READINESS – for every setting

1. Create a state, health system or community implementation team
    a. identify an administrative lead and provider "Clinical Champions" to facilitate the implementation of evidence-based practice (EBP) into inpatient and outpatient clinical settings
    b. collaborate with affiliated hospitals, health systems and/or perinatal collaborative partners to ensure consistency in clinical care approaches
    c. initiate relationships with payers (i.e. Medicaid HMO's) to address reimbursement related needs
2. Within every clinical setting, research resources/barriers and educate staff
    a. Identify clinical training needs regarding EBP of substance use disorders and ways to reduce stigma
    b. Provide educational opportunities (i.e. CME, in-service trainings) to address clinical training needs
    c. Know state and local reporting guidelines for prenatal substance use and substance-exposed infants
3. Prepare inpatient and outpatient clinical settings
    a. Identify a validated screening tool to use in inpatient and outpatient clinical settings
    b. Incorporate patient education materials regarding OUD and NAS into clinical settings
    c. Develop prenatal, intrapartum, and postpartum clinical pathways for women with OUD/SUD (i.e. rooming-in, breastfeeding support, pain management)
4. Identify state, county and community resources for collaboration and referrals
    a. Ensure social services provider (i.e. social work, case management) involvement to assist with linkages to available resources (i.e. home visiting, transportation, WIC)
    b. Identify local, women-centered SUD treatment facilities (i.e. location, eligibility, Medicaid-billing)
    c. Collaborate with local child welfare officials to develop a "plan of safe care" after delivery

RECOGNITION – for every woman in every setting

1. Screen all pregnant women for substance use using a validated screening tool (see AIM screening tool chart)
2. Screen all pregnant women with a history of substance use for HIV, STIs, Hepatitis, psychiatric disorders and intimate partner violence (see AIM screening tool chart)
3. Develop brief intervention and referral clinical pathways for women who have positive screens.

RESPONSE – for every prenatal, intrapartum and postpartum woman with OUD/SUD

1. Identify a lead coordinator to ensure that all women with OUD/SUD receive an individualized plan of care to:
    a. Ensure adherence with prenatal, intrapartum and postpartum clinical pathways
    b. Have a "plan of safe care" prior to hospital discharge.
    c. Ensure and follow OUD treatment engagement during pregnancy and postpartum
        1. Obtain patient consent to communicate and share records with OUD treatment providers
2. Ensure access to immediate postpartum contraception services and provider referrals to address co-morbidities (i.e. infectious disease, hepatology)

REPORTING – for every clinical setting, health setting and/or community

1. Incorporate EBP compliance measures for the care of women with OUD into hospital and system level quality improvement initiatives
    a. Identify and monitor maternal and neonatal outcome metrics (see AIM metric list) relevant to OUD
    b. Create a process to conduct multidisciplinary case reviews for adverse events related to substance use
    c. Provide a mechanism for ongoing continuing education and EBP feedback for clinical and non-clinical staff
2. Use outcome data to engage child welfare, public health agencies, court systems, and law enforcement to help drive initiatives to expand treatment access and improve maternal and neonatal outcomes