



## Substance Use Disorder (SUD) Clinical Care Pathway

Antepartum Care	
Universal at first prenatal visit	<ul style="list-style-type: none"> <li>Complete evidence-based screening tool(s) for substance use, intimate partner violence, and depression <a href="https://www.in.gov/health/ippqic/files/Validated-Screening-Tools-Final.pdf">https://www.in.gov/health/ippqic/files/Validated-Screening-Tools-Final.pdf</a></li> </ul>
Substance Use is Identified	
	<ul style="list-style-type: none"> <li>Assess for signs and symptoms of acute withdrawal</li> <li>Depending on acuity, determine appropriate level of care and arrange referrals for treatment (MOUD, SUD counseling, residential treatment, etc.) when indicated and accepted by patient</li> <li>Assess for other immediate psychosocial needs</li> <li>Discuss naloxone as lifesaving strategy and prescribe for patient/family</li> <li>Review Prescription Drug Monitoring Programs (PDMP)/Inspect</li> <li>Consent for obstetric team to communicate with MAT treatment providers</li> </ul>
	<ul style="list-style-type: none"> <li>Complete a detailed medical, surgical, obstetric, and prenatal history</li> <li>Perform a thorough physical examination</li> <li>Perform dating ultrasound, if indicated</li> <li>Urine toxicology with informed consent - discuss institutional drug testing plan and policies</li> <li>Obtain recommended lab testing:               <ul style="list-style-type: none"> <li>Routine prenatal labs</li> <li>HIV/Hep B/Hep C (if positive, viral load)</li> <li>Serum creatinine/hepatic function panel</li> </ul> </li> <li>Determine appropriate level of care and arrange referrals to treatment when indicated and accepted by pregnant patient</li> <li>Consultation and referral considerations that may include:               <ul style="list-style-type: none"> <li>Social work</li> <li>Case management</li> <li>Maternal Fetal Medicine if indicated</li> <li>Cardiology with prior history of endocarditisi</li> <li>Infectious Disease if HIV positive</li> <li>Dental</li> <li>Dietary</li> </ul> </li> </ul>
	<ul style="list-style-type: none"> <li>If pregnant patient is currently in a treatment program:               <ul style="list-style-type: none"> <li>Obtain appropriate CFR 42 Part 2 consent to communicate with treatment provider</li> <li>Coordinate care with mental health/treatment provider or center</li> </ul> </li> <li>Repeat urine toxicology with consent when indicated</li> <li>Repeat recommended lab testing as indicated:               <ul style="list-style-type: none"> <li>STI screening</li> <li>HIV/Hep B/Hep C</li> <li>Serum creatinine/hepatic function panel</li> </ul> </li> <li>Ultrasound for growth</li> <li>Discuss pain management options for labor and postpartum and assist in development of a plan</li> <li>Consider pre-delivery Neonatology/Pediatric consult, discuss NAS, engage pregnant patient in non-pharmacologic care of opioid exposed newborn and development of a plan of care</li> </ul>

Substance Use is Identified	
	<p><a href="https://www.in.gov/health/ipqic/files/Postpartum-Discharge-Planning-and-Referral-Checklist.pdf">https://www.in.gov/health/ipqic/files/Postpartum-Discharge-Planning-and-Referral-Checklist.pdf</a></p> <ul style="list-style-type: none"> <li>• DCS reporting process reviewed  <a href="https://www.in.gov/health/ipqic/files/DCS-Patient-Handout.pdf">https://www.in.gov/health/ipqic/files/DCS-Patient-Handout.pdf</a>  <a href="https://www.in.gov/health/ipqic/files/DCS-Process-Overview-for-Medical-Providers.pdf">https://www.in.gov/health/ipqic/files/DCS-Process-Overview-for-Medical-Providers.pdf</a></li> <li>• Patient Education: <ul style="list-style-type: none"> <li>○ Counseling on breastfeeding  <a href="https://www.in.gov/health/ipqic/files/breastfeeding-and-substance-use-final.pdf">https://www.in.gov/health/ipqic/files/breastfeeding-and-substance-use-final.pdf</a>  <a href="https://www.in.gov/health/ipqic/files/20_Breastfeeding-Traffic-light.pdf">https://www.in.gov/health/ipqic/files/20_Breastfeeding-Traffic-light.pdf</a></li> <li>○ Counseling on Contraception  <a href="https://www.in.gov/health/ipqic/files/Consumer-Information-Chart.pdf">https://www.in.gov/health/ipqic/files/Consumer-Information-Chart.pdf</a></li> <li>○ Caring for NAS baby  <a href="https://www.in.gov/health/ipqic/files/Newborn-Withdrawal-Going-Home.pdf">https://www.in.gov/health/ipqic/files/Newborn-Withdrawal-Going-Home.pdf</a></li> </ul> </li> </ul>
 <p>First 6 weeks postpartum</p>	<ul style="list-style-type: none"> <li>• Consider two week postpartum visit</li> <li>• Breastfeeding support</li> <li>• Confirm access to contraception if immediate postpartum LARC not used</li> <li>• Rescreen and monitor for substance use and/or MOUD management</li> <li>• Screen for intimate partner violence</li> <li>• Monitor for depression</li> <li>• Assess for resource needs</li> <li>• Facilitate transition to primary care provider, and new MOUD provider, if necessary</li> <li>• Confirm pediatric provider visit</li> </ul>
 <p>Ongoing</p>	<ul style="list-style-type: none"> <li>• Confirm primary care and MOUD provider in place</li> <li>• Contraception plan monitored</li> <li>• Family Care Plan is reviewed, and resources identified related to housing, education, employment, parenting/childcare</li> <li>• Continued link to peer recovery</li> </ul>