

Screening, Brief Intervention and Referral to Treatment in Maternity Care

Daisy Goodman, CNM, DNP, MPH
Perinatal Addiction Treatment Program
Women's Health Service Line
Dartmouth-Hitchcock Medical Center

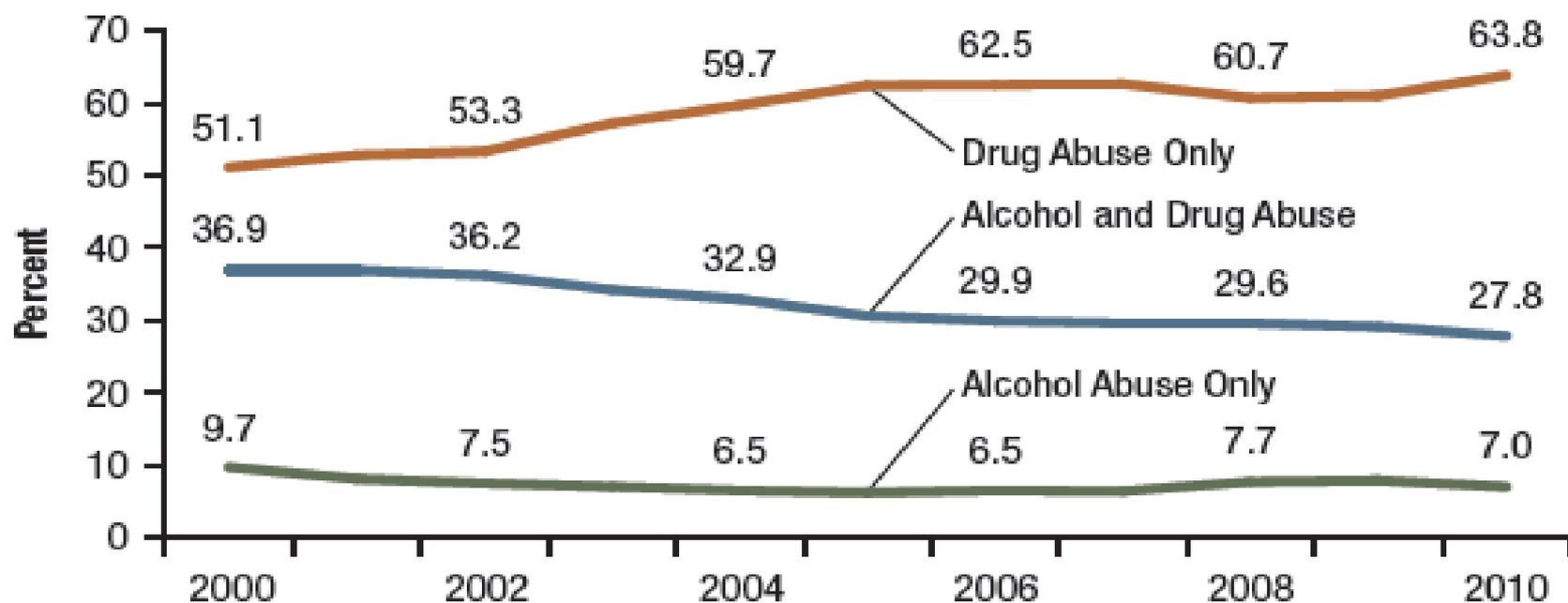


Disclosures

- No financial or other conflicts of interest to disclose
- Partial salary support from the March of Dimes for a project to improve the perinatal care of pregnant women with opioid use disorders

