Screening For Substance Use Disorder (SUD) In Pregnancy

Determine if appropriate universal screening for SUD in pregnancy is occurring within the University of Minnesota Department of OB/GYN.

INTRODUCTION

In February of 2014, the United States Preventive Services Task Force recommended universal screening for substance use disorders (SUD) in pregnancy,1 with ACOG supporting universal screening since 2011.2 Rates of SUD in pregnancy are often underestimated because of underreporting. Despite this, rates continue to rise. For instance, in 2009 0.56% pregnant women who delivered in US carried a diagnosis of opioid use disorder (OUD), a five fold increase from 2000.3 Alcohol use during the last month of pregnancy was reported at 10%, despite decades of public health warnings on risks of fetal alcohol spectrum disorder (FASD) with any alcohol exposure in pregnancy. Not only is SUD a health concern to a pregnant woman, fetal effects of SUD can increase care costs and have permanent effects. FASD, low birth weight, preterm delivery, vertical transmission of viral illnesses including HIV and HCV, and fetal demise, all increase in the context of maternal SUD.4,5 If SUD is detected and the patient continues to engage in care, various treatments are effective in reducing drug use in the short term, which can have long term effects on patient outcomes.1,4 The University of Minnesota Department of OB/GYN wanted to assess their SUD screening rate and screening tool in pregnancy to address the USPSTF recommendation.

METHODS

1. IRB exemption was obtained.
2. Delivery data for UMP OB/GYN providers in 2016 procured and 75 mother and infant charts reviewed for SUD screening tool type and baseline screening rate during the new OB visit and admission history and physical.
3. Risk indicators were identified for patient fully screened versus patients who were not screened or partially screened for SUD. These rates were compared to look for obstacles to screening.
4. 4P’s Plus (an evidence based SUD screen in pregnancy) was piloted during new OB visits to see if it was a feasible and acceptable screen for UMP OB Department.

RESULTS

1. UMP OB Department currently uses the traditional social history as their SUD screen in pregnancy. This is not a validated tool for pregnancy.
2. 51/75 charts had complete SUD screens (SHs) for both NOB and H&P. Baseline SUD screening rate: 61.3%.
3. Charts were divided into those with full SUD SHs vs those with no or partial screens. The following antepartum risk factors were assessed per patient and if present given a value of “1”:
   - Mental Illness Diagnosis
   - Medical Problems
   - Obstetrical Problems
   - Fetal Problems
   - Poor Prenatal Care (e.g., < 4 visits or initiating care > 16 weeks)
   - Psychosocial concerns (e.g., transfer OB, IPV, etc)
   - SUD history
   - Interpreter
   Of the 61 patients who had complete SUD screens, the average number of risk factors was 1.97. The most common risk factor was obstetrical problem.
   Of the 14 patients who did not have complete SUD screens, the average number of risk factors was 4.43. The most common risk factor was SUD history.
4. New OB pilot (n=21) of validated SUD screen in pregnancy screen (4P’s Plus):
   - 100% felt the same or easy to do with usual history
   - 100% felt sensitive and specific
   - 90% felt neutral or better screen that current SUD screen
   - 14% felt 4P’s was awkward or difficult to time

FUTURE CONSIDERATIONS

1. Consider AP SW consults with 2 or more issues on problem list and/or inability to complete SUD history during new OB visit.
2. Possible 4P’s Plus integration into Epic by Fairview
3. Develop resource list or smartphone for SUD in pregnancy

REFERENCES