

Support Guide for a Healthy Pregnancy

A guide for individuals advocating for those who are using substances while pregnant



Revised July 2024

Screening, Brief Intervention, and Referral to Treatment (SBIRT) in Pregnancy Improves Maternal and Infant Outcomes

1

Screening quickly assesses the severity of substance use and identifies the appropriate level of treatment.

2

Brief intervention focuses on increasing insight and awareness regarding substance use and motivation toward behavioral change.

3

Referral to treatment provides those identified as needing more extensive treatment with access to specialty care.

[Screening, Brief Intervention, and Referral to Treatment \(SBIRT\) | SAMHSA](#)

Screening Guidelines

- Maintaining a **caring and non-judgmental approach** will yield the most inclusive disclosure and increase utilization of prenatal care.
- Assessment for tobacco, alcohol, and other substances in pregnancy and postpartum should be **universal**.
- Everyone should be asked about their use of tobacco, alcohol, and other drugs, including marijuana and medications used for nonmedical reasons.
- Administer at the first encounter after pregnancy diagnosis and repeat at least every trimester for individuals who screen positive for past use.
- Should be performed with a universally administered **verbal, written, or electronic questionnaire** depending on literacy and resources. When possible, should be self-administered to avoid stigma and feelings of shame that can accompany face-to-face interviews.
- Should include risk assessment for trauma history and co-occurring mental disorders.
- **Urine toxicology testing is not considered a substitute for the universal screening.**

ACOG, Wright, SMFM

SCREENING TOOL	WHAT IS IT?
4Ps	Parents, Partners, Past, Pregnancy
5Ps	Parents, Peers, Partner, Past, & Present (Screening for smoking, violence, and emotional health added to the Institute for Health and Recovery's Integrated 5 Ps)
SURP-P	Substance Use Risk Profile Pregnancy
NIDA Quick Screen-Modified ASSIST	NIDA Quick Screen-ASSIST (Modified Alcohol, Smoking and Substance)
AUDIT-C	Alcohol Use Disorders Identification Test-Concise
DAST	Drug Abuse Screen Test
4Ps Plus	Parent, Partner, Past, Pregnancy, & "Plus"
CRAFT	Car, Relax, Alone, Forget, Friends, Trouble



What Does a Positive Screen Mean?

- The purpose is to quickly determine the presence of risky substance use and Substance Use Disorder (SUD).
- Allows for brief intervention, motivational interviewing, and referral to behavioral health/treatment when needed.
- An assessment can follow to determine severity and develop a treatment plan that meets individual needs.



What Does a Positive Screen Not Mean?

A screening is **not diagnostic** for SUD. (see DSM-5 criteria on next page)

TERM	DEFINITION
Substance Use	Sporadic use of psychoactive substances.
Substance Misuse	Excessive use of psychoactive substances, which may lead to physical, social, or emotional harm.
Addiction <i>*Adopted by the American Society of Addiction Medicine Board of Directors, Sept. 15, 2019</i>	Addiction is a treatable, chronic medical disease involving complex interactions among brain circuits, genetics, the environment, and an individual's life experiences. People with addiction use substances or engage in behaviors that become compulsive and often continue despite harmful consequences. Prevention efforts and treatment approaches for addiction are generally as successful as those for other chronic diseases.
Substance Use Disorder	See DSM-5 Chart Below
Recovery	A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential.

Adapted from Smid MC, Terplan M. What Obstetrician-Gynecologists Should Know About Substance Use Disorders in the Perinatal Period. *Obstet Gynecol.* 2022;139(2):317-337. doi:10.1097/AOG.0000000000004657

DSM-5 Criteria For Substance Use Disorder (SUD)

- ▶ Using larger amounts for a longer period of time.
- ▶ Unsuccessful efforts to cut down or quit.
- ▶ Excessive time spent using the drug.
- ▶ Intense desire or urge for drug (craving).
- ▶ Failure to fulfill major obligations.
- ▶ Continued use despite social/interpersonal problems.
- ▶ Activities given up to use.
- ▶ Hazardous use.
- ▶ Physical or psychological problem related to use.
- ▶ Tolerance.
- ▶ Withdrawal.

Severity: Based upon number of criteria within a 12 month period 0-1 Mild, 2-3 Mild, 4-5 Moderate, 6 or more Severe.



