

***Maternal Opioid Use (OUD) Driver Diagram***

PA PQC Healthcare Teams previously engaged in the SUD initiative are welcome to continue collecting and reporting measures related to SUD for their own internal QI; however, the 2024 PA PQC OUD initiative is focused specifically on key interventions related to opioid use disorder.

The Key Interventions listed in this Driver Diagram are based on the AIM SUD Bundle

(<https://saferbirth.org/psbs/care-for-pregnant-and-postpartum-people-with-substance-use-disorder/>).

The Key Interventions marked with an asterisk were added by the PA PQC SUD Work Group.

**READINESS –** Every UniT

**Aims**

1. Increase **education** among patients related to substance use
2. Increase **education** among healthcare team members to address stigma related to substance use

**Provide staff-wide education** on substance use, stigma, racism, bias, and trauma-informed care

* Provide clinical and non-clinical staff education on optimal care for pregnant and postpartum individuals with SUDs including federal, state, and local notification guidelines for infants with in-utero substance exposure and comprehensive family care plan requirements (Plans of Safe Care)
* Provide clinical and non-clinical staff education on recovery and trauma-informed language and practices\*
* Develop trauma-informed protocols and anti-racist training to address healthcare team member biases and stigma related to SUDs

**Educate patients and their families** on substance use and the care of infants with in-utero substance exposure

* Provide evidence-based education to pregnant and postpartum individuals related to SUD, naloxone use, harm reduction strategies, and care of infants with in-utero substance exposure
* Provide education for best practices for engaging and treating pregnant and postpartum individuals who themselves have an FASD\*
* Engage appropriate partners to assist pregnant and postpartum people and families in the development of family care plans, starting in the prenatal setting
* Establish a multidisciplinary care team to provide coordinated clinical pathways for individuals experiencing SUD

Form a **Multi-Disciplinary Team**

* Develop and maintain a set of referral resources and communication pathways between obstetric providers, community-based organizations, and state and public health agencies to enhance services and supports for pregnant and postpartum families for social determinants of health needs, behavioral health supports, and SUD treatment.
* Have evidence-based substance use resources that are inclusive for people of all backgrounds, race, ethnicity, gender, social class, language, ability, and other personal or social identities and characteristics.\*

Ensure **Access to Resources for all Identities**

**RECOGNITION & PREVENTION** – Every Patient

**Aims**

1. Increase universal **screening and follow-up** for substance use among pregnant and postpartum individual

* Screen all pregnant and postpartum people for substance use using validated self-reported screening tools and methodologies during prenatal care and during the delivery admission
* Screen each pregnant and postpartum person for co-occurring medical and behavioral health needs (e.g., HIV, Hepatitis B and C, behavioral health conditions, physical and sexual violence, Sepsis, Endocarditis), and provide linkage to community services and resources
* Screen for structural and social drivers of health that might impact clinical recommendations or treatment plans, and provide linkage to resources

**Screen** all pregnant and postpartum individuals for substance use and co-occurring needs

* Offer feedback, education, and goal-setting through brief interventions for all individuals who screen positive on substance use screens\*
* Establish clear protocols based on clinical criteria for when drug urine tests are indicated and obtain informed patient consent for urine toxicology prior to testing\*

**Follow-up** on all positive substance use screens

* Establish policies and protocols to provide Naloxone to anyone who may witness an overdose\*

Equip patients/families with resources to **save lives**

* Offer comprehensive reproductive life planning discussions and resources, including access to a full range of contraceptive options in accordance with safe therapeutic regimens

Offer **reproductive life planning** discussions and resources

**Response** – Every Event

**Aims**

1. Increase prenatal and postpartum individuals with SUD who initiate SUD treatment (including Medication for OUD)

* Establish specific prenatal, intrapartum and postpartum care pathways that facilitate coordination among multiple providers during pregnancy and the year that follows
* Assist pregnant and postpartum people with SUD to receive evidence-based, person-directed SUD treatment that is welcoming and inclusive in an intersectional manner, and discuss readiness to start treatment, as well as referral for treatment with warm hand-off and close follow-up

Link all pregnant and postpartum individuals with SUD to **substance use treatment** programs (including Medication for OUD)

