scenarios:

- Infant born at hospital A, remains at hospital A until discharge (Hospital A Completes Form)
- Infant born at hospital A, transferred to hospital B on day of life 20 for convalescent care, remains at hospital B until discharge (Hospital A Completes Form)
- Infant born at hospital A, transferred to hospital B on day of life 2 for acute care, remains at hospital B until discharge (Hospital B Completes Form)
- Infant born at hospital A, transferred to hospital B on day of life 2 for acute care, transferred back to hospital A on day of life 20 for convalescent care, remains at hospital A until discharge (Hospital B Completes Form)

Please note that the hospital completing the form should attempt to contact transferring or receiving hospitals for information needed as outlined on the form. If an infant was transferred for acute care at day of life 5 or less, the receiving hospital should get information on the perinatal and birth history from the birth hospital. If the infant is transferred after day 10 for convalescent care, the transferring hospital should get information from the receiving hospital on eventual disposition and length of stay. If information is unable to be obtained, please indicate "unknown" or "unable to determine".

28. Was the infant born in your hospital?

- Please select one
- If infant transfer, complete all following fields based on all information available from your hospital as well as birth hospital. If information from birth hospital/transferring hospital is not available, indicate "unknown" or leave questions blank
- *(Day of birth is considered day of life ZERO.)

- Yes
 No (Transfer)

If transferred, from what hospital: _____

If transferred, infant day of life when admitted: ____

If transferred, was the reason for transfer related to management of NAS (feedings, withdrawal, etc.)?

- Yes
 No

B. Maternal-Fetal Drug Exposures and Neonatal Assessment

29. Did infant have evidence of Neonatal Abstinence Syndrome (NAS)?

IDPH NAS Definition:

"Neonatal Abstinence Syndrome refers to the collection of signs and symptoms that occur when a newborn is prenatally exposed to prescribed, diverted, or illicit opiates experiences opioid withdrawal. This syndrome is primarily characterized by irritability, tremors, feeding problems, vomiting, diarrhea, sweating, and, in some cases, seizures."

- Yes
 No

30. Which method of assessment for withdrawal symptoms was used?

- Modified Finnegan scoring

<i>Please select all that apply</i>	<input type="checkbox"/> Eat, Sleep, Console (ESC) method <input type="checkbox"/> Other: _____ <input type="checkbox"/> None
C. Non-Pharmacologic Treatment (at your hospital)	
31. Was mother engaged in non-pharmacologic bundle during infant hospitalization?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown IF NO: Who was involved? *check all that apply* <input type="checkbox"/> Family Member <input type="checkbox"/> Nurse <input type="checkbox"/> Volunteer <input type="checkbox"/> Other <input type="checkbox"/> Unknown

<p>32. Did the infant and mother room-in together during the infant's hospitalization? Please select one</p> <p><u>Rooming-In Definition</u></p> <ul style="list-style-type: none"> • Check "Yes, during maternal hospitalization, but not after maternal discharge" if mother/baby care was provided in the same room at any time prior to mother's discharge. Mother provided majority of infant care. • Check "Yes, during maternal hospitalization and after maternal discharge" if infant in a private room where mother could sleep overnight until infant discharge. Mother provided majority of infant care for the duration of the infant's hospitalization. • Check "No" if neither mother did not room-in at any time during the baby's hospitalization. 	<ul style="list-style-type: none"> <input type="radio"/> Yes, during maternal hospitalization, but not after maternal discharge. <input type="radio"/> Yes, during maternal hospitalization and after maternal discharge <input type="radio"/> Unable/ineligible to 'room in' <ul style="list-style-type: none"> <input type="radio"/> Mother not participating in newborn care <input type="radio"/> Hospital does not have appropriate facilities for rooming in <input type="radio"/> Infant transferred to NICU for advanced medical care (not NAS related) <input type="radio"/> Other <input type="radio"/> No <input type="radio"/> Unknown
<p>33. Was infant admitted to a NICU or SCN?</p>	<ul style="list-style-type: none"> <input type="radio"/> Yes <input type="radio"/> No <p>IF YES, what was the reason for transfer:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Management of NAS sequela <input type="checkbox"/> Respiratory distress <input type="checkbox"/> Other: _____

