NH AIM/ERASE Monthly Webinar
August 10, 2023

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Antenatal/peripartum drug testing policies and procedures

Ella Damiano, MD

NH AIM/ERASE Monthly Webinar
August 10, 2023

AIM ALLIANCE FOR INNOVATION ON MATERNAL HEALTH

NNEPQIN NORTHERN NEW ENGLAND PERINATAL QUALITY IMPROVEMENT NETWORK

NH DIVISION OF Public Health Services

Today's Agenda

Antenatal/Peripartum Drug Testing Policies and Procedures

Ella Damiano, MD

NOTE: Todays speaker has nothing to disclose

AIM ALLIANCE FOR INNOVATION ON MATERNAL HEALTH

NNEPQIN NORTHERN NEW ENGLAND PERINATAL QUALITY IMPROVEMENT NETWORK

A quality improvement initiative to support best practices that make birth safer, improve maternal health outcomes and save lives.

AIM

ERASE MM
Enhancing Reviews and Surveillance to Eliminate Maternal Mortality

CDC works with MMRCs to improve review processes that inform recommendations for preventing future deaths.

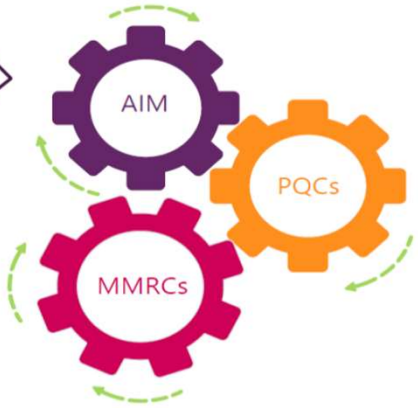
https://saferbirth.org/

https://www.cdc.gov/reproductivehealth/maternal-mortality/erase-mm/index.html

Critical Collaborations: NNEPQIN, ERASE and AIM

Alliance for Innovation on Maternal Health moves established guidelines into practice with a standard approach to improve safety in care

Maternal Mortality Review Committees conduct detailed reviews for complete and comprehensive data on maternal deaths to prioritize statewide prevention efforts



Perinatal Quality Collaboratives mobilize state or multi-state networks to implement clinical quality improvement efforts and improve care for mothers and babies

Created from a Centers for Disease Control, Division of Reproductive Health source

NNEPQIN
NORTHERN NEW ENGLAND PERINATAL QUALITY IMPROVEMENT NETWORK

AIM
ALLIANCE FOR INNOVATION ON MATERNAL HEALTH

NH DIVISION OF Public Health Services
Improving health, preventing disease, reducing costs for all

Dartmouth Health

DEPARTMENT OF
OBSTETRICS AND GYNECOLOGY

Perinatal substance use: Screening vs. Testing

Ella Damiano, MD, FACOG
Vice Chair of System Safety and Quality in Ob/Gyn
Assistant Professor of Ob/Gyn, Geisel School of Medicine
Dartmouth Hitchcock Medical Center

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Objectives

- Describe the gold standard for screening for substance use in pregnancy
- Review ACOG recommendations for use of urine toxicology testing in pregnancy
- Discuss implementation of a new policy including written consent

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Gender statement

We recognize that pregnant people have a variety of gender identifies. There may be gendered language in this presentation, especially when citing other sources but the content of this presentation is applicable to all pregnant people.

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Opioid Use and Opioid Use Disorder in Pregnancy

Committee Opinion | Number 711 | August 2017

Alcohol Abuse and Other Substance Use Disorders: Ethical Issues in Obstetric and Gynecologic Practice

Committee Opinion | Number 633 | June 2015

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Defining Opioid Use Disorder

"Opioid use disorder is a chronic, treatable disease that can be managed successfully by combining medications with behavioral therapy and recovery support"

- National Institute on Drug Abuse

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Causes of Maternal Mortality in New Hampshire from 2020-2021

Timing of 2020 and 2021 Reviewed and Confirmed Pregnancy Associated Cases

Table 2. Timing of 2020-2021 Deaths	
Months postpartum	**Number**
During pregnancy	2
< 3 months	6
3-6 months	0
6-12 months	3

Data Source: MMRIA

Cause and/or Manner of Pregnancy-Associated Deaths

Table 3. Cause of 2020-2021 Deaths	
Cause	**Number**
Overdose *(acute intoxication by fentanyl and or cocaine. etc.)*	4
Cardiac	2
Medical Causes *(amniotic fluid embolism, hemorrhage, cancer, hypovolemic shock etc.)*	5

Data Source: MMRIA

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Role of the Ob/Gyn

- Ensure appropriate opioid prescribing
- Use validated screening for substance use disorder
- Offer a brief intervention
- Refer for specialized care
- Consider point of care buprenorphine initiation