AVOID THESE TERMS

Addict/Junkie

Relapse

Addicted Baby

Abuse

Habit

Clean/Dirty Urine

Being Clean

USE THESE TERMS

Person with substance use disorder

Return to Use

Baby with neonatal opioid withdrawal/ neonatal abstinence syndrome

Use or Misuse

Substance Use Disorder

Negative or positive test

Being in recovery or remission

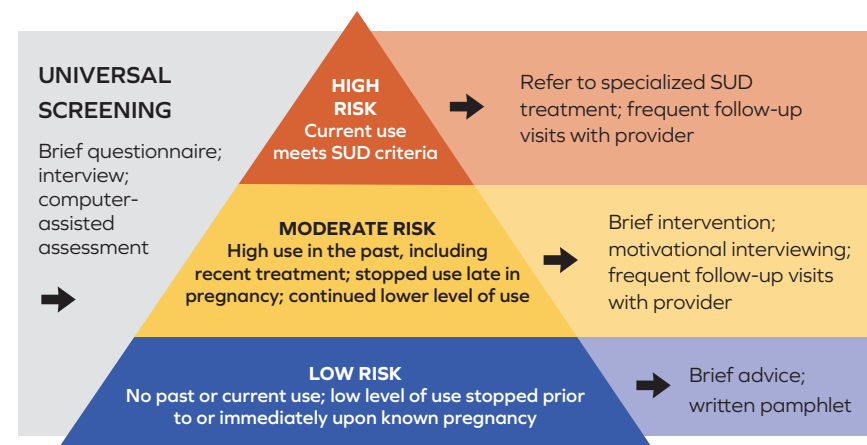


For more first person, compassionate language, scan the QR code or click the link below.

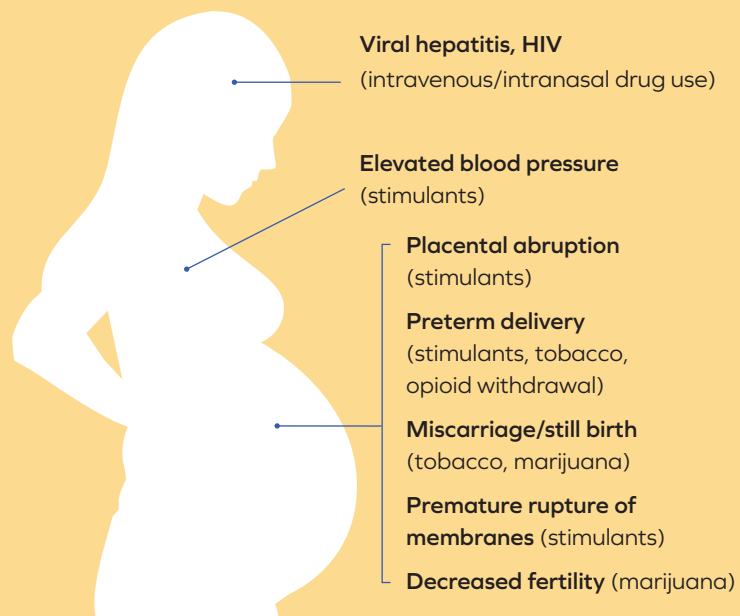
https://nida.nih.gov/sites/default/files/nidamed_words_matter_terms.pdf

Risk Pyramid for SBIRT

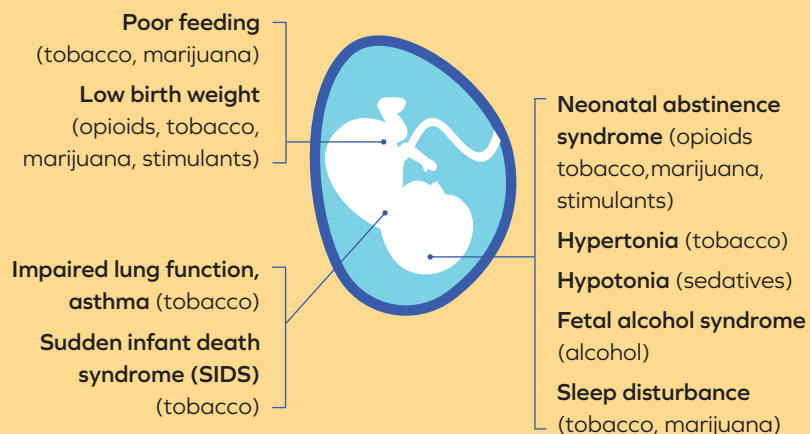
Adapted and printed with permission from the author. Wright. SBIRT in pregnancy. *Am J Obstet Gynecol* 2016.



