

# 2023 Deidentified SUD Bundle Metrics

## INSTRUCTIONS

This data form is meant to be completed after delivery for people with opioid, sedative/hypnotic, cocaine, or stimulant/methamphetamine use disorders.

Patients who delivered at or transferred to your hospital are eligible.

There are no gestational age exclusions; deliveries at any gestational age that meet the above criteria should be included.

For questions, please contact: [NNEPQIN@hitchcock.org](mailto:NNEPQIN@hitchcock.org)

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Birth Hospital \_\_\_\_\_

Month of Delivery

- 01 - Jan  
 02 - Feb  
 03 - Mar  
 04 - Apr  
 05 - May  
 06 - Jun  
 07 - Jul  
 08 - Aug  
 09 - Sep  
 10 - Oct  
 11 - Nov  
 12 - Dec

Year of delivery

- 2023  
 2024  
 2025

## Eligibility

Is there evidence that the patient is using a sedative (benzodiazepines), opioid, or non-prescribed stimulant?

Select all that apply.

- Non-prescribed sedative, hypnotic (ie Ambien) or anxiolytic (ie Xanax, Klonopin, Valium or Ativan)  
 Medication for opioid use disorder or non-prescribed opioids  
 Non-prescribed stimulant (ie amphetamines)  
 Cocaine  
 None of the above  
 Unknown

Are any of the following diagnostic codes documented in the patient's medical record?

Select all that apply.

- F11 (Opioids)  
 F13 (Sedative, hypnotic or anxiolytic)  
 F14 (Cocaine)  
 F15 (Stimulants)  
 O99.32 (Drug use complicating pregnancy)  
 None of the above

Please enter any additional substance-related ICD 10 codes (if not listed in choices above) \_\_\_\_\_

**Demographics**

Race and Ethnicity  
(as reported on infant's Birth Certificate worksheet)

- Non-Hispanic White  
 Non-Hispanic Black  
 Hispanic  
 Other

Please specify if race or ethnicity is not listed in choices above.

Primary source of payment for this delivery  
(as reported in Medical Record)

- None/Uninsured  
 Medicaid/Medicare  
 Other public insurance  
 Private insurance

**Process and Outcome Measures**

Was this pregnant or postpartum patient screened for SUD using a validated verbal screening tool during their birth admission?

- Yes  
 No

Was this pregnant or postpartum patient with OUD counseled on medication for opioid use disorder (MOUD) prenatally or during their birth admission?

- Yes  
 No

Did this pregnant or postpartum patient with OUD receive or get referred to medication for opioid use disorder (MOUD)?

- Yes  
 No

Was this pregnant or postpartum patient with SUD (including OUD) counseled on recovery treatment services prenatally or during their birth admission?

- Yes  
 No

(see Plan of Safe Care)

Did this pregnant or postpartum patient with SUD (including OUD) receive or get referred to recovery treatment services?

- Yes  
 No

Was this pregnant or postpartum patient counseled on Naloxone prenatally or during their birth admission?

- Yes  
 No

Did this pregnant or postpartum patient with SUD receive Naloxone or a prescription for Naloxone prior to delivery discharge?

- Dispensed Naloxone  
 Prescribed Naloxone  
 Already had Naloxone  
 Declined Naloxone  
 Unknown  
 (select one)

Was the newborn discharged home with either birth parent?

- Yes  
 No

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Did severe maternal morbidity (SMM) occur during the birth admission?

Select all that apply.

- None
- Amniotic Fluid Embolism
- Thrombotic Embolism
- Sepsis
- Adult Respiratory Distress Syndrome
- Disseminated Intravascular Coagulation
- Puerperal Cerebrovascular Disorders
- Pulmonary Edema/ Acute Heart Failure
- Severe Anesthesia Complications
- Shock
- Sickle Cell Disease with Crisis
- Hysterectomy
- Ventilation
- Temporary Tracheostomy
- Blood Transfusion