

PERINATAL QUALITY COLLABORATIVE OF NORTH CAROLINA
Comprehensively Lessening Opioid Use Disorder
Prenatal Pilot Impact Snapshot



1. Date: _____
2. Clinic name: _____
3. Name: _____
4. Email: _____
5. Title: _____
6. On average, approximately how many total prenatal appointments does your clinic have in a month? _____

****Questions #7-15 refer to verbal or written substance use disorder screening****

7. Approximately what percentage of your prenatal patients are screened for substance use disorder (SUD) using a verbal or written screening tool at any time during their pregnancy? _____

If 0%, skip to question #15. All others, continue to question #8.

8. Who in your office conducts verbal SUD screenings with prenatal patients, if applicable?

9. Who in your office provides the written screening tool to prenatal patients, if applicable?

10. At which visit(s) does the verbal or written SUD screen typically occur?

11. Substance use disorder screening tools that have been validated for use in pregnancy include:

- NIDA Quick Screen
- Integrated 5 Ps Screening Tool
- Substance Use Risk Profile Pregnancy Scale
- 4 Ps Plus
- Community Care of North Carolina (CCNC) Pregnancy Home Risk Screening Form

Does your clinic utilize a standardized, validated verbal or written SUD screening tool listed above?

Yes No Unknown Not applicable

12. If yes to #11, list the name of the verbal and/or written SUD screening tool(s).

13. Approximately what percentage of your prenatal patients that receive a verbal or written SUD screen have a positive result?

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14. Does your clinic have a standard protocol to guide providers if a patient has a positive verbal or written SUD screen?

- Yes No Unknown Not applicable

If YES, continue to question #15. All others skip to question #18.

15. If yes to #14, does the protocol include discussing the results of the positive SUD screen with the mother?

- Yes No Unknown Not applicable

16. If yes to #14, does the protocol include providing patient education on neonatal abstinence syndrome?

- Yes No Unknown Not applicable

17. If yes to #14, does the protocol include patient education about the care provided to newborns with neonatal abstinence syndrome at the hospital of delivery?

- Yes No Unknown Not applicable

****Questions #18-20 refer to urine drug screening****

18. Approximately what percentage of your prenatal patients receive a urine drug screen at any time during their pregnancy? _____

If 0%, skip to question #21. All others, continue to question #19

19. Is patient consent obtained specifically for the urine drug screen, beyond the general consent to care?

- Yes No Unknown Not applicable

20. Approximately what percentage of your prenatal patients have a positive urine drug screen at any time during their pregnancy?

21. Does your clinic have a social worker or case manager on-site?

- Yes No

22. Does your clinic have an electronic patient medical record system that directly communicates with a hospital system?

- Yes No

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23. What do you see as potential challenges for your clinic to adopt universal substance abuse screening of prenatal patients using a validated verbal or written tool?

24. What do you see as strengths of your clinic that will facilitate the adoption of universal substance abuse screening of prenatal patients using a validated verbal or written tool?