**RESPECTFUL, EQUITABLE, AND SUPPORTIVE CARE** –   
Every Unit, Provider, and Team Member

* Engage in open, transparent, and empathetic communication with the pregnant and postpartum person and their identified support person(s) to understand diagnosis, options, and treatment plans
* Integrate pregnant and postpartum persons as part of the multidisciplinary care team to establish trust and ensure informed, shared decision-making that incorporates the pregnant and postpartum person’s values and goals
* Respect the pregnant and postpartum person’s right of refusal in accordance with their values and goals

Place the **Patient at the Center of their Own Care**

**Reporting and Systems Learning** – Every Unit

* Identify and monitor data related to SUD treatment and care outcomes and process metrics for pregnant and postpartum people with disaggregation by race, ethnicity, and payor as able

Elicit **Community Feedback**

**Monitor Performance**

* Convene inpatient and outpatient providers and community stakeholders, including those with lived experience, in an ongoing way to share successful strategies and identify opportunities to improve outcomes and system-level issues



***Maternal Opioid Use (OUD) Process Measures   
and Specifications***

| **Metric** | **Numerator (among the denominator)** | **Denominator** | **Data Source** | **Guidance and FAQs** | **Reference** |
| --- | --- | --- | --- | --- | --- |
| **1. Percentage of pregnant individuals screened for substance use with a validated screen** | Number of individuals screened for substance use with a validated screen at any time during the pregnancy (prenatal visits or hospital/delivery visits) | Number of individuals with a delivery in the quarter | EHR Data and/or ONAF Form | **Report on a quarterly basis**  **Report annually by race/ethnicity (Non-Hispanic White, Non-Hispanic Black, Hispanic, and Non-Hispanic Other).** When reporting by race/ethnicity, limit denominator (and thus the numerator) to that race/ethnicity category.  “At any time during the pregnancy” means during prenatal and hospital/delivery visits. In other words, substance use screens during prenatal and/or hospital/delivery visits count in this measure.  For the purposes of counting who is included in the numerator, at least one substance use screening per person “at any time during the pregnancy” would count for the numerator.  Each person screened “at any time during the pregnancy” should only be counted once in the numerator even if the person was screened more than once at any time during the pregnancy (i.e., do not double count someone in the numerator for the PA PQC measures)  To keep track of who has met the criteria to be included in the numerator or denominator, PQC sites have found it helpful to develop a yes/no tracking sheet when reviewing records.  SUD Domains Include:  Alcohol, tobacco, marijuana/cannabis, opioids, and other drugs (e.g., sedatives and stimulants)  [Validated SUD screening tools](https://www.papqc.org/initiatives/sud/sud-screening/176-validated-sud-screens-in-pregnancy-1/file):  4Ps, 4Ps Plus©, 5Ps\*, NIDA Quick Screen (and if positive, the NIDA-Modified ASSIST)\*\*, Substance Use Risk Profile Pregnancy (SURP-P) Scale, CRAFFT (for adolescents), Wayne IDUS, DAST-10, or Prenatal Risk Overview-Drug Use (PRO), T-ACE (specific to alcohol), TWEAK (specific to alcohol), CRAFFT (specific to alcohol)  *\*If sites use the Institute for Health and Recovery Integrated Screening Tool (i.e., the Integrated 5Ps Screening Tool), this includes the 5Ps.*  *\*\*NIDA Quick Screen leads into the NIDA-Modified ASSIST (i.e., it is designed as a 2-step screen).* |  |
| **2. Percentage of pregnant individuals diagnosed with OUD at any time of pregnancy** | Number of individuals with an OUD diagnosis at any time during pregnancy (prenatal visits or hospital/delivery visits) | Number of individuals with a delivery in the quarter | EHR Data | **Report on a quarterly basis**  **Report annually by race/ethnicity (Non-Hispanic White, Non-Hispanic Black, Hispanic, and Non-Hispanic Other).** When reporting by race/ethnicity, limit denominator (and thus the numerator) to that race/ethnicity category.  Clinical Criteria for “with OUD”:  • positive self-report screen or positive opioid toxicology screen during pregnancy and assessed to have OUD, or  • Patient endorses or reports use of opioids / opioid use disorder, or  • using non-prescribed opioids during pregnancy, or  • using prescribed opioids chronically for longer than a month in the third trimester (i.e., week 28 of pregnancy until birth) (this excludes individuals using opioids solely prescribed for medical conditions), or  • newborn has an unanticipated positive neonatal cord, urine, or meconium screen for opioids or if newborn has symptoms associated with opioid exposure including NAS Code P96.1  *As an alternative to the clinical criteria:* ICD-10 codes for OUD: F11 diagnosis codes.  The OUD diagnosis should be counted if it is active between pregnancy start date and the end of the data reporting quarter.  For all of the PA PQC measures, an individual should only be counted once in the numerator and denominator. |  |
