

How to Screen Pregnant Patients for Substance Use Disorder and Alcohol Use

RECOMMENDATION

All pregnant women should be educated on the dangers of substance use during pregnancy and screened for substance use disorder and alcohol use, particularly during the first and third trimesters.

The American College of Obstetricians and Gynecologists (ACOG) recommends universal screening with brief intervention and treatment referrals for cannabinoids, alcohol, club drugs, dissociative drugs, hallucinogens, opioids, stimulants, tobacco, and other compounds such as anabolic steroids and inhalants.



BACKGROUND

No amount of alcohol, marijuana, illegal drugs, or tobacco is safe for the mother or baby. Alcohol is still the number one cause of preventable birth defects, and even minimal alcohol exposure can hurt a fetus. Data shows there are short- and long-term negative impacts of alcohol, tobacco, opioids, and other drug use on the mother and baby.

For further information on the dangers of substance use during pregnancy, visit the [ACOG](#) website.

Legal prescription drugs, including opioids, should be closely monitored and used exactly as prescribed. For mothers who consumed opioids legally as part of a treatment plan, their infant will still likely need treatment for neonatal abstinence syndrome (NAS) following birth.

Any pregnant woman who is on legal or illegal opioids should not cease her use immediately or there may be significant risks to the fetus. Conversion to Medication Assisted Treatment (MAT) is preferred for women seeking to discontinue use of illegal or legal opioids during pregnancy (see page 4).

To learn more about MAT treatment locations, visit the [Connecticut Department of Mental Health and Addiction Services](#) website or call 2-1-1. Individuals seeking treatment for substance use disorders can call the Connecticut statewide access line at 1-800-563-4086.



OPIOIDS AND PAIN MANAGEMENT

Legally prescribed opioids are a proven pipeline to opioid dependence. Nearly 80 percent of heroin users report they started with prescription opioids. And, the benefits of long-term opioid therapy for chronic pain is not well supported by the evidence.

Prescribers of opioids for pain management should consider recommending alternatives to opioid medications, including non-opioid medications, exercise and physical therapy, behavioral therapy, and relaxation techniques.



CONSIDERATIONS

Substance use disorder is a chronic disease. Similar to diabetes and other illnesses that can harm a mother or her baby during pregnancy, a potential substance use problem should be identified and addressed early through screening using a validated screening tool.

ACOG recommends that routine screening for substance use disorder be applied equally to all people, regardless of age, sex, race, ethnicity, or socioeconomic status.

You have an important role in educating women on the dangers of substance use during pregnancy, screening women for substance use disorder, and referring those with a potential substance use disorder. The goal is to help the mother and her baby. Education, screening, and referrals should be integrated seamlessly into regular prenatal visits.

Be nonjudgmental and reassuring. You are more likely to get honest responses if the patient feels comfortable and safe. When asking about substances, pregnant patients may naturally be concerned about admitting drug or alcohol use. They may fear stigma or that they will be reported to child protective services.

Pregnant women cannot be penalized for substance use during pregnancy under the law. Medical providers do not have a legal requirement or obligation to report substance use in pregnant women or to perform testing to confirm suspected use. In fact, child protective services will not take a report for behavior while pregnant as that is outside their legal authority.

Under federal law, pregnant women must receive priority substance use treatment. To learn more about what treatment services are available, visit the [Connecticut Department of Mental Health and Addiction Services](#) website.

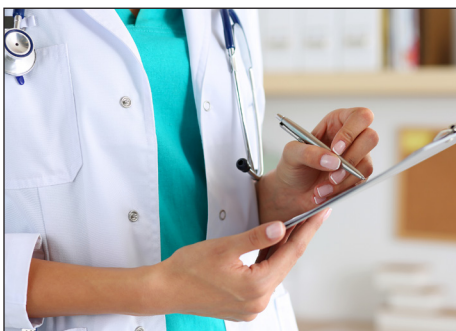


GENERAL SCREENING RECOMMENDATIONS

STEP ONE: START THE CONVERSATION

Following the SBIRT model (Screening, Brief Intervention and Referral to Treatment), start the conversation in a reassuring and compassionate matter. "Can I ask you about drug or alcohol use? This information is important to working with you to have a healthy pregnancy."

Be reassuring. Be clear the information will not be used against the patient or impact her ability to keep custody of the child. Emphasize the importance of your commitment to help her have a healthy pregnancy.



STEP TWO: DO THE SCREENING

Use the screening tool that works best for your practice and your population. The next page includes three validated screening tools that can be used easily in a health care setting. All seek to identify potential issues that would require further dialogue with the patient and referrals to treatment providers for further assessment.

These screening tools are in the public domain and recognized by the Substance Abuse and Mental Health Services Administration (SAMHSA).

SOURCE:

This publication was adapted from a resource of the Delaware Division of Public Health.

GENERAL SCREENING TOOLS

“Screening” means using a validated screening tool to ask questions aimed at understanding the patient’s potential substance use. There are several validated screening tools for pregnant women, including 4P’s, T-ACE, and CRAFFT for adolescents and young adults.