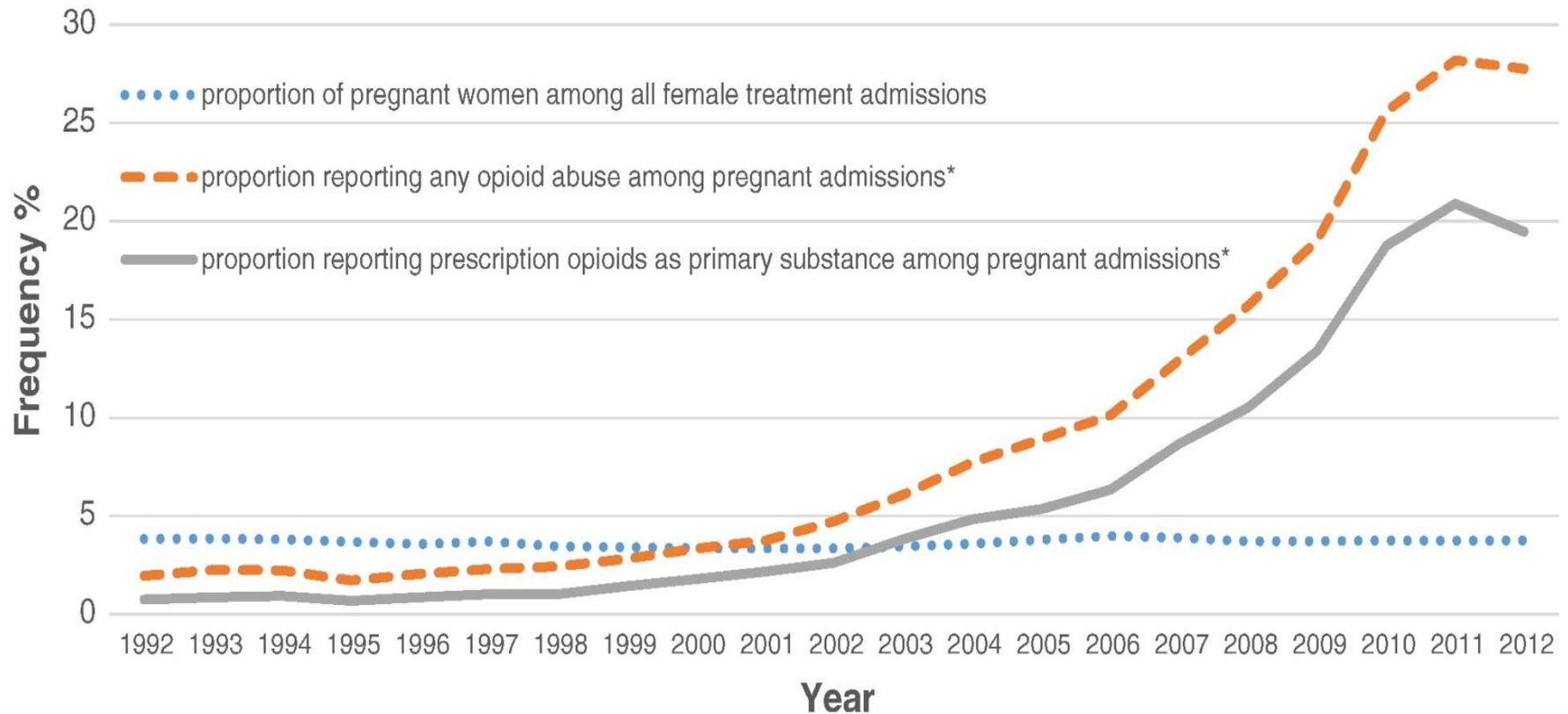
Trends in Prenatal Substance Use Treatment Admissions in the United States: 2000-2010

Figure 1. Trends in Substances of Abuse among Pregnant Substance Abuse Treatment Admissions Aged 15 to 44: 2000–2010



Note: Percentages may not total 100 because some admissions may not report a substance of abuse.

Trends in Treatment Admissions for Opioid/Opiate Use During Pregnancy 1992-2012



Impact of Untreated Substance Use Disorders for Mothers

Inadequate prenatal care:

- Initiate prenatal care late
- Attend fewer prenatal visits
- Poor nutrition
- Increase complication rates

Comorbidities associated with IV drug use

- Deep vein thrombosis
- Pericarditis
- Overdose

Infectious Disease

- Needle sharing
- Pressure to trade sex for drugs

Impact of Untreated Substance Use Disorders for Baby

- Preterm Birth (<37 weeks)
- Low birth weight (<2500g)
 - Fluctuating opioid concentrations → unstable fetal environment
 - Tobacco use
 - Impact of maternal stress
- Higher rates of NICU admission
- Long term effects associated with polysubstance use
 - Decreased cognitive performance
 - Attention Problems
 - Disruptive behavior
 - Motor delays
- Difficult to determine whether long term effects are the result of prenatal exposures or postnatal environmental factors, or both