| **3. Percentage of pregnant and postpartum individuals diagnosed with OUD who initiate Medication for Opioid Use Disorders (MOUD)** | Number who filled a prescription for or were administered or ordered an MOUD (buprenorphine or methadone) for OUD at any time during or after the pregnancy | Number of individuals with a delivery and OUD diagnosis in the quarter | EHR Data & Claims Data (based on Rx) | **Report on a quarterly basis**  **Report annually by race/ethnicity (Non-Hispanic White, Non-Hispanic Black, Hispanic, and Non-Hispanic Other).** When reporting by race/ethnicity, limit denominator (and thus the numerator) to that race/ethnicity category.  “After the pregnancy” is defined as any time up to 30 days after the birth.  Clinical Criteria for “with OUD”:  • positive self-report screen or positive opioid toxicology screen during pregnancy and assessed to have OUD, or  • Patient endorses or reports use of opioids / opioid use disorder, or  • using non-prescribed opioids during pregnancy, or  • using prescribed opioids chronically for longer than a month in the third trimester (i.e., week 28 of pregnancy until birth) (this excludes individuals using opioids solely prescribed for medical conditions), or  • newborn has an unanticipated positive neonatal cord, urine, or meconium screen for opioids or if newborn has symptoms associated with opioid exposure including NAS Code P96.1  *As an alternative to the clinical criteria:* ICD-10 codes for OUD: F11 diagnosis codes.    The OUD diagnosis should be counted if it is active between pregnancy start date and the end of the data reporting quarter.  Suggestions for gathering information for the numerator:  •In the scenario where the MOUD is being provided by an external MOUD provider (methadone or buprenorphine provider outside of your system), PA PQC sites can follow-up with the patient to inquire whether the patient is engaged in MOUD treatment. Or the PA PQC sites can follow-up with the external MOUD provider to inquire about the initiation and continuing MOUD status (with appropriate information sharing consents in place between treating providers).  • In the scenario where the MOUD is being provided by an internal provider (e.g., a waivered OB/GYN), track in the EHR whether buprenorphine was ordered. Depending on your EHR, you may be able to access prescription fill status as well (e.g., via SureScripts and/or PDMP) | Informed by NQF 3400 (Use of Pharmacotherapy for OUD)  http://www.qualityforum.org/QPS |
| **4. Percentage of individuals diagnosed with OUD receiving postpartum care** | Cumulative number who received a postpartum visit with a provider on or between 1 and 84 days after delivery | Cumulative number of individuals with a delivery at least 84 days ago who are diagnosed with OUD | Claims Data / EHR data | **Report cumulatively on a quarterly basis**  **Report annually by race/ethnicity (Non-Hispanic White, Non-Hispanic Black, Hispanic, and Non-Hispanic Other).** When reporting by race/ethnicity, limit denominator (and thus the numerator) to that race/ethnicity category.  *Example:* For the denominator reported for the January-March 2022 quarter, pull 365 days worth of data for deliveries through January 6, 2022 (January 6, 2022 is 84 days before March 31, 2022).  A provider may include a MD/DO, CRNP, Physician Assistant, or Midwife.  Clinical Criteria for “with OUD”:  • positive self-report screen or positive opioid toxicology screen during pregnancy and assessed to have OUD, or  • Patient endorses or reports use of opioids / opioid use disorder, or  • using non-prescribed opioids during pregnancy, or  • using prescribed opioids chronically for longer than a month in the third trimester (i.e., week 28 of pregnancy until birth) (this excludes individuals using opioids solely prescribed for medical conditions), or  • newborn has an unanticipated positive neonatal cord, urine, or meconium screen for opioids or if newborn has symptoms associated with opioid exposure including NAS Code P96.1  *As an alternative to the clinical criteria:* ICD-10 codes for OUD: F11 diagnosis codes.  The OUD diagnosis should be counted if it is active between pregnancy start date and the end of the data reporting quarter. | Informed by the 2020 NCQA measurement period for postpartum care |
| **5. Percentage of pregnant individuals with a positive substance use screen who received an appropriate follow-up action for alcohol or other drug use**  (New Maternal Substance Use Measure) | Deliveries in which patients received brief intervention(s) and follow-up care on or up to 30 days after the date of the first positive screen (31 days total) | Deliveries during the measurement period that had a positive finding for substance use at any time during pregnancy (using an age-appropriate standardized screening tool) | EHR Data | **Report on a quarterly basis, starting with January-March 2022**  **Report annually by race/ethnicity (Non-Hispanic White, Non-Hispanic Black, Hispanic, and Non-Hispanic Other).** When reporting by race/ethnicity, limit denominator (and thus the numerator) to that race/ethnicity category.  “Follow-up care” is defined as receipt of any of the following on or 30 days after the date of the first positive screen.   * Feedback on substance use and risk. * Identification of high-risk situations for drinking and coping strategies. * Increase the individual’s self-motivation to reduce drinking. * Development of a personal plan to reduce risky/hazardous substance use. * Documentation of receiving SUD (including OUD) treatment   Due to challenges with documenting these follow-up actions in a discrete data field in the EHR, it is recommended to establish a standardize coding process to track the completion of the follow-up actions (e.g., 99408, 99409, G0396, G0397, G0443, G2011, H0022, H0050). For SUD treatment from other providers, it is recommended to obtain patient consent to share dates of completed treatment sessions from the SUD provider to the OB/GYN provider team.  [Validated SUD screening tools](https://www.papqc.org/initiatives/sud/sud-screening/176-validated-sud-screens-in-pregnancy-1/file):  4Ps, 4Ps Plus©, 5Ps\*, NIDA Quick Screen (and if positive, the NIDA-Modified ASSIST)\*\*, Substance Use Risk Profile Pregnancy (SURP-P) Scale, CRAFFT (for adolescents), Wayne IDUS, DAST-10, or Prenatal Risk Overview-Drug Use (PRO), T-ACE (specific to alcohol), TWEAK (specific to alcohol), CRAFFT (specific to alcohol)  *\*If sites use the Institute for Health and Recovery Integrated Screening Tool (i.e., the Integrated 5Ps Screening Tool), this includes the 5Ps.*  *\*\*NIDA Quick Screen leads into the NIDA-Modified ASSIST (i.e., it is designed as a 2-step screen).* |  |
| **6. Percentage of postpartum individuals with a positive substance use screen who received an appropriate follow-up action for alcohol and other drug use**  (New Maternal Substance Use Measure) | Deliveries in which patients received follow-up care on or up to 30 days after the date of the first positive screen (31 days total) | Deliveries 84 days prior to the start and end of the measurement period, with a positive finding for substance use during the 84-day period following the date of delivery (using an age-appropriate standardized screening tool) | EHR Data | **Report quarterly, starting with January-March 2022**  **Report annually by race/ethnicity (Non-Hispanic White, Non-Hispanic Black, Hispanic, and Non-Hispanic Other).** When reporting by race/ethnicity, limit denominator (and thus the numerator) to that race/ethnicity category.  “Follow-up care” is defined as receipt of any of the following on or 30 days after the date of the first positive screen.   * Feedback on substance use and risk. * Identification of high-risk situations for drinking and coping strategies. * Increase the individual’s self-motivation to reduce drinking. * Development of a personal plan to reduce risky/hazardous substance use. * Documentation of receiving SUD (including OUD) treatment   Due to challenges with documenting these follow-up actions in a discrete data field in the EHR, it is recommended to establish a standardize coding process to track the completion of the follow-up actions (e.g., 99408, 99409, G0396, G0397, G0443, G2011, H0022, H0050). For SUD treatment from other providers, it is recommended to obtain patient consent to share dates of completed treatment sessions from the SUD provider to the OB/GYN provider team.  [Validated SUD screening tools](https://www.papqc.org/initiatives/sud/sud-screening/176-validated-sud-screens-in-pregnancy-1/file):  4Ps, 4Ps Plus©, 5Ps\*, NIDA Quick Screen (and if positive, the NIDA-Modified ASSIST)\*\*, Substance Use Risk Profile Pregnancy (SURP-P) Scale, CRAFFT (for adolescents), Wayne IDUS, DAST-10, or Prenatal Risk Overview-Drug Use (PRO), T-ACE (specific to alcohol), TWEAK (specific to alcohol), CRAFFT (specific to alcohol)  *\*If sites use the Institute for Health and Recovery Integrated Screening Tool (i.e., the Integrated 5Ps Screening Tool), this includes the 5Ps.*  *\*\*NIDA Quick Screen leads into the NIDA-Modified ASSIST (i.e., it is designed as a 2-step screen).* |  |
| **7. Percent of pregnant and postpartum individuals with SUD who received or were prescribed Naloxone prior to delivery discharge**  (New Maternal Substance Use Measure) | Those with documentation of having received or been prescribed Naloxone prior to delivery discharge | Number of individuals with an SUD diagnosis and a delivery in the quarter |  | *Those with an SUD diagnosis includes the following codes:*  Opioids  F11.10, F11.11, F11.120, F11.121, F11.122, F11.129, F11.14, F11.150, F11.151, F11.159, F11.181, F11.182, F11.188, F11.19, F11.20, F11.21, F11.220, F11.221, F11.222, F11.229, F11.23, F11.24, F11.250, F11.251, F11.259, F11.281, F11.282, F11.288, F11.29, F11.90, F11.920, F11.921, F11.922, F11.929, F11.93, F11.94, F11.950, F11.951, F11.959, F11.981, F11.982, F11.988, F11.99  Sedatives  F13.10, F13.11, F13.120, F13.121, F13.129, F13.14, F13.150, F13.151, F13.159, F13.180, F13.181, F13.182, F13.188, F13.19, F13.20, F13.21, F13.220, F13.221, F13.229, F13.230, F13.231, F13.232, F13.239, F13.24, F13.250, F13.251, F13.259, F13.26, F13.27, F13.280, F13.281, F13.282, F13.288, F13.29, F13.90, F13.920, F13.921, F13.929, F13.930, F13.931, F13.932, F13.939, F13.94, F13.950, F13.951, F13.959, F13.96, F13.97, F13.980, F13.981, F13.982, F13.988, F13.99  Cocaine  F14.10, F14.11, F14.120, F14.121, F14.122, F14.129, F14.14, F14.150, F14.151, F14.159, F14.180, F14.181, F14.182, F14.188, F14.19, F14.20, F14.21, F14.220, F14.221, F14.222, F14.229, F14.23, F14.24, F14.250, F14.251, F14.259, F14.280, F14.281, F14.282, F14.288, F14.29, F14.90, F14.920, F14.921, F14.922, F14.929, F14.94, F14.950, F14.951, F14.959, F14.980, F14.981, F14.982, F14.988, F14.99  Amphetamines/Stimulants  F15.10, F15.11, F15.120, F15.121, F15.122, F15.129, F15.14, F15.150, F15.151, F15.159, F15.180, F15.181, F15.182, F15.188, F15.19, F15.20, F15.21, F15.220, F15.221, F15.222, F15.229, F15.23, F15.24, F15.250, F15.251, F15.259, F15.280, F15.281, F15.282, F15.288, F15.29, F15.90, F15.920, F15.921, F15.922, F15.929, F15.93, F15.94, F15.950, F15.951, F15.959, F15.980, F15.981, F15.982, F15.988, F15.99  Codes pulled from AIM data collection plan: https://saferbirth.org/wp-content/uploads/CPPSUD\_DCP\_Final\_V1\_2022.pdf |  |



