

## Multidisciplinary Care Team Coordination & Patient-Centered Care

### 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 assisted treatment (MAT) dosing, pain management and related needs.

### Why We Recommend this Best Practice

A clear, informed plan developed with patients and relevant providers for the management of SUD in the peripartum period will avoid physiologic instability, facilitate patient buy-in, and optimize transitions of care.

A few high-level concepts:

1. Train staff and providers in patient-centered interviewing techniques
  - a. Establish consent prior to conversations and interventions
  - b. Develop verbal scripts for staff to reference
2. Establish and follow through with expectations for care (e.g., what will happen if a patient discloses substance use during pregnancy? What are the risks? How will the patient's care change?)
3. Model behaviors for culture change, such as eliminating stigmatizing vocabulary and advocating for use of patient-centered language
4. Engage patients in shared decision-making
5. Partner with patient advocates to develop and implement unit protocols/guidelines

### Strategies for Implementation\*

**Step 1: Develop a peripartum checklist for patients with SUD**, ideally with multidisciplinary input, highlighting key patient health information, current MAT 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.

\* **NOTE:** Consider [TeamBirth](#) as a strategy to incorporate multidisciplinary and shared decision-making processes in your hospital. To learn more and access the TeamBirth tools (FREE) [register for the TeamBirth community of practice on Aria](#).

**Additional Resources:**

- [TeamBirth Core Components \(1\).pdf \(ariadnelabs.net\)](#)
- [Guidelines for Building Implementation Teams \(ariadnelabs.net\)](#)
- [Pregnancy and Substance Use: A Harm Reduction Toolkit \(National Harm Reduction Coalition, 2020\)](#) for detailed guidance. This toolkit aims to “promote the overall health and well-being of pregnant people who use substances and their families” and was “written, edited, and informed by people who have lived experience of substance use and pregnancy.”