THE 4 P’S

4 P’s for Substance Abuse:

1. Have you ever used drugs or alcohol during **Pregnancy**?
2. Have you had a problem with drugs or alcohol in the **Past**?
3. Does your **Partner** have a problem with drugs or alcohol?
4. Do you consider one of your **Parents** to be an addict or alcoholic?

Scoring: Any “yes” should be used to trigger further discussion about drug or alcohol use. Any woman who answers “yes” to two or more questions should be referred for further assessment.

Source: Adapted from Ewing H Medical Director, Born Free Project, Contra Costa County, 111 Allen Street, Martinez, CA. Phone: 510-646-1165.

T-ACE

ACOG recommends the T-ACE screening tool for alcohol, specifically developed for use with pregnant women. Ask patients four questions:

- (T) Tolerance: How many drinks does it take to make you high?
- (A) Have people annoyed you by criticizing your drinking?
- (C) Have you ever felt you ought to cut down on your drinking?
- (E) Eye opener: Have you ever had a drink the first thing in the morning to steady your nerves or get rid of a hangover?

Scoring: Any woman who answers more than two drinks is scored two points. Each “yes” to the additional three questions scores one point. A score of two or more is considered a positive screen, and the woman should be referred for further assessment.

Source: Sokol RJ, Martier SS, Ager JW. 1989. The T-ACE questions: Practical prenatal detection of risk drinking, American Journal of Obstetrics and Gynecology 160 (4).

CRAFFT – SUBSTANCE ABUSE SCREEN FOR ADOLESCENTS AND YOUNG ADULTS

C - Have you ever ridden in a **CAR** driven by someone (including yourself) who was high or had been using drugs or alcohol?

R – Do you ever use alcohol or drugs to **RELAX**, feel better about yourself, or fit in?

A – Do you ever use alcohol or drugs while you are by yourself, **ALONE**?

F – Do you ever **FORGET** things you did while using drugs or alcohol?

F – Do your **FAMILY** or **FRIENDS** ever tell you that you should cut down on your drinking or drug use?

T – Have you ever gotten in **TROUBLE** while you were using alcohol or drugs?

Scoring: Two or more positive items indicate the need for further assessment.

Source: Center for Adolescent Substance Abuse Research, Children’s Hospital of Boston. The CRAFFT screening interview. Boston (MA) CeASAR; 2009.

TOBACCO

While this guidance focuses on alcohol, illegal substances, and prescription drug use, screening for tobacco is still recommended. The negative impact of tobacco use on birth outcomes is well documented. If a patient indicates they smoke, consider referrals to the Connecticut Quitline for free cessation resources and tools at 1-800-QUIT-NOW or www.quitnow.net/connecticut.

STEP THREE: EDUCATE THE PATIENT AND PROVIDE REFERRALS

If the screening tool does not identify a potential problem:

- All medical providers serving pregnant women should counsel them on the dangers of any alcohol, marijuana, or other drug use during pregnancy. Recommend they cease use with the exception of opioids, which require special considerations and may need to involve Medication Assisted Treatment. For further information on the dangers of substance use during pregnancy, see the fact sheet provided in your packet.

If the screening tool does identify a risk for substance use disorder:

- Be clear that you know the mother wants to be as healthy as possible for her baby and herself, and that she can reduce the health risk to them both by stopping using alcohol and drugs.
- Discuss possible strategies for her to stop — individual or group counseling, 12-step program, or substance use disorder treatment. If she is struggling with opioid addiction, Medicated Assisted Treatment should be discussed.
- Recommend women visit the [Connecticut Department of Mental Health and Addiction Services](https://www.ct.gov/dhhs/cdmhsa/) website, call 2-1-1 or the Connecticut Access Line at 1-800-563-4086 to learn more about services for pregnant women.

MEDICATION ASSISTED TREATMENT

Medication Assisted Treatment (MAT) is an important part of the treatment regime for pregnant women and is proven to improve outcomes. According to ACOG, “the rationale for medication assisted treatment during pregnancy is to prevent complications from illicit opioid use and narcotic withdrawal, encourage prenatal care and drug treatment, reduce criminal activity, and avoid risks to the patient associated with a drug culture.” (ACOG Committee Opinion, Opioid Abuse, Dependence and Addiction in Pregnancy, Number 524, May 2012, page 2).

The two main medications involved in MAT for pregnant women are methadone and buprenorphine (without Naloxone). The decision regarding the most appropriate medication should be made jointly with the MAT provider, the obstetrician, and the woman.

METHADONE	BUPRENORPHINE (WITHOUT NALOXONE)
<ul style="list-style-type: none">• May have better treatment retention• No risk precipitating withdrawal• Patients with more severe opioid use disorder	<ul style="list-style-type: none">• Probably less severe NAS; works best in patients needing less monitoring• Reduced risk of overdose during induction• Reduced risk of overdose if children are exposed to medication.

Source: Substance Abuse and Mental Health Services Administration, <https://www.samhsa.gov/>.

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