Substance Use in Pregnancy

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Screening, Brief Intervention, Referral to Treatment (SBIRT) model

All pregnant people should be screened for risky substance use at the first prenatal or preconception counseling visit (NIDA Quick Screen, 5 P's)

Rates of Use by Pregnant Patients

~15% tobacco/nicotine, 9% alcohol, 5% illicit drugs

Negative Screen – no current use, low-level use prior to pregnancy

-Provide education – recommendation is to avoid alcohol, tobacco, cannabis, and illicit substances in pregnancy

-Offer MotherToBaby fact sheets (available for most commonly used substances at https://mothertobaby.org/fact-sheets/

Positive Screen – current use and/or history of heavy use or SUD diagnosis

-Open-ended questions, avoid judgmental language

"What substances have you been using in the last 2-3 months?"

"How often are you using each substance and how much at a time?

"How are you using these substances?" (ingesting, smoking, injecting)

"How is substance use affecting your life?"

"Would you be interested in quitting/decreasing use/treatment?"

"Are you currently in treatment or have you had prior treatment?"

Currently Misusing Substances – Brief Intervention

"What is your goal?"

"How ready are you to make this change on a scale from 1 to 10?"

"How confident are you that you can make this change on a scale from 1 to 10?"

"What can we do to increase this score?"

Not Currently Misusing Substances – high risk history only or currently engaged in treatment

-If engaged in treatment – coordinate with SUD treatment provider, encourage continuing engagement
-Monitor closely, repeat screen each trimester
-Consider urine testing
-Call PAL for Moms with questions

Referral to Treatment

-Provide medications if possible/indicated (see attached)

-Treatment Resources in Washington State:
https://www.warecoveryhelpline.org/
https://www.hca.wa.gov/assets/free-or-low-cost/pregnant-women-sud-resource-guide.pdf
https://www.hca.wa.gov/health-care-services-supports/apple-health-medicaid-coverage/chemical-using-pregnant-women
https://depts.washington.edu/pcapuw/

-Peer Support:
Alcoholic/Narcotics Anonymous: www.aa.org; www.na.org
SMART Recovery: www.smartrecovery.org

Risks of Substance Misuse in Pregnancy

*Overdose – make sure patient has Narcan kit
https://stopoverdose.org/

*Lower engagement with appropriate prenatal care
*Infection with injection use
*Legal problems/loss of parental rights
*Risks to pregnancy/child depend on substance and frequency/amounts

Substance Use Screening

NIDA Quick Screen: https://www.drugabuse.gov/sites/default/files/pdf/nmassist.pdf

4 P's for Substance Abuse:

1. Have you ever used drugs or alcohol during **P**regnancy?

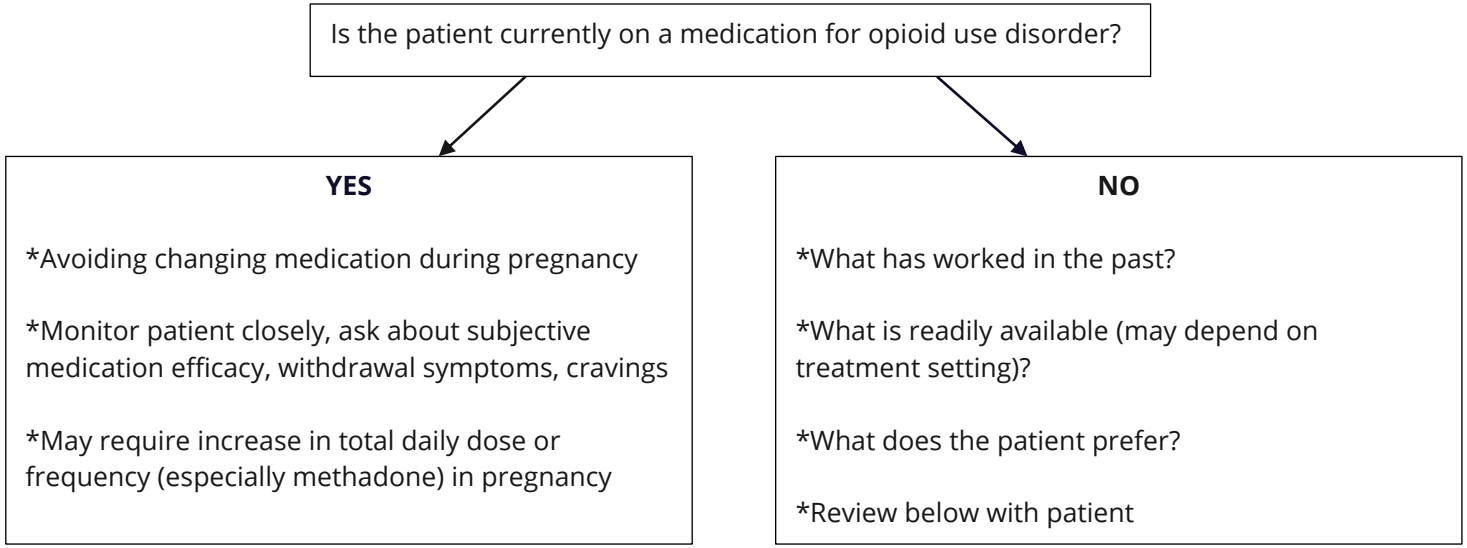
2. Have you had a problem with drugs or alcohol in the **P**ast?

3. Does your **P**artner have a problem with drugs or alcohol?

4. Do you consider one of your **P**arents to be an addict or alcoholic?

Scoring: Any "yes" should be used to trigger further discussion about drug or alcohol use.

Selecting a Medication for Opioid Use Disorder in Pregnancy



First-line medication	Pros	Cons	Pregnancy Considerations	Breastfeeding
Methadone	-Structured programs, daily dosing to start -Programs may include groups/counseling -Associated w/ better treatment retention	-May be difficult to obtain/program requirements are a barrier -QTc prolongation risk -Higher risk of overdose -More med interactions	-Metabolism changes in pregnancy, may need higher and/or split dose	-Passes into breastmilk in small amounts -Breastfeeding ok (and should be encouraged to decrease NOWS) if no other contraindications
Buprenorphine	-Easier to obtain -Low risk of overdose -May easily switch to methadone if needed -Associated with less severe NOWS	-Pt must be in withdrawal to start -May complicate pain management	-May need higher dose in pregnancy -Monoproduct (Subutex) usually recommended in pregnancy	-Passes into breastmilk in small amounts -Breastfeeding ok (and should be encouraged to decrease NOWS) if no other contraindications