Treatment Improves Outcomes

Journal of Perinatology (2008), 1–7
© 2008 Nature Publishing Group All rights reserved. 0743-8346/08 \$30
www.nature.com/jp



ORIGINAL ARTICLE

Substance abuse treatment linked with prenatal visits improves perinatal outcomes: a new standard

NC Goler¹, MA Armstrong², CJ Taillac³ and VM Osejo³

Study Group	Adjusted OR		
	Untreated SUD	Treated SUD	No SUD
Low birth weight (<2,500g)	1.8 (1.1-3.1)	1.0 (<i>ref</i>)	0.7 (0.6-0.9)
Preterm delivery	2.1 (1.3-3.2)	1.0	0.8 (0.7-1.0)
Placental abruption	6.8 (3.0-15.5)	1.0	1.1 (0.7-1.7)
Fetal demise	16.2 (6.0-43.8)	1.0	1.5 (0.7-3.3)

(Goler, et al 2008)

Universal Screening for drug and alcohol use in Maternity Care

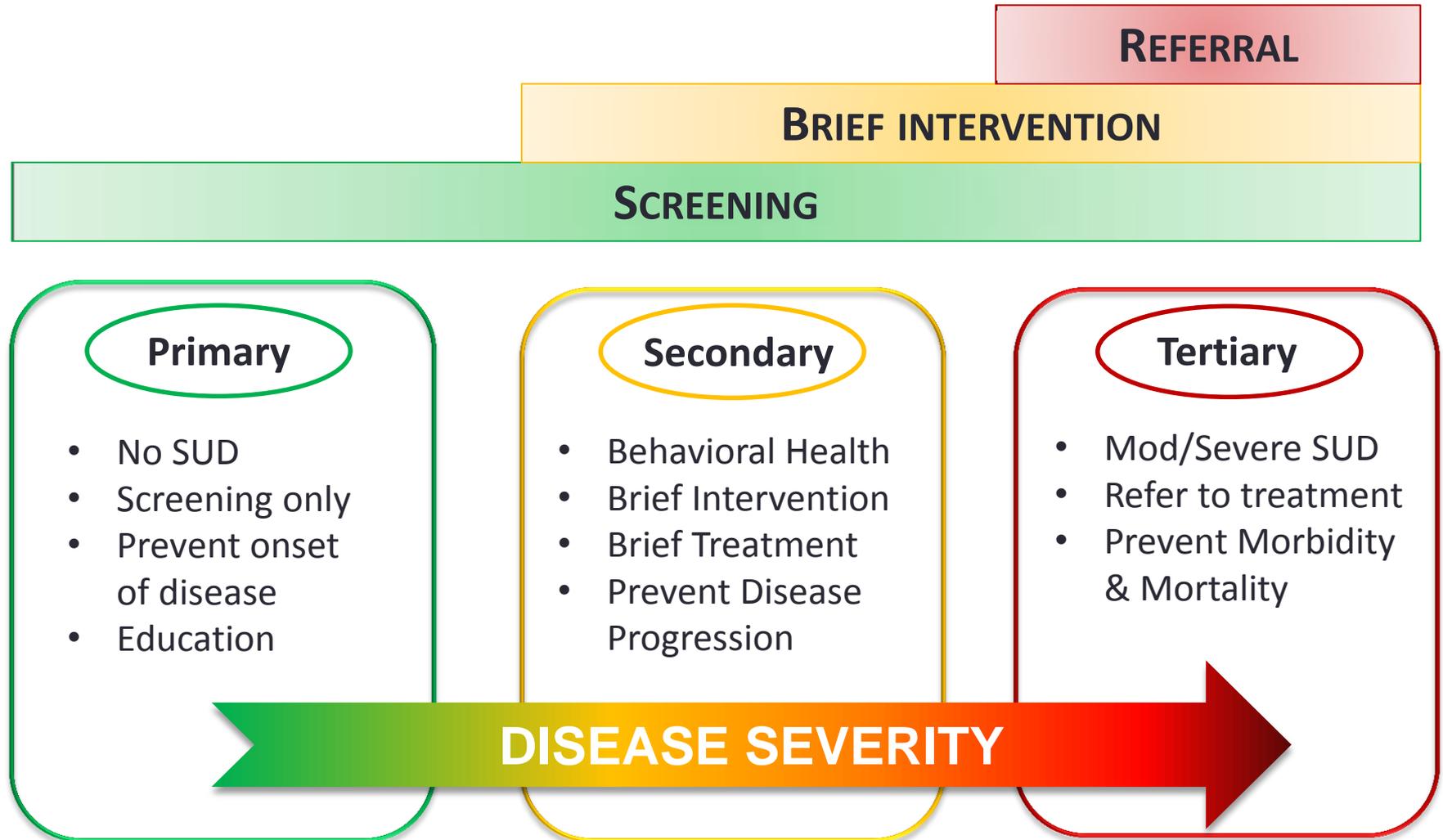
“Obstetrician-Gynecologists have an ethical obligation to learn and use techniques for universal screening questions, brief intervention, and referral to treatment.”