***Maternal Opioid Use (OUD) Survey   
(Structure Measures)***

Please work with your team to complete this birth site-level survey for the designated quarter, starting with January through March 2024.

1. What is your PA PQC Hospital or Affiliation? (dropdown list)
2. What is your name? (text box)
3. What is your title/role? (text box)
4. Has your hospital developed trauma-informed protocols in the context of substance use? (e.g., for example, please see <https://www.samhsa.gov/sites/default/files/programs_campaigns/childrens_mental_health/atc-whitepaper-040616.pdf>)
   * Yes (in place)
   * No (Working on it)
   * No (have not started)
5. Does your hospital provide anti-racist training for providers, staff, and leadership?

Multiple Choice:

* + Yes (in place)
  + No (Working on it)
  + No (have not started)

*(Description: Anti-racist training is defined as a training that focuses on the “active process of identifying and eliminating racism by changing systems, organizational structures, policies and practices and attitudes, so that power is redistributed and shared equitably.” The trainings also use this lens to address topics that are also often included in Diversity, Equity, and Inclusion trainings, such as unconscious and implicit bias, the meaning of diversity, equity and inclusion, stereotyping, reducing prejudice, cultural awareness and belonging, addressing microaggressions, and anti-harassment.)*

1. Does your hospital provide training for clinical and non-clinical staff on substance use among pregnant and postpartum individuals that also explores and addresses health care team members’ biases and stigma related to substance use?

