## The Checklist: Knowing your System Before Birthing Parents with SUD Deliver

What you need to know

## about the Hospital



Length of stay for observation:	
Are other infant consults available (PT/OT/Speech/Lactation)?	Yes No
If yes, what others?	
Is your hospital using Finnegan scoring or Eat, Sleep,	, Console (ESC)?
If Finnegan scores are used:	
Are nurses trained on Finnegan scores? Yes No	
Is interrater reliability done? Yes No	
Are non-pharmacological interventions taught to staff? Ye	s No
If Eat, Sleep, Console (ESC) is being used:	es No
Does the hospital have clear guidelines for ESC?	es No
Has the nursing staff been trained on the protocols for ESC?	Yes No
Has the nursing staff been trained to teach consoling skills to the	he families? Yes No
Who will be writing orders during the infant's stay?	
CAPTA/CARA notification compliance:	
Who makes the notification in your setting?	
Have your/ your staff been trained on the difference between a Child Protective Services (CPS)	

## about **Treatment**



Is methadone or buprenorphine available in the hospital for moms who are already receiving treatment? No

Yes, methadone Yes, buprenorphine

If neither, how will this be addressed?

What are the criteria for admission or transfer to the NICU?\_

If a transfer is indicated, where will the infant be sent?

No Will birthing parent also be transferred?

If parent is discharged, are they able to stay with baby? Yes Maybe No

If yes, where?

Is medication used to treat neonatal abstinence syndrome (NAS) or neonatal opioid withdrawal syndrome (NOWS)?

If yes, Methadone Morphine

Is weaning completed in the hospital? No Maybe

If not, where?\_

Is methadone or buprenorphine available in the hospital to be given to birthing parents on prescription Medications for Opioid Use Disorder (MOUD)? Yes, methadone Yes, buprenorphine No During hospitalization?

Yes, buprenorphine Yes, methadone No

At discharge?









## about **Discharge**



Are local pediatric providers available to see the baby postpartum? Nο

No Are they trained on weaning babies who are on medication for NAS or NOWS? Yes

Infants should have a follow-up appointment made prior to discharge and records should be sent at discharge. Who are area pediatric providers the infant could be referred to?

Are referrals made to Primary Care and/or OB/GYN care for mom prior to discharge?

Has a MOUD provider been identified for parent, and appointment made if indicated? Yes No

If the infant is sent home on medication, are there pharmacies that will refill the medication? No

No

If so, how often and by whom?

Is pediatric home health available? Yes

Yes Are pediatric home health nurses trained on Finnegan scores, treatment, and readmission criteria?

Are pediatric home health nurses trained on Eat, Sleep, Console and readmission criteria? No

Are local pediatricians and primary care providers trained and available to provide aftercare for substance exposed infants?

Yes No

Where are they located?

No Are follow-up appointments made prior to discharge?

If so, are records sent at discharge for birthing parent and infant? No

Are standard referrals made to Care Management for At-Risk Children (CMARC)? Yes No

Yes Are standard referrals made to the Children's Developmental Service Agencies?

No









No