ACOG Committee Opinion 711

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Role of the Ob/Gyn

- “Advocate for this often-marginalized group of patients, particularly in terms of working to improve availability of treatment and to ensure that pregnant women with opioid use disorder who seek prenatal care are not criminalized” – ACOG CO 711

- “in states that mandate reporting, policy makers, legislators, and physicians should work together to retract punitive legislation and identify and implement evidence-based strategies outside the legal system to address the needs of women with addictions” – ACOG CO 711

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Screening for substance use disorder

- Pregnancy as an opportunity for intervention
- Screening should be universal

ACOG | Clinical

The American College of Obstetricians and Gynecologists

Committee Opinion 633

Routine screening for substance use disorder should be applied equally to all people, regardless of age, sex, race, ethnicity, or socioeconomic status. Routine screening for substance use disorder can be accomplished by way of validated questionnaires or conversations with patients. Routine laboratory testing of biologic samples is not required.

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SBIRT

- Validated screening tool
- Brief intervention
- Referral to treatment

Box 1.

SBIRT: Screening, Brief Intervention, and Referral to Treatment

Screening, Brief Intervention, and Referral to Treatment (SBIRT) is an evidence-based practice used to identify, reduce, and prevent problematic use and dependence on alcohol and other substances. The SBIRT model was impelled by an Institute of Medicine (now known as the Health and Medicine Division of the National Academies of Sciences, Engineering, and Medicine) recommendation that called for community-based screening for health risk behaviors, including substance use.

Screening—A health care professional assesses a patient for risky substance use behaviors using standardized screening tools. Screening can occur in any health care setting.

Brief Intervention—A health care professional engages a patient showing risky substance use behaviors in a short conversation, providing feedback and advice.

Referral to Treatment—A health care professional provides a referral to brief therapy or additional treatment to patients who screen in need of additional services.

Data from SAMHSA-HRSA Center for Integrated Health Solutions. SBIRT: Screening, Brief Intervention, and Referral to Treatment. Available at: http://www.integration.samhsa.gov/clinical-practice/SBIRT. Retrieved March 20, 2017.

ACOG Committee Opinion 711

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Departmental Policy Title	Guideline for Screening and Testing for Non-Prescribed Drug and Alcohol use During Obstetric Hospitalization -BP	Policy ID	28553
Keywords	urine, drug, substance, use, disorder, screen, obstetrics, ob, test, alcohol, uds, pregnant, pregnancy		
Department	Birthing Pavilion (BP		

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Departmental Policy Title	Screening and Testing for Non-Prescribed Drug and Alcohol Use During Pregnancy - OBGYN	Policy ID	28483
Keywords	screening, drug, alcohol, toxicology, prenatal, pregnant, pregnancy, substance, use, disorder, SUD, OBGYN		
Department	OBGYN		

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Timing of Validated Screening

- Initial prenatal visit
- 28-32 weeks
- On admission on labor and delivery
- Postpartum visit

- Tablet-based questionnaire in clinic
- Verbal screening on labor and delivery

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DAST-10 Validated Screening Tool for Drug Abuse

The following questions concern information about your potential involvement with drugs excluding alcohol and tobacco during the past 12 months. Carefully read each sentence and check the appropriate box beside the question.

When the words "drug abuse" are used, they mean the use of prescribed or over-the-counter medications used in excess of the directions and any non-medical use of any drugs.

The various classes of drugs may include but are not limited to: cannabis (e.g., marijuana, hash), solvents (e.g., gas, paints etc...), tranquilizers (e.g., Valium), barbiturates, cocaine, and stimulants (e.g.,speed), hallucinogens (e.g., LSD) or narcotics (e.g., Heroin).

Remember that the questions do not include alcohol or tobacco.Please answer every question. If you have difficulty with a sentence, then choose the response that is mostly right. THESE QUESTIONS REFER TO THE PAST 12 MONTHS ONLY.

* Have you used drugs other than those required for medical reasons?
Yes No

* Do you abuse more than one drug at a time?
Yes No

* Are you always able to stop using drugs when you want to?
Yes No

* Have you had "blackouts" or "flashbacks" as a result of drug use?
Yes No

* Do you ever feel bad about your drug abuse?
Yes No

* Does your spouse (or parents) ever complain about your involvement with drugs?
Yes No

* Have you ever neglected your family or missed work because of your use of drugs?
Yes No

* Have you engaged in illegal activities in order to obtain drug?
Yes No

* Have you ever experienced withdrawal symptoms (felt sick) when you stopped taking drugs?
Yes No

* Have you had medical problems as a result of your drug use (e.g., memory loss, hepatitis, convulsions, bleeding, etc.)?
Yes No

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Response to positive screen

I met with [Patient Name} to provide brief intervention after her positive [AUDIT/DAST] screen. We discussed the risks of alcohol and illicit drug use during pregnancy and explored options to support abstinence. We also discussed Dartmouth-Hitchcock Medical Center policy regarding prenatal substance use, including toxicology testing and mandated reporting. We agreed to the following action: {OB AUDIT/DAST ACTIONS:24036}.