Multiple Choice:

* + Yes (in place)
  + No (Working on it)
  + No (have not started)

*(Description: Clinical and Non-Clinical Staff education and training should emphasize SUDs are chronic medical conditions that can be treated, stigma, bias and discrimination negatively impact pregnant people with SUD and their ability to receive high quality care, providers should match treatment response to each person’s stage of recovery and/or readiness to change, and federal, state, and local notification guidelines for infants with in-utero substance exposure and comprehensive family care plan requirements. This training should include trauma-informed care, naloxone and harm reduction strategies, regional and local data on SUDs, and regional and local support services, programs, and resources. Obstetric providers should consider receiving training on outpatient treatment of SUD, including MOUD (buprenorphine) to improve access to care.)*

1. Does your hospital have evidence-based education materials focused on substance use in pregnancy and the caregiver’s role in Substance Exposed Newborn care?

Multiple Choice:

* + Yes (in place)
  + No (Working on it)
  + No (have not started)

If Yes, please check which substances that education materials address:

* + Opioids
  + Sedatives
  + Stimulants (Cocaine and Amphetamines)
  + Alcohol
  + Tobacco
  + Marijuana
  + Other (If you select other, please specify which substance(s) your educational materials address)

1. Does your hospital provide education to pregnant and postpartum people related to naloxone use?

* Multiple Choice:
  + Yes (in place)
  + No (Working on It)
  + No (have not started)

1. Does your hospital have a system in place to provide naloxone to patients prior to discharge?

* Multiple Choice:
  + Yes (in place)
  + No (Working on It)
  + No (have not started)

1. Does your site use a validated, self-report screening tool for substance use in pregnancy?

* Multiple Choice:
  + Yes (in place)
  + No (Working on It)
  + No (have not started)
* If yes, please check the validated screening tool that is being used:
* 4Ps
* 4Ps Plus©
* 5Ps or Integrated 5Ps Screening Tool
* NIDA Quick Screen (and if positive, the NIDA-Modified ASSIST)
* Substance Use Risk Profile Pregnancy (SURP-P) Scale
* CRAFFT (for adolescents)
* Wayne IDUS
* DAST-10
* Prenatal Risk Overview-Drug Use (PRO)
* AUDIT (specific to alcohol)
* T-ACE (specific to alcohol)
* TWEAK (specific to alcohol)
* CRAFFT (specific to alcohol)
* Other (please name and describe the screen, and please specify which substances that tool screens for: opioids, sedatives, stimulants (cocaine and amphetamines), alcohol, tobacco, marijuana, and other)

1. For pregnant/postpartum individuals who screen positive for substance use, does your site have protocols and team roles in place to provide brief interventions that offer feedback to patients, explore readiness for behavior changes, initiate goal-setting, and refer to treatment?
   * Yes (in place)
   * No (working on it)
   * No (have not started)
2. Does your site provide Medications for Opioid Use Disorders (MOUD) for pregnant individuals with OUD?

* Multiple Choice:
  + Yes (in place)
  + No (working on it)
  + No (have not started)

1. Has your hospital developed referral relationships with any SUD treatment services in your area/county?

* Multiple Choice:
  + Yes (in place)
  + No (working on it)
  + No (have not started)

If yes, please indicate which recovery treatment services (Check all that apply)

* Programs offering Medications for Opioid Use Disorders (MOUD)
* Residential treatment
* Inpatient treatment
* Outpatient behavioral health counseling
* Peer support (e.g., certified recovery specialist (CRS) or other peer support specialists)
* 12-step programs

1. Has your site established specific prenatal, intrapartum and postpartum care pathways (algorithms) for substance use that facilitate coordination among multiple providers during pregnancy and the year that follows?

* Multiple Choice:
  + Yes (in place)
  + No (working on it)
  + No (have not started)

1. Has your hospital implemented post-delivery and discharge pain management prescribing guidelines for all vaginal and cesarean births focused on limiting opioid prescriptions?

* Multiple Choice:
  + Yes (in place)
  + No (working on it)
  + No (have not started)

1. Has your hospital implemented specific pain management and opioid prescribing guidelines for vaginal and cesarean births for patients with OUD?

* Multiple Choice:
  + Yes (in place)
  + No (working on it)
  + No (have not started)