Overview
Develop a patient-centered approach to developing a peripartum plan of care for pregnant patients with substance use disorder (SUD) to facilitate continuation of appropriate medication for opioid use disorder (MOUD) dosing, pain management and related needs.

Individual patients often fear the loss of autonomy in a hospital setting and, knowing their increased tolerance for medication, fear for their ability to relieve their pain.

Why We Recommend this Best Practice
A clear, informed plan developed with patients and relevant providers for the management of OUD in the peripartum period will avoid physiologic instability, facilitate patient buy-in, and optimize transitions of care.

There is extensive variability in the needs of people with opioid use disorder (OUD) for pain control over and above their maintenance therapy.

Shared decision making is a dynamic process during which the provider and patient engage in an informed discussion to make health related choices that are best for the patient and in alignment with the patient’s personal values (refer the Resources section of this Best Practice for more information), Shared decision making has been shown to reduce overall opioid use.

Toolkit adapted from the CMQCC Toolkit
NOTE: We recommend that you review TeamBirth and begin implementing this in your hospital. You will need to register for the TeamBirth community of practice on Aria to learn more and access the TeamBirth tools. If you are unable to implement TeamBirth at this time, we offer alternative steps below.

Step 1: Develop a peripartum checklist for patients with SUD
This checklist is developed ideally with multidisciplinary input, highlighting key patient health information, current MOUD therapeutic regimen, contact information for providers, and recommended activities to prepare patients for the peripartum period in the hospital.

Identify who should be involved in the care of a person who is coming in for labor and delivery and has a substance use disorder. This may include an OB, Midwife, Social Work, Pediatrician, Nurses, Addiction Specialist, etc.).

Here are some samples of Peripartum Checklist for Patients with SUD
- CMQCC Sample Checklist
- ILPQC OUD Clinical Care Checklist
- NNEPQIN Opioid Use Disorder Clinical Pathway
- ILPQC MNO-OB OUD Protocol
- Toolkit-for-Perinatal-Care-of-Women-with-Substance-Use-Disorders_Final-2019.pdf (nnepqin.org)

Step 2: Develop a protocol to utilize the peripartum checklist
Plan strategically for how to incorporate the designed checklist into prenatal care (ideally at the beginning of the third trimester, or at any time for late entrants into prenatal care) and how to share the checklist with the hospital at which a patient intends to deliver (e.g., faxing when checklist is completed, and/or at 36 weeks

Step 3: Implement peripartum checklist
Ideally patients and providers would have updated copies of the checklist and it could be customized (e.g., more elaborated paper checklist for patients, abbreviated electronic text checklist for providers). Consider incorporating it into the electronic medical record.

Step 4: Scheduled team huddles
Determine when/where to have regular team huddles to discuss the patient’s care plan, pain management, MOUD plan, and transition to outpatient care. The patient should be involved in these discussions.

For each patient with OUD, engage in an open and honest discussion about pain control and encourage shared decisions about pain management.
• TeamBirth Core Components (1).pdf (ariadnelabs.net)
• Guidelines for Building Implementation Teams (ariadnelabs.net)
• Pregnancy and Substance Use: A Harm Reduction Toolkit (National Harm Reduction Coalition, 2020)
• Ramsay Sedation Scale: Designed for use in critically ill adults that has broad applicability in evaluation of the range between agitation and over sedation in response to sedatives and analgesics.
• COWS: A clinical opioid withdrawal scale designed to monitor signs of opioid withdrawal.
• Considerations for Administration of Buprenorphine and Methadone.
• Considerations for Treatment of Opioid Use Disorder in Pregnancy.
• “SHARE Approach” AHRQ. Shared Decision Making.