(American Congress of Obstetricians and Gynecologists, 2012)

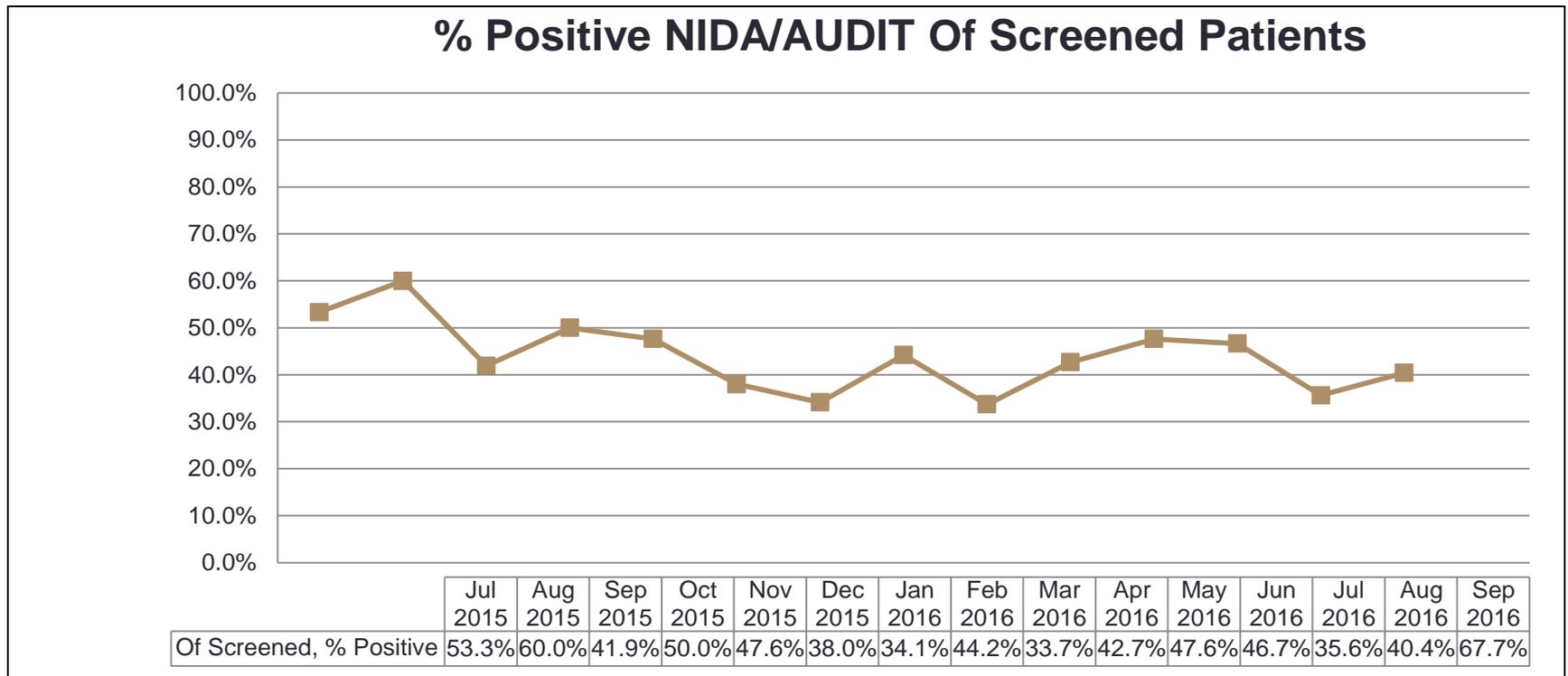
Screening, **B**rief **I**ntervention and **R**eferral for **T**reatment (SBIRT)

- SBIRT introduced to Ob/Gyn in late 2013
- Initially utilized paper questionnaires
- New Hampshire Charitable Foundation grantee: 4/2015
- Step-wise implementation of electronic SBIRT completed: 12/2015

SBIRT: a Population Health Approach



SBIRT Results: At-risk Past Year Drug or Alcohol Use



Opportunities on all levels...

