<table>
<thead>
<tr>
<th>Opioid Collaborative Aim (Bundle Component)</th>
<th>Key Drivers</th>
<th>Interventions</th>
<th>Resources</th>
<th>Metrics</th>
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</thead>
</table>
| **RECOGNITION**                            | Universal Prenatal Screening  
Brief Intervention  
Referral to Treatment | Map local resources:  
- Identify existing models  
- Identify partners to receive referrals  
- Establish protocols for referral  
Select validated screening tool  
Train staff to use screening tool  
Assess screen positive women for OUD  
Link women with OUD to OB and OUD treatment services | AIM Opioid Screening Tool Chart  
AIM Stigma Slides (coming soon)  
AIM Screening Slides  
ACOG Committee Opinions:  
ACOG CO 711 “Opioid Use and Opioid Use Disorder During Pregnancy”  
Screening resources:  
- NNEPQIN local resource mapping template  
- SAMHSA Guidance  
- SnuggleME  
- SBIRT Oregon  
- WA State Screening Guidelines  
- NNEPQIN Guidelines  
WHO Guidelines  
Other Resources:  
ACOG District II OUD in Pregnancy Provider Education Bundle | 1. (S1) Percent of Prenatal Care Sites which have implemented a universal screening protocol for OUD (Required AIM Structure Measure) |
| **RESPONSE**                               | Best practice protocols for medical care  
- prenatal  
- labor and delivery  
- postpartum | Initiate checklist for appropriate elements of care for pregnant women with OUD (optimally utilize through EMR in prenatal and delivery & postpartum)  
- Sexually transmitted infections (HIV, Hep C, Chlamydia, Gonorrhea, Hep B)  
- Mental Health screening  
Coordinate appropriate consultations  
- Infectious disease  
- Gastroenterology  
- Behavioral health  
- Neonatology/Pediatrics  
- Anesthesia | AIM “Optimizing Care” Protocol Chart Checklist  
Links to:  
SAMHSA Guidance  
NNEPQIN Chart Checklist  
NNEPQIN Best Practice Resources  
MOMS Ohio Decision Tree  
ACOG Committee Opinions:  
ACOG CO 630 “Screening for Perinatal Depression”  
ACOG Committee Opinion 518 Intimate Partner Violence | 1. (S8) Percent of delivery sites with OUD specific pain management and opioid prescribing (Required AIM Structure Measure) |

Denominator: Number of PNC sites associated with delivery sites  
Numerator: Among the denominator, those sites using universal screening for OUD with all pregnant patients
### Patient Education on Pregnancy and Postpartum Care

- Adopt prescribing protocols for pain management for patients with OUD
  - Vaginal Birth
  - Cesarean Birth
- Standardize patient education regarding mother and infant health during pregnancy and postpartum
  - Provide lactation education and support to all women, including those on psychotherapy & MAT
  - Provide patient education about OUD, NAS, and the importance of maternal involvement in infant care postpartum
  - Develop reproductive life plan for all women
  - Facilitate prenatal consultations with NICU and outpatient pediatrics regarding infant care

### Provider Education on OUD and Pregnancy and Postpartum Care

- Standardize provider/staff training:
  - Screening
  - Stigma of OUD
  - MAT & related issues
  - Intra- & post-partum management
  - Neonatal Management/NAS and maternal contribution to infant health

### Patient Resources:
- ASAM Guide for Patients and Families
- ACOG Patient Education Fact Sheet
- Journey Project Interactive Patient Education
- SAMHSA Methadone Treatment for Pregnant Women Patient Handout

### Increased Access to MAT* Treatment for Pregnant and Postpartum Women with OUD

- Increase access to MAT for women with OUD
- Improve access to OUD Treatment Programs
- Increase the number of providers trained in MAT willing to treat pregnant and postpartum women with OUD

### AIM "Optimizing Care" Chart Checklist
- AIM "Optimizing Care" Chart Checklist
- ASAM Buprenorphine Waiver Course
- SAMHSA Treatment Finder

### Denominator: Women with OUD Numerator: Among the denominator, those who received MAT or behavioral treatment during pregnancy

1. (P1) Percent of women with OUD during pregnancy who receive medication-assisted treatment MAT or behavioral health treatment (Required AIM Process Measure)
While some women may refuse opioid pharmacotherapy, all women should be engaged in comprehensive treatment services including behavioral health counseling and social services support.

