SCREENING FOR SUBSTANCE USE DURING PREGNANCY: USING AN SBIRT FRAMEWORK

Developing a Screening, Brief Intervention, and Referral to Treatment (SBIRT) process in the maternity care context

Note: While some medical tests may be used for both screening and diagnostic purposes, the terms are not interchangeable. Screening may occur in any healthcare setting to identify health risk behaviors, including substance use.

SBIRT implementation requires modification of existing clinic workflows. Each context is different. SBIRT should be incorporated into the existing intake process for new OB patients, which includes screening for other medical risks.

Brief description of a typical SBIRT implementation process

1. SBIRT Preparation
   - Review institutional policies and update as needed to include use of the SBIRT framework for prenatal patients
   - Develop a plan for modifying workflow to incorporate screening
   - Train appropriate staff on screening process
   - Train appropriate staff in brief intervention techniques
   - Identify follow-up plan and key personnel for when screening is positive
   - Create a list of resources to support women in need of referrals for substance use
   - Identify billing requirements and opportunities
   - Develop patient information script or written materials about substance use screening and institutional policies on substance use

2. Implementation
   - Implement workflow modification to include confidential screening and response
   - Provide information about institutional substance use policies as part of new patient orientation
   - Screen using a validated questionnaire on paper or electronically
   - Ensure a warm handoff occurs from staff performing screening to staff who will address positive screening results
   - Implement Brief Negotiated Interview (BNI) algorithm following positive screening
   - Develop a follow-up plan when screening is positive
   - Make referrals if needed

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ALGORITHM FOR SUBSTANCE ABUSE SCREENING IN PREGNANCY

INITIAL VISIT FOR PREGNATAL CARE

Screen all women with a validated screening tool. If antenatal risk factors* are present, obtain urine drug screen upon consent and perform ongoing assessment with periodic repeat screening.

Monitor all for antenatal risk factors* associated with substance use. If present, repeat validated screening tool and consider urine drug screening.

Negative screen

Substance abuse or dependence identified

Routine prenatal care

• Comprehensive assessment and treatment
• Monitor for relapse
• Fetal monitoring as indicated
• Urine drug screen upon consent at regular intervals and on any admission

ADMISSION FOR DELIVERY

Screen all women with a validated screening tool. If antenatal risk factors* are present, obtain urine drug screen upon consent.

Declines screening, or negative screening, but presence of neonatal complications associated with substance use (positive NAS scoring, anomalies suggestive of drug or alcohol exposure, vascular accidents, MI, NEC at term): Perform neonatal biochemical testing and monitor for NAS.

Negative screen, no complications

Substance abuse or dependence identified

Routine care and discharge

Comprehensive assessment and treatment, NAS scoring

*Antenatal risk factors: no or inadequate prenatal care; exhibited signs and symptoms of drug and/or alcohol use or withdrawal; drug-seeking behavior; repeated use of prescription narcotics; personal history of domestic violence, incarceration, or child welfare referrals; hepatitis B/C; HIV-positive status; active STIs; unexplained preterm labor; placenta abruption; FGR; hypertension