Since substance use in pregnancy is so bad: why not do drug testing?

- Not recommended as a screening approach by the American Congress of Obstetricians and Gynecologists or by the World Health Organization
- Problems with accuracy:
 - Does not detect alcohol
 - Short detection window
 - High false positive rates
- Logistical problems:
 - Easy to falsify unless observed
 - Expensive if confirmation required
- Limited scope of substances detected
- Potential deterrent to care- a recent study about women's perceptions of drug testing during pregnancy found that:
 - 73% support drug testing,
 - 86% support verbal screening,
 - 14% said testing would cause them to avoid prenatal care

(ACOG, 2012; WHO, 2013; Edmonds, 2016; Roberts, 2010; Stone, 2015)

Is SBIRT during pregnancy effective?

- Simply asking about alcohol and other substance use may result in behavior change
- Asking about alcohol or other substance use in a detail may increase women's awareness of actual levels of consumption and modify behavior
- Brief intervention reduces the number of drinks and the number of heavy drinking days during the postpartum period
- Pregnant women with higher levels of alcohol use may reduce use after a brief intervention that includes their partner
- Pregnant adolescents with a substance use disorder have been shown to reduce substance use after a single-session, standardized brief intervention
- Concern about child protective service involvement impacts disclosure

(Goler, 2008; Klesges, 2001; Nilsen, 2009; Delrahim-Howlett, 2011; Floyd, 2007; Fleming 2008; Chang, 2005; Whicher , 2012' Roberts, 2010)

NH Senate Bill 515: (6/22/16)

- 308:1 Statement of Findings. The general court finds and declares that the state of New Hampshire is facing an epidemic regarding the misuse and abuse of opiates, including, but not limited to, heroin and fentanyl. A parent's use of these drugs can pose a substantial threat to the safety of the children living in the home. Consistent with the purposes of the child protection act, this act will help the department to insure the safety of the children living in the home, will enable the department to provide services to the parents and family to help them address their drug use so that they can safely parent their children and shall be administered to insure the preservation and unity of the family whenever possible....
- 169-C:12-e Rebuttable Presumption of Harm. **Evidence of a custodial parent's opioid drug abuse or opioid drug dependence, as defined in RSA 318-B:1, I or RSA 318-B:1, IX, shall create a rebuttable presumption that the child's health has suffered or is very likely to suffer serious impairment.** The presumption may be rebutted by evidence of the parent's compliance with treatment for such use or dependence.

Comprehensive Addiction and Recovery Act of 2016

TITLE V--INFANT PLAN OF SAFE CARE IMPROVEMENT ACT

- (Sec. 502) This bill amends the Child Abuse Prevention and Treatment Act **to require the national clearinghouse for information relating to child abuse to maintain and disseminate information about requirements and best practices relating to the development of plans of safe care** for infants born affected by illegal substance abuse symptoms, withdrawal symptoms, or a Fetal Alcohol Spectrum Disorder.
- (Sec. 503) The plan of safe care for such infants that is required for a state to receive a grant to improve its child protective services system must: (1) address the health and substance use disorder treatment needs of the infant and affected family or caregiver, and (2) specify a system for monitoring whether and in what manner local entities are providing services in accordance with state requirements

Ethical Issues Arising from Drug and Alcohol Use Screening during Pregnancy

- Do we need informed consent for screening during pregnancy?
- Need for transparency about consequences
- Commitment to facilitate/arrange treatment
- Confidentiality

Summary

- All prenatal patients should be screened for drug and alcohol use at the beginning of pregnancy and at subsequent visits
- SBIRT is arguably the most therapeutic approach to screening during pregnancy
- More research is needed to determine sensitivity and specificity
- Alternative approaches (toxicology testing) intensify ethical issues raised by antenatal screening