<table>
<thead>
<tr>
<th>RESPONSE</th>
<th>Link women with OUD to OB and OUD treatment services</th>
<th>NNEPQIN Local Resource Mapping Tool Narcan Toolkit</th>
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</thead>
<tbody>
<tr>
<td>Coordinate care for all providers and services</td>
<td>Linkage to local support resources including:</td>
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<tr>
<td></td>
<td>• Transportation • Food • Housing • Mental health</td>
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<tr>
<td></td>
<td>Increase counseling / prescription for Narcan for women with OUD prenatally or prior to discharge post delivery</td>
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Prevent opioid use disorder by reducing the number of opioids prescribed for deliveries

**READINESS**

Provider education on OUD, stigma reduction, PMP look up and appropriate opioid prescribing for pregnancy/postpartum

Education of all pregnant women regarding pain management expectations and options post-delivery and risk of OUD and diversion

Clinical guidelines for pain management and reduction of opioid over-prescribing post delivery

Standardize provider education on OUD, reducing opioid over-prescribing / appropriate opioid prescribing, use and documentation of PMP look up with all opioid prescribing:

• Share example PMP look up dot phrase with providers
• Utilize provider e-modules or other education to confirm all providers receive information

Develop prescribing guidelines for pain management following both vaginal & cesarean deliveries

• Provide clinicians individual and hospital-level statistics regarding amount of opioid prescribed
• Provide highest tertile opioid prescribers strategies to reduce MME prescribed

Standardize Patient education for all pregnant women regarding pain management expectations and options post-delivery and risk of OUD and diversion

Develop clinical guidelines, protocols, or revised order sets to reduce opioid over-prescribing after delivery

Ohio General Opioid Prescriber Resources
CDC interactive e modules (for providers)
ACOG Committee Opinion 742 "Postpartum Pain Management"

1. (S2) Percent of delivery sites using post-delivery and discharge pain management prescribing practices for routine vaginal and cesarean births focused on limiting opioid prescription (Required AIM Structure Measure)

Denominator: Total delivery sites
Numerator: Among the denominator, those sites with guidelines for pain management prescriptions in line with safe prescribing practices
### AIM OPIOID COLLABORATIVE: CROSS COLLABORATIVE CHART

#### Optimize the care of OEN by improving maternal engagement in infant management.
- Remove opioids from default post-vaginal delivery inpatient order sets
- Ensure EMR does not automatically allocate amount of opioid prescribed at time of discharge to encourage individualization of number of pills prescribed
- Consider incorporating Enhanced Recovery After Surgery (ERAS) pathways to postpartum care

### RESPONSE
- **Educate and empower pregnant women with OUD to increase engagement in care of opioid exposed newborns**
  - Increased maternal participation in care of substance exposed newborns and a subsequent increase in babies discharged home with mothers

- **Increase use of non-pharmacological care for substance exposed newborns and a subsequent decrease in the need for opioid medication for babies**
  - Decreased length of stay for infants with NAS

- **Increase non-pharmacologic bundle for opioid exposed newborns**
  - Develop protocols for non-pharmacological care for OEN

### AIM "Questions for States to Consider" regarding child welfare
- AIM Postnatal Management Slides
- Links to:
  - Mommies Program Toolkit
  - Stronger Together Infant Soothing Techniques
  - Journeys of Hope Recovery Program Video
  - ACOG CO #58 Optimizing Support for Breastfeeding as Part of Obstetric Practice

#### Denominator: Number of OEN ≥35 weeks gestation
- **5. (P2) Percent of OEN receiving mother’s milk at newborn discharge (Required AIM Process Measure)**
- **9. (P3) Percent of OEN who go home to biological mother (Required AIM Process Measure)**

#### Numerator:
- Among the denominator, those receiving some mother’s milk at the time of discharge
- Among the denominator, those who are discharged to biological mother