Maternal Effects Of Substance Use In Pregnancy For Brief Intervention And Counseling



Fetal Effects Of Substance Use In Pregnancy For Brief Intervention And Counseling



Medications for Opioid Use Disorder (MOUD) Saves Lives

Medications like buprenorphine and methadone are associated with:



Increased retention
in prenatal care



Lower incidence
of pre-term birth



Reduced return
to substance use
(i.e. "relapse")

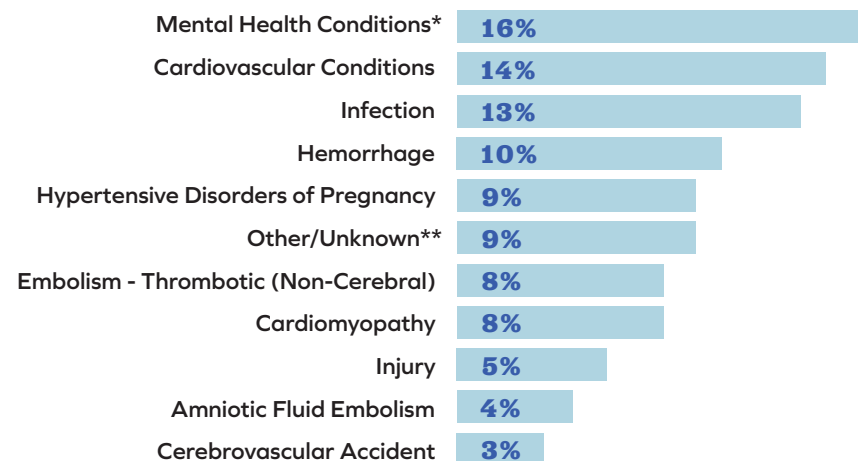


Decreased
overdoses and over-
dose-related deaths

These medications are endorsed by the American College of Obstetrics & Gynecology (ACOG), the American Academy of Pediatrics (AAP), and the American Academy of Family Physicians (AAFP).

A DATA Waiver registration is no longer required to treat patients with buprenorphine for opioid use disorder. [Read more here.](#)

Mental Health Conditions Were the Leading Cause of Pregnancy-Related Deaths in Ohio From 2008-2018.



*Mental health conditions include deaths due to substance use disorder/overdose, depression, anxiety disorder, and other psychiatric conditions.

**Other/Unknown includes deaths due to renal disease, anesthesia complications, autoimmune diseases, gastrointestinal diseases, metabolic/endocrine, neurologic conditions, pulmonary conditions, hematologic conditions, cancer, and unknown causes.

Resources

REFERRAL TO TREATMENT

Ohio Database:

- Relink.org
- Findhelp.org/
- Findtreatment.gov

Federal Database:

- Samhsa.gov/find-treatment

OTHER RESOURCES

Narcotics Anonymous:

na.org/meetingsearch/

Alcoholics Anonymous: aa.org/

Narcotics Anonymous Family Support:

nar-anon.org/

Alcoholics Anonymous Family Support:

al-anon.org/

Tobacco Cessation: smokefree.gov/

Suicide Prevention: 988lifeline.org/

Mother to Baby Fact Sheets:

<https://mothertobaby.org/fact-sheets/>

References:

ACOG Committee Opinion No 711: Opioid Use and Opioid Use Disorder in Pregnancy. *Obstet Gynecol.* 2017;130: e81-94

Smid, M. C., & Terplan, M. (2022). What obstetrician-gynecologists should know about substance use disorders in the perinatal period. *Obstetrics & Gynecology*, 139(2), 317-337. <https://doi.org/10.1097/aog.0000000000004657>

Wong S, Ordean A, Kahan M, et al. Substance use in pregnancy. *J Obstet Gynaecol Can.* 2011;33(4):367-384. doi:10.1016/S1701-2163(16)34855-1

Ecker J, Abuhamad A, Hill W, et al. Substance use disorders in pregnancy: clinical, ethical, and research imperatives of the opioid epidemic: a report of a joint workshop of the Society for Maternal-Fetal Medicine, American College of Obstetricians and Gynecologists, and American Society of Addiction Medicine. *Am J Obstet Gynecol.* 2019;221(1):B5-B28. doi:10.1016/j.ajog.2019.03.022

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