

# ROUTINE PRENATAL CARE CHECKLIST

## INITIAL VISIT THROUGH 2<sup>ND</sup> TRIMESTER

- ☐ Assess pregnancy symptoms
- ☐ Establish pregnancy dating
- ☐ Complete prenatal laboratory testing
  - ☐ Consider urine drug testing with consent
- ☐ Complete full patient medical history
  - ☐ Assess substance use/substance use disorder history
  - ☐ Assess other substance use, including tobacco and cannabis
  - ☐ Review prior treatments and periods of recovery
  - ☐ Assess OUD/SUD related comorbidities (Hepatitis C, cardiac complications)
- ☐ Complete pregnancy history
  - ☐ Assess if other births were in the setting of OUD/SUD and treatments
  - ☐ Assess for birth/health care experiences, including trauma
  - ☐ Assess for prior pregnancy and birth complications including those related to OUD/SUD
  - ☐ Assess for prior peripartum pain management experiences
- ☐ Complete full mental health history
  - ☐ History of mental health diagnoses and prior treatments (medication, therapy, hospitalizations)
  - ☐ Mental Health Screenings
    - ☐ Depression/Anxiety (e.g., EPDS)
    - ☐ History of trauma/IPV (PSC-5)
- ☐ Complete screening for unmet social needs
  - ☐ Consider referrals to local organizations
  - ☐ Consider adjustments to make care more accessible (telemedicine, home monitoring)
- ☐ Review MOUD treatment options
  - ☐ Assess for dose adequacy/management of cravings



### KEY POINT:

ACOG recommends universal drug screening for all patients.

Urine drug testing should never be done without the patient's permission.



### KEY POINT:

More than 90% of individuals with OUD used more than 2 substances in the same year.

Polysubstance use may contribute to risk of overdose, traumatic injury, infectious disease, and mortality.<sup>6</sup>



### KEY POINT:

80% of patients with OUD/SUD have concurrent Mental Health Conditions. Supporting mental health is crucial to supporting recovery!