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

<table>
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<tr>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
<th>Not applicable</th>
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*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?

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<tr>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
<th>Not applicable</th>
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16. If yes to #14, does the protocol include providing patient education on neonatal abstinence syndrome?

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<th>Yes</th>
<th>No</th>
<th>Unknown</th>
<th>Not applicable</th>
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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?

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<tr>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
<th>Not applicable</th>
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**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?

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<tr>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
<th>Not applicable</th>
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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?

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<th>Yes</th>
<th>No</th>
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22. Does your clinic have an electronic patient medical record system that directly communicates with a hospital system?

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<th>Yes</th>
<th>No</th>
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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?