

Screening for Perinatal SUD and Education for Patients and Staff



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Objectives

- Describe our workflow for SUD screening, including workflow and the language/scripting that engenders patient trust
- Describe how we educated staff and patients about substance use disorder and perinatal complications
- Present some data on screening and referrals

Opportunities

- High frequency contact with healthcare
 - Build trust and patient-provider relationship
 - Opportunity to link other services to obstetrical care
- More motivation for treatment
 - Concern for effects on fetus
 - Fear of losing her child(ren)



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And challenges

- Treatment needs are different
 - Less likely to pursue inpatient care if other children in the home
 - Detoxification is currently not recommended in pregnancy as standard of care
 - Medication-assisted treatment (MAT) options and availability
- Other considerations
 - Contraception (preconception and postpartum)
 - Expanded and repeated STD screening and treatment

Committee Opinion #711, Aug 2017 Opioid Use and Opioid Use Disorder in Pregnancy

- Early universal screening, brief intervention, and referral for treatment of pregnant women with OUD improve maternal and fetal outcomes.
- Screening for SUD should be part of comprehensive obstetric care and should be done at the first prenatal visit.
- Routine screening should rely on validated screening tools, such as questionnaires.



TABLE 2

Clinical care considerations by type of opioid use and timing of entry into care

Action	Illicit opioid-use				Patient whose condition is maintained on opioid-agonist medication				Patient who uses opioid medication for pain management			
	Prenatal care ^a	Triage	Labor and delivery	After delivery	Prenatal care ^a	Triage	Labor and delivery	After delivery	Prenatal care ^a	Triage	Labor and delivery	After delivery
Build and maintain good rapport with the patient and ensure patient confidentiality	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Review medical and obstetrical history and care	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Screen for drug use ^b (if positive, provide assessment, brief intervention and/or brief treatment)	✓	✓	✓	✓	N/A	N/A	N/A	N/A	✓	✓	✓	✓
Screen for other substance use and comorbid conditions	✓	—	✓	✓	✓	—	✓	✓	✓	—	✓	✓
Screen for social service needs	✓	—	—	✓	✓	—	—	✓	✓	—	—	✓
Refer to specialist care (eg, pain and addiction medicine, neonatology, pediatrics, psychiatry, and/or obstetrics)	✓	✓	—	✓	✓	✓	—	✓	✓	✓	—	✓
Contraceptive and sexually transmitted infection prevention counseling	✓	—	—	✓	✓	—	—	✓	✓	—	—	✓
Provide pain management	—	✓	✓	✓	—	✓	✓	✓	✓	✓	✓	✓
Delivery care	N/A	N/A	✓	N/A	N/A	N/A	✓	N/A	N/A	N/A	✓	N/A
Breastfeeding counseling	✓	—	—	✓	✓	—	—	✓	✓	—	—	✓