Time spent in counseling and developing a plan of care: 15 minutes.

[ ] Patient Declined Follow Up
[ ] Follow up at next OB visit
[ ] Referral to behavioral health
[ ] Referral to perinatal addiction treatment program

Providing a Brief intervention is a Billable Service in the Outpatient Setting

Use the "additional E&M" feature in the Level of Service [LOS] window.

Bill 99408 for 15-30 minute intervention

Bill 99409 for >30 minutes

Include a substance-use related diagnosis under visit diagnoses, for example:

- O99.320 Drug use complicating pregnancy, unspecified trimester
- 099.310 Alcohol use complicating pregnancy and the puerperium
- 099.330 Tobacco use complicating pregnancy and the puerperium

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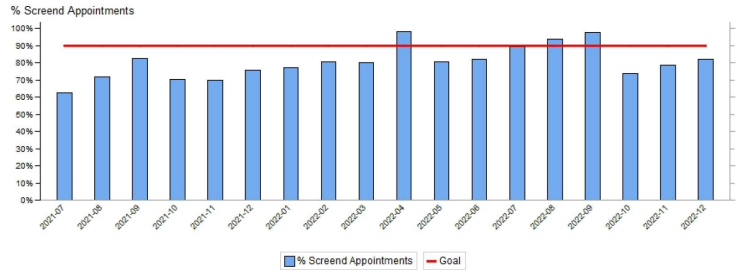
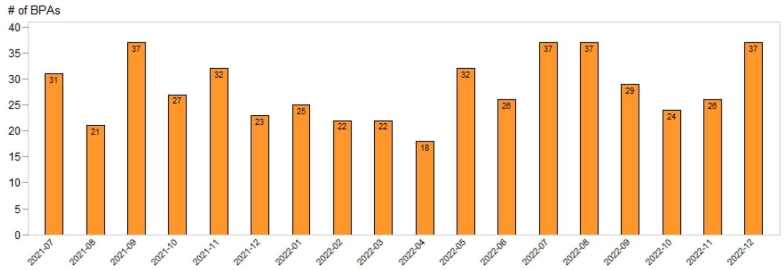
Lebanon OB GYN Monthly Screening Compliance (initial)



Lebanon OB GYN - Best Practice Alerts by Month (initial)



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Referral to treatment

- Verbal screening offers immediate opportunity for intervention
- Opioid agonist pharmacotherapy
  - Reduces relapse
  - Improves adherence to prenatal care
  - Reduce risk of obstetric complications

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What about urine toxicology testing?

Care for Pregnant and Postpartum People with Substance Use Disorder Patient Safety Bundle

Recognition & Prevention — Every Patient

Recognition Element	Key Points
Screen all pregnant and postpartum people for SUDs using validated self-reported screening tools and methodologies during prenatal care and during the delivery admission	**Providers screening for SUDs should:** • Utilize validated screening tools to identify drug, alcohol, and polysubstance use. • Incorporate a screening, brief intervention and referral to treatment (SBIRT) approach. • Recognize that urine toxicology (urine drug testing) is not an appropriate method of screening for substance use or substance use disorders and this approach can discourage pregnant and postpartum people from seeking care.

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Challenges with urine toxicology testing – ACOG CO 711

- Positive result does not diagnose opioid use disorder, or its severity
- Negative results does not exclude sporadic use
- Limited quality assurance that specimen is from the patient
- Urine testing misses substances – synthetic opioids, “designer drugs”
- False-positive results can have devastating legal and personal consequences, especially prior to confirmation testing
  - Example: mandated reporting without follow-up confirmation testing, exclusions from breastfeeding a preterm baby, mistrust with medical care team

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"It is important to consider carefully whether biologic testing is needed when there is clinical suspicion of fetal exposure to potentially harmful substances. Although several maternal biologic specimens, neonatal biologic specimens, or both can be used to test for drug exposure, each has its limitations, and **it is more likely that fetal exposure will be identified through a structured interview**. In fact, routine testing of maternal or neonatal biologic specimens when a maternal history is positive for substance use disorder might increase medical costs without providing information that actually guides the care of the neonate"

- ACOG Committee Opinion 633

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What about universal urine toxicology testing?

- One study found higher detection of maternal substance use compared with standard methods
  - This was not compared to a validated verbal screening tool
- "For these reasons, validated verbal screening tools…are the preferred method for initial screening" – ACOG CO 711

Wexelblatt SL, Ward LP, Torok K, Tisdale E, Meinzen-Derr JK, Greenberg JM. Universal maternal drug testing in a high-prevalence region of prescription opiate abuse. J Pediatr 2015;166:582–6.

