# PREPARING FOR REENTRY CHECKLIST FOR PREGNANT & POSTPARTUM PATIENTS

WITH SPECIAL CONSIDERATIONS FOR OPIOID USE DISORDER (OUD)

MOMCARE
Maternal Opioid Use Disorder Management and CAre REsources in Custody
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Patient Name: _____

DOB: _____

Completion date: _____

Reentry planners overseeing discharge have multiple challenges and needs to manage as they help prepare people for successful transitions back into the community. **Pregnant and postpartum patients,** especially those with opioid use disorder (OUD), have increased and time-sensitive health care and resource needs. Reentry planning can help ensure they are connected to resources, prenatal care, and SUD treatment when leaving custody to promote optimal well-being. The checklist below has been adapted from that of The Council of State Governments Justice Center to include the special considerations of these populations.

Use this checklist as a guide for tasks to complete when planning for discharge. Depending on the role of the person completing this checklist, you made need to work with medical or other staff to confirm these plans.

**For any 'NO' answers, work with your colleagues and the patient to address those needs.**

**Note:** Information on referrals, resources, medical providers, medical appointments, and support organizations should be placed in the patients' property for release.

| | OUD IN PREGNANCY/POSTPARTUM NEEDS | YES | NO |
|---|---|---|---|
| 1 | Have you confirmed where the patient will continue to receive MOUD/MAT (methadone or buprenorphine) in the community after release? | | |
| 2 | In case they get released unexpectedly, have you placed a list of local options of MOUD/MAT programs or providers that accept pregnant patients in their property? | | |
| 3 | If the release date is known, has an appointment been made with a community provider for their next methadone or buprenorphine dose? | | |
| 4 | Has a plan been made for how the patient will get to the program for their next MOUD/MAT dose on the day of jail release? This includes transitions to residential treatment programs. | | |
| 5 | Has a warm hand-off connection to the program been made before the person leaves jail? (e.g., called the community provider for details and informing them of a new/returning patient) | | |
| 6 | Have you or other jail staff discussed strategies with the patient about how they can avoid people, places, and things that might trigger them to use substances? | | |
| 7 | If on buprenorphine, have you confirmed with medical that the patient will get a 2-week take-home supply? | | |
| 8 | Has a Narcan kit been placed in their property? | | |
| | **PREGNANCY AND POSTPARTUM CARE NEEDS** | **YES** | **NO** |
| 9 | Have you confirmed with the patient where they will go for prenatal (or postpartum) care in the community? | | |
| 10 | If the release date is known, has the patient's next prenatal (or postpartum) appointment been scheduled? | | |
| 11 | Have you confirmed with medical that the patient will get a 2-week supply and prescription for medications they are taking? (e.g., medications for psychiatric or medical conditions) | | |
| 12 | If breastfeeding and they have been pumping milk in jail, have you confirmed a plan for giving them any of their expressed milk that has been stored at the jail? | | |
| 13 | Will you provide each discharged patient with the following in their property?<br>- Written copy of their jail medical record, including medication list<br>- Information about: upcoming medical appointments, their prenatal care provider, local resources, and patient | | |

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| | education materials (pregnancy warning signs, OUD care in pregnancy, etc.)? | | |
| | **BASIC NEEDS** | **YES** | **NO** |
| 14 | Does the patient have a safe home/shelter/program to return to? Note: Confirm the location accepts pregnant individuals and those on MOUD/MAT. | | |
| 15 | Does the patient have a safe way of getting to their home/shelter/program? (i.e., van, public transportation, taxi, someone to pick them up, rideshare) | | |
| 16 | Does the patient have a government issued ID? | | |
| 17 | Does the patient have adequate access to food where they are living? | | |
| 18 | Does the patient have a cell phone or access to a landline phone upon release? | | |
| 19 | Provide the patient with written resources for WIC (Special Supplemental Nutrition Program for Women, Infants and Children), domestic violence support, housing support that accepts pregnant patients, and other organizations in your community that support pregnant patients. | | |
| 20 | **If NO for any of the identified basic needs, have you provided resources and discussed a plan of how the individual will navigate these challenges?** | | |
| | **HEALTH AND TREATMENT NEEDS** | **YES** | **NO** |
| 21 | Does the patient have private health insurance?<br>If NO→ Did you start a Medicaid application for the patient so that it is ready to be activated upon release (if you are in a state where pre-release enrollment is allowed)? Pregnant individuals in the US who do not have insurance usually qualify for Medicaid. | | |
| 22 | Does the patient have a mental health condition other than substance use disorder?<br>IF YES → Have you identified a mental health provider in the community for the pregnant person? Has an appointment been made and has the information been placed in the patient's property? | | |
| | **LEGAL CONSIDERATIONS** | **YES** | **NO** |
| 23 | If the patient is on court-ordered supervision (e.g. probation or parole), has the assigned officer been informed and provided with the individual's contact information? | | |
| 24 | If your jail has access to court-ordered reporting instructions, did you provide them to the patient? | | |
| 25 | Is release scheduled during the day to allow for service coordination, if court orders permit?<br>If NO→ Discuss with individual a plan for where they will go if released in the middle of the night. | | |