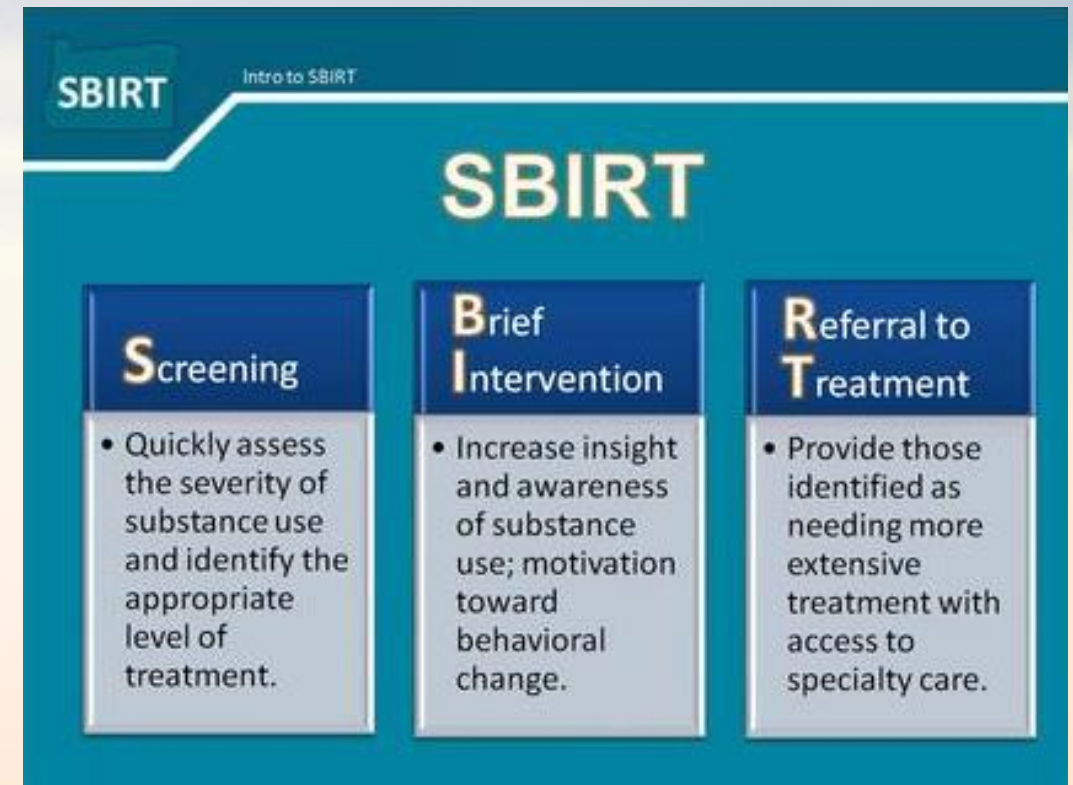
N/A, not applicable.

^a Includes all elements of routine prenatal care; ^b Screening may involve verbal or written or computer-assisted questioning and/or urine drug testing (ie, an initial urine toxicology assay for the presence of drugs).

Jones. Opioid use in pregnant and postpartum women. Am J Obstet Gynecol 2014.

Universal Screening

- SBIRT
- Recommended by ACOG using validated screening tools
 - 4 P's
 - NIDA quick screen
 - CRAFFT



4 P's

- Four simple questions:
 - **Parents** - consider asking in Family History
 - **Partner** – may be associated with risk of use and domestic violence
 - **Past** - consider asking in Medical History
 - **Present** – “In the month before you knew you were pregnant....”
 - **(Pregnancy)** – “how about since you found out about pregnancy?
Has it been difficult to quit?”
- Offer many opportunities to disclose
 - First as patient-entered questionnaire
 - Nurse asks again at NO intake
 - Provider affirms answers at first prenatal visit

NIDA (National Institute on Drug Abuse)

Quick Screen

- Starts with brief screen and expands based on initial responses
- <https://www.drugabuse.gov/publications/resource-guide-screening-drug-use-in-general-medical-settings/nida-quick-screen>

CRAFT

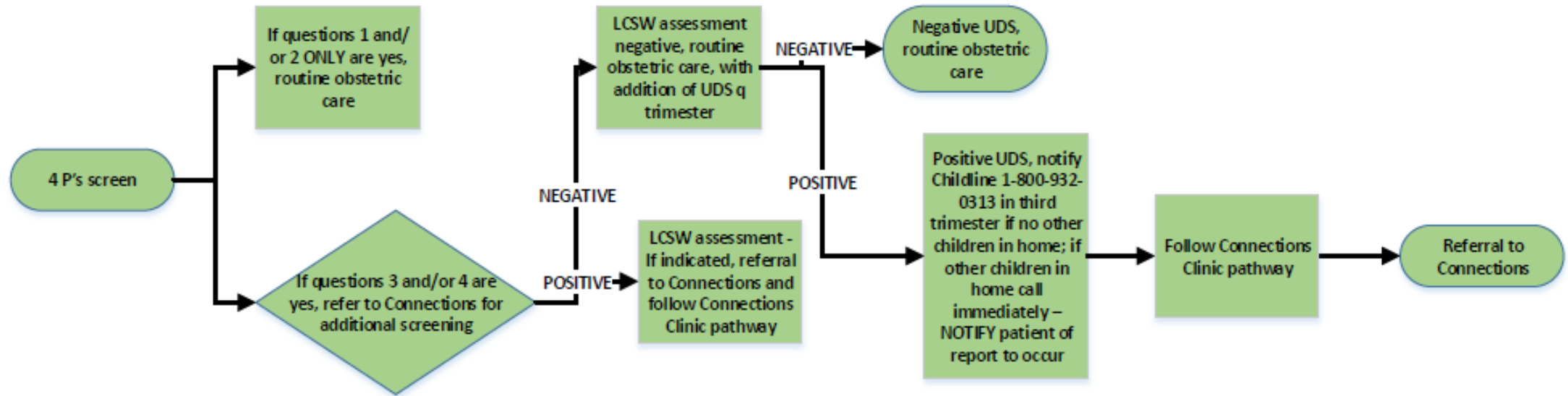
- From CeASAR (Center for **Adolescent** Substance Abuse Research)
 - C - Have you ever ridden in a CAR driven by someone (including yourself) who was "high" or had been using alcohol or drugs?
 - R - Do you ever use alcohol or drugs to RELAX, feel better about yourself, or fit in?
 - A - Do you ever use alcohol/drugs while you are by yourself, ALONE?
 - F - Do you ever FORGET things you did while using alcohol or drugs?
 - F - Do your family or FRIENDS ever tell you that you should cut down on your drinking or drug use?
 - T - Have you gotten into TROUBLE while you were using alcohol or drugs?