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"Another source of injustice is that punitive measures related to substance use disorder are not applied evenly across sex, race, and socioeconomic status. For example, in a landmark study among pregnant women who were anonymously tested for drug use, the prevalence of use was found to be similar between African American women and Caucasian women but African American women were 10 times more likely to be reported to law enforcement as a result of positive screening results"

ACOG Committee Opinion 633

Chasnoff IJ, Landress HJ, Barrett ME. The prevalence of illicit-drug or alcohol use during pregnancy and discrepancies in mandatory reporting in Pinellas County, Florida. N Engl J Med 1990;322:1202–6

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Urine toxicology testing

- "urine drug testing has also been used to detect or confirm suspected substance use, but should be performed only with the patient's consent" ACOG CO 633
- The patient should be "informed of the potential ramifications of a positive test results, including any mandatory reporting requirements" ACOG CO 633
- Substance Abuse and Mental Heath Services Administration (SAMHSA) recommends written consent for urine toxicology testing

  Substance Abuse and Mental Health Services Administration. *Clinical Guidance for Treating Pregnant and Parenting Women With Opioid Use Disorder and Their Infants*. HHS Publication No. (SMA) 18-5054. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2018.

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Reasons for Testing - Ambulatory

Urine toxicology testing in the outpatient clinic setting is **not recommended** during the first and second trimester, unless requested by the pregnant person.

Urine toxicology testing should be offered in the mid-third trimester for the following indications:

- Non-prescribed drug or alcohol use *during* this pregnancy, with the exception of cannabis use
- Patients who are currently in treatment for substance use disorder
- Clinical concerns by the care team about impairment, intoxication, or unexplained mental status changes
- If requested by the pregnant person

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Reasons for Testing - Inpatient

- Non-prescribed drug or alcohol use during pregnancy, with the exception of cannabis use, and without documented negative toxicology in the third trimester
- Positive urine drug test in the third trimester
- Clinical concern (impairment, intoxication, unexplained mental status changes)
- Engaged in treatment for substance use *without* documented negative toxicology in the third trimester
- Patient request
- Urine toxicology should be offered to patient who present for delivery with minimal or no prenatal care (0-3 visits)

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Written Consent

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MRN:
NAME:
DOB:
Two identifiers need or patient label

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Consent for Urine Toxicology Testing in Pregnancy

Your healthcare team recommends testing your urine for certain drugs (amphetamines, barbiturates, benzodiazepines, buprenorphine, THC/cannabinoids, cocaine, heroin metabolite, methadone, opioids, and synthetic opioids) during your pregnancy and/or at the delivery of your baby.

Reason for Testing:

- ☐ You have requested urine drug testing.
- ☐ You used substances that were not prescribed to you during pregnancy.
- ☐ You are taking prescribed opioid medications (oxycodone, morphine, methadone, buprenorphine, etc.) that can result in neonatal (newborn) opioid withdrawal syndrome (NOWS).
- ☐ Your clinical care team has concerns that you may be impaired, intoxicated or that your mental status has changed.

The test results will allow your healthcare team to understand what substances you and your baby were exposed to in order to provide the highest quality of care to you and your baby. Test results are usually available within 24 hours. A provider will discuss the results with you and offer suggestions for your care.

You have the right to decline a toxicology test. If you choose not to be tested, there will not be a delay in your care, however, it may delay the treatment of substance use disorder that could increase the risk of harm to you and your baby. Test results are private, though they are visible to your healthcare team. **If you do not agree to testing when it is recommended by the healthcare team, your baby may still be tested after birth if needed.**

The benefits of testing include providing your healthcare team with important information to guide the care for you and your baby. A positive test result (test shows you and your baby were potentially exposed to substances) may require a mandated report to the New Hampshire Department of Children and Families (DCF) or the Vermont Department of Children, Youth and Families (DCYF).

- ☐ I authorize Dartmouth Hitchcock Medical Center to conduct urine toxicology testing at this time.
- ☐ I ***do not*** authorize Dartmouth Hitchcock Medical Center to conduct urine toxicology testing at this time.

Signature of patient or person authorized to consent on patient's behalf **Relationship** **Date** **Time**

Signature of Physician or designated APRN/PA **Date** **Time**

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Discussion

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References

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AIM ALLIANCE FOR INNOVATION ON MATERNAL HEALTH

NH DIVISION OF Public Health Services Improving health, preventing disease, reducing costs for all

NEXT MONTH

The Role of WIC in Reducing Maternal Mortality

Lissa A. Sirois, MPH, RD, IBCL

NH AIM/ERASE Monthly Webinar
September 14, 2023