## **APPENDIX 6**

## **OPIOID-AGONIST THERAPY DURING PREGNANCY MEDICATION PROVIDER CHECKLIST**

	PATIENT NAME	DATE OF BIRTH
	☐ Discuss risk benefits/Patient given risk benefit fact sheet	
	☐ Methadone	
	☐ Buprenorphine	
	☐ No medication/wean	
	☐ Substance Treatment counselor	
	□ Name:	
	☐ Refer to counseling if not already in treatme	nt (counseling is strongly recommended)
	□ Obstetrician	
	□ Name:	
	☐ Hospital of Delivery:	
	☐ Anesthesia consult at 24-32 weeks	
	□ Pediatrician	
	☐ Name:	
Name:		
	Refer at 24-32 weeks	
	☐ Home Visiting Nurse	
	□ Name:	
	☐ Urine Drug Screens	
	☐ Obstetrician	
	☐ Medication Provider	