Biologic (urine) testing

- May be used to detect or confirm substance abuse
- **CONTROVERSIAL TO USE ROUTINELY**
 - Not in and of itself diagnostic of OUD or its severity
 - Only assesses current or recent use, not sporadic
 - May not detect certain substances, esp synthetic or designer
 - False positive results can occur and have consequences
- Patient consent or notice
- Need for reporting to government agencies

Comprehensive pathway for SBIRT

Ambulatory



Patient Education

- Frequency of SUD including in pregnancy
- Risks of SUD in pregnancy – maternal and fetal/neonatal
- Treatment options including MAT
- Inpatient experience expectations
- Postpartum care

Fundamental principles

Early Start in Northern CA

- We believe that every woman deserves a **non-punitive** health care environment, such that she has access to services and support to have an alcohol, tobacco and drug free pregnancy, allowing the delivery of a **healthy baby**.

Project Nurture in Oregon

- Pregnant women with substance use disorders need a **safe place** where they can receive both maternity care and care for their substance use disorder. They need a high-quality system of care that **fosters trust, health, and transparency**.
- We must nurture the mother if we want her to nurture and protect her child.

CONNECTIONS

- **OUR GOAL:** to educate and support women with opioid dependence and addiction to have an optimal pregnancy outcome resulting in a healthy infant living in a positive family environment.
- Program includes:
 - Universal screening of all pregnant woman consistent with ACOG recommendations
 - Proper referral for assessment and treatment
 - Medication-assisted treatment (MAT)
 - Partnering with services in the community
 - Surveillance and treatment for neonatal abstinence syndrome (NAS)
 - Consultation with our Child Advocacy Center
 - Postnatal connection to ongoing addiction treatment and family-centered care



Trauma-informed Care

TIC Project of Iowa

- Becoming “trauma-informed” means recognizing that people often have many different types of trauma in their lives. People who have been traumatized need support and understanding from those around them. Often, trauma survivors can be re-traumatized by well-meaning caregivers and community service providers.

Language Matters

Language is powerful – especially when talking about addictions.
Stigmatizing language perpetuates negative perceptions.
“Person first” language focuses on the person, not the disorder.

When Discussing Addictions...

SAY THIS	NOT THAT
Person with a substance use disorder	Addict, junkie, druggie
Person living in recovery	Ex-addict
Person living with an addiction	Battling/suffering from an addiction
Person arrested for drug violation	Drug offender
Chooses not to at this point	Non-compliant/bombed out
Medication is a treatment tool	Medication is a crutch
Had a setback	Relapsed
Maintained recovery	Stayed clean
Positive drug screen	Dirty drug screen

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Motivational Interviewing

- The clinician practices motivational interviewing with five general principles in mind:
 - Express empathy through reflective listening.
 - Develop discrepancy between clients' goals or values and their current behavior.
 - Avoid argument and direct confrontation.
 - Adjust to client resistance rather than opposing it directly.
 - Support self-efficacy and optimism.

Make It Happen



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