<p>34. Was infant eligible to breastfeed at infant discharge?</p> <p><i>Current guidelines: ACOG CO, #711, August 2017: Breastfeeding should be encouraged in women who are stable on their opioid agonists, who are not using illicit drugs, and who have no other contraindications, such as human immunodeficiency virus (HIV) infection. Women should be counseled about the need to suspend breastfeeding in the event of a relapse.</i></p>	<ul style="list-style-type: none"> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown <p>IF NO: what feeding received</p> <ul style="list-style-type: none"> <input type="radio"/> Donor breast milk or Formula <input type="radio"/> Unknown
<p>35. IF Yes- eligible to breastfeed: Specify what infant received at infant discharge</p> <p><i>Please select one</i></p>	<ul style="list-style-type: none"> <input type="radio"/> Breastmilk only <ul style="list-style-type: none"> <input type="radio"/> Exclusive breastfeeding <input type="radio"/> Breastfeeding or pumped breastmilk through bottle <input type="radio"/> Breastmilk/breastfeeding with formula supplementation <input type="radio"/> Formula only <input type="radio"/> Unknown
<p>D. Pharmacologic Treatment (at your hospital)</p>	
<p>36. Did infant receive pharmacologic agents for NAS?</p> <p><i>Please select one</i></p>	<ul style="list-style-type: none"> <input type="radio"/> Yes <input type="radio"/> If Yes, what was the first pharmacologic agent used for treatment of NAS? <ul style="list-style-type: none"> <input type="radio"/> Morphine <input type="radio"/> Methadone <input type="radio"/> Clonidine <input type="radio"/> Phenobarbital <input type="radio"/> Other (Specify: _____) <input type="radio"/> Unable to determine <input type="radio"/> No <ul style="list-style-type: none"> <input type="radio"/> If no, → skip to question 36 as the remaining questions do not apply. <input type="radio"/> Unknown <ul style="list-style-type: none"> <input type="radio"/> If unknown, → skip to question 36 as the remaining questions do not apply.
<p>37. What day of life was first pharmacologic agent initiated? (<i>Day of birth is considered day of life ZERO.</i>)</p>	<p>Day of Life: _____</p>
<p>38. How was the first pharmacologic agent ordered?</p>	<ul style="list-style-type: none"> <input type="radio"/> Scheduled (i.e. on a q3h schedule) <input type="radio"/> PRN only (not scheduled) <ul style="list-style-type: none"> <input type="radio"/> Was this agent EVER ordered on a scheduled basis (i.e. on a q3h schedule)? <ul style="list-style-type: none"> <input type="radio"/> Yes <input type="radio"/> No

	○ Unknown
39. What day of life was last pharmacologic treatment dose given? <i>Day of birth is considered day of life ZERO</i> <i>If unable to determine, enter 999</i>	Day of Life: _____
H. Discharge and Postpartum Information: <i>If infant was transferred from your hospital to another hospital, answer the following questions based on information from your hospital as well as the receiving hospital. Day of birth is considered day of life ZERO.</i>	
40. Was the mother receiving treatment for substance use disorder at discharge of newborn?	<input type="checkbox"/> Yes, MAT <input type="checkbox"/> Yes, other addiction treatment services <input type="checkbox"/> No <input type="checkbox"/> Unknown
41. What day of life was infant final discharge to home? <i>Day of birth is considered day of life ZERO.</i> <i>This could be from your hospital or receiving hospital</i> <i>If unable to determine, enter 999</i>	Day of Life: _____
42. Was an official referral made by your hospital to Early Intervention (IL Child and Family Connections)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
43. Was the MNO Discharge Checklist completed by infant discharge? Key elements of the MNO Discharge Checklist include: 1. Clinical Readiness - infant meets clinical discharge criteria 2. Family Preparedness - mother/family received education and anticipatory guidance 3. Transfer of Care - MNO Collaborative Discharge Plan completed and care handed off to PCP	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

44. To whom was infant discharged home?

Please select one

- Mother
- Father (but not mother)
- Other family member
- Non-family foster
- Infant died in hospital
- Infant transferred
- Unknown