

Model Policy: Substance Screening and Testing of the Pregnant Patient at the Outpatient Visit (Antepartum and Postpartum)

BACKGROUND

Screening and testing for substance abuse in pregnancy increases the identification of substance users and allows for early intervention and treatment. Research shows that up to 19% of infants born in 8 West Virginia hospitals during July and August of 2009 tested positive for exposure in utero to controlled or addictive substances, not including tobacco. Research also shows that abstinence (from drug use) by the third trimester significantly improves perinatal outcomes. It is well known that health care providers show unintentional bias when determining who to screen or test. **Therefore all pregnant women should be screened each trimester as part of the normal routine.** It is also recommended that all postpartum women be screened, if possible.

DEFINITIONS

Screening is the initial step in substance abuse evaluation and is accomplished through interview and questionnaire (example: the 4P's screening tool.)

Testing refers to the laboratory analysis of biological specimens and follows screening. **All pregnant women will be screened but not all pregnant women will be tested.**

POLICY It is the policy of this institution (office/hospital/practice/service) to

1. **Screen** all pregnant women for controlled and addictive substances as early in prenatal care as possible and each trimester.
2. **Test** all women who have a positive screen (example: "yes" response to Past and/or Pregnancy.)
3. Obtain consent (either verbally or in writing) before laboratory testing.
4. Refer all pregnant women who test positive for controlled or addictive substances to substance abuse treatment. Maintain continuous consultation with the treatment program throughout the pregnancy and the first six weeks postpartum OR refer patients elsewhere for continued maternity care as appropriate.
5. Ensure patient confidentiality by complying with the Uniform Maternal Screening Act, HIPAA, and other state and federal laws.

GUIDELINES

1. Pregnant women will be evaluated using the core components of substance abuse evaluation (screening, brief intervention, brief treatment and referral.)
(www.samhsa.gov.)
2. **All pregnant women** will be screened for addictive substance use each trimester. Screening is by interview or questionnaire. The West Virginia uniform maternal screening tool should be used (as available).
Rationale: Universal screening of women and newborns for substance abuse **using biological specimens** is not recommended, however every pregnant woman should be assessed for use of alcohol, tobacco, and illicit drugs. (AAP, ACOG, Guidelines for Perinatal Care, Sixth Edition, 2007, p 265)
3. Screening results will be documented; also the patient response, counseling, and the plan of care.
4. Positive answers to the screening tool merit follow-up assessment which includes further questioning about drug and alcohol use (what kind of drugs/alcohol, how often, how much/how many) and laboratory testing.
5. Other medical indications for laboratory testing include previous positive urine toxicology; methadone or Subutex use; + HIV or Hepatitis B or C; Premature labor and/or delivery; abruption; IUGR; PROM; frequent requests for RX drugs that are known to be abused; gross noncompliance with prenatal care; third trimester IUGR
6. Informed consent is advisable prior to laboratory testing. The provider will inform the pregnant woman of the reason for doing the test and the procedures involved, document her consent, review the test results with her and document her response.
Rationale: Because positive test results have implications for patients that transcend their health, patients should give informed consent before testing. (AAP/ACOG, Guidelines for Perinatal Care, Sixth Edition, 2007, p.97)
7. Brief interventions for positive screens include discussion of the benefits of treatment and referral; the risks to the mother and baby; and emphasis on total abstinence and zero tolerance.
8. Negative screening is followed by educational messages on the benefits of abstinence and screening once each trimester.
9. Patients with positive screening and laboratory testing are offered referral to outpatient substance abuse counseling through community mental health centers, private behavioral health providers, 12 Step programs, etc. or referred to a chemical dependency treatment facility for inpatient treatment.
10. Screening results are considered confidential and are not reportable to CPS or to any law enforcement unit.
11. Laboratory test results are a part of the patient's protected health information.

Model Policy: Substance Screening and Testing of the Pregnant Patient at the Hospital Visit (Antepartum or Intrapartum)

BACKGROUND

Screening and testing for substance abuse in pregnancy increases the identification of substance users and allows for early intervention and treatment. Research shows that up to 19% of infants born in 8 West Virginia hospitals during July and August of 2009 tested positive for exposure in utero to controlled or addictive substances, not including tobacco. Research also shows that abstinence (from drug use) by the third trimester significantly improves perinatal outcomes. It is well known that health care providers show unintentional bias when determining who to screen or test. **Therefore all pregnant women who present at the hospital for evaluation should be screened for substance use as part of the normal routine.** Postpartum women should also be screened if possible.

DEFINITIONS

Screening is the initial step in substance abuse evaluation and is accomplished through interview and questionnaire (example: the 4P's screening tool).

Testing refers to laboratory analysis of biological specimens and follows screening. **All pregnant women will be screened but not all pregnant women will be tested.**

POLICY

It is the policy of this institution (hospital) to

1. **Screen** all pregnant women who present for care at this institution (antepartum, intrapartum and postpartum) for controlled and addictive substances.
2. **Test** all women who have a positive screen (example: "yes" response to Past and /or Pregnancy).
3. Obtain consent (either verbally or in writing) before laboratory testing.
4. Refer all pregnant women who test positive for controlled or addictive substances to substance abuse treatment. If already in treatment, refer for follow-up.
5. Refer all addicted pregnant women to continuous maternity care as indicated.
6. Ensure patient confidentiality by complying with the Uniform Maternal Screening Act, HIPAA, and other state and federal laws.

GUIDELINES

1. Pregnant women will be evaluated using the core components of substance abuse evaluation (screening, brief intervention, brief treatment and referral.) (www.samhsa.gov).
2. **All pregnant women** will be screened for substance use by interview or questionnaire. The West Virginia uniform maternal screening tool should be used (as available.)

Rationale: Universal screening of women and newborns for substance abuse **using biological specimens** is not recommended, however every pregnant woman should be assessed for use of alcohol, tobacco, and illicit drugs. (AAP, ACOG, Guidelines for Perinatal Care, Sixth Edition, 2007, p 265)

3. Screening results will be documented; also the patient response, counseling, and the plan of care.
4. Positive answers to the screening tool merit follow-up assessment which includes further questioning about drug and alcohol use and laboratory testing.
5. Medical indications for laboratory testing include previous positive urine toxicology; methadone or Subutex use; + HIV or Hepatitis B or C; Premature labor and/or delivery; abruption; IUGR; PROM; frequent requests for RX drugs that are known to be abused; gross noncompliance with prenatal care; third trimester IUGR
6. Informed consent is advisable prior to laboratory testing. The provider will inform the pregnant woman of the reason for doing the test and the procedures involved, document her consent, review the test results with her and document her response.

Rationale: Because positive test results have implications for patients that transcend their health, patients should give informed consent before testing. (AAP/ACOG, Guidelines for Perinatal Care, Sixth Edition, 2007, p.97)

7. Brief interventions for positive screens include discussion of the benefits of treatment and referral; the risks to the mother and baby; and emphasis on total abstinence and zero tolerance.
8. Negative screening is followed by educational messages on the benefits of abstinence and screening once each trimester.
9. Patients with positive screening and laboratory testing are offered referral to outpatient substance abuse counseling through community mental health centers, private behavioral health providers, 12 Step programs, etc. or referred to a chemical dependency treatment facility for inpatient treatment.
10. Screening results are considered confidential and are not reportable to CPS.
11. Laboratory test results are a part of the patient's protected health information.