

POLYSUBSTANCE USE DURING PREGNANCY

AND THE BENEFITS OF UNIVERSAL VERBAL SCREENING

OVERVIEW

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The use of two or more substances, also known as polysubstance use, **is common during pregnancy** and can lead to adverse maternal and infant outcomes. This report discusses polysubstance use during pregnancy, universal verbal screening, and its benefits. ASTHO affirms the vital need for health equity in addressing polysubstance use during pregnancy. This includes building culturally competent systems that adapt healthcare delivery to meet patients' unique needs, and using person-centered language that reduces stigma, which collectively mitigates barriers to recovery.



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POLYSUBSTANCE USE DURING PREGNANCY



Polysubstance use is defined as the use of two or more substances, such as drugs, tobacco products, alcohol, or marijuana, taken together or within a short time.

- Intentional polysubstance use occurs when a person takes a drug to increase or decrease the effects of a different drug, or wants to experience the effects of the combination.
- Unintentional polysubstance use occurs when a person takes drugs that have been mixed or cut with other substances, like fentanyl, without their knowledge.
- Polysubstance use can also include prescription drug ‘misuse’.
- Polysubstance use is associated with poor outcomes such as:
 - Preterm birth
 - Low birth weight
 - Stillbirth
 - Miscarriage
 - Fetal alcohol spectrum disorders (FASDs)
 - Neonatal abstinence syndrome (NAS) or neonatal opioid withdrawal syndrome (NOWS)
 - Sudden infant death syndrome (SIDS)

POLYSUBSTANCE USE DURING PREGNANCY

Polysubstance use during pregnancy

is common:

According to findings from the 2019 Pregnancy Risk Assessment Monitoring System (PRAMS) Opioid Supplement Survey implemented in 34 U.S. jurisdictions, among the 37,749 respondents:

- 3.5% of women reported polysubstance use during pregnancy.
- 30.2% of women reported polysubstance use after pregnancy.

Polysubstance use was more commonly reported among women using or misusing prescription opioids during pregnancy than those who were not.

- Misuse is defined as taking prescription opioids for non-pain related reasons or obtaining them from a source other than a healthcare provider.

The impact of substance use during pregnancy:

- Alcohol use can cause miscarriage, stillbirth, low birth weight, and a range of birth defects (e.g. orofacial clefts).
- Opioid use is linked to poor fetal growth, preterm birth, stillbirth, neonatal abstinence syndrome (NAS), and specific birth defects.
- Tobacco use can cause preterm birth, low birth weight, orofacial clefts, or other birth defects of the mouth and lip; it also increases the risk of sudden infant death syndrome (SIDS).
- Marijuana use can cause low birth weight and may increase the chances for developmental problems for a child.



WHY UNIVERSAL VERBAL SCREENING IS IMPORTANT



Universal verbal screening for substance use disorders (SUD), which is recommended early in pregnancy and in partnership with the patient, reduces stigma and allows for early intervention, referral, and treatment.

- The American College of Obstetricians and Gynecologists (ACOG) recommends universal verbal screening with brief intervention and treatment referrals for cannabinoids, alcohol, club drugs, dissociative drugs, hallucinogens, opioids, stimulants, tobacco, and other compounds, such as anabolic steroids and inhalants.
- The U.S. Preventive Services Task Force recommends screening by asking questions about unhealthy drug use in adults age 18 years or older, including those who are pregnant or postpartum.



Healthcare providers are advised to screen women during and after pregnancy to identify and address substance use, misuse, and SUD. All pregnant women should be screened, regardless of age, sex, race, ethnicity, or socioeconomic status.

- About 95% of respondents of the 2019 PRAMS Survey reported that they were asked by a doctor, nurse, or other healthcare worker during any of the prenatal care visits if they were taking any prescription medication, if they were smoking cigarettes, and if they were drinking alcohol.
- 82% of respondents reported that a doctor, nurse, or other healthcare worker asked if they used drugs, such as marijuana, cocaine, crack, or meth during any of the prenatal care visits.



As part of a regular visit, it is also important for providers to screen for mental health conditions.

- Studies show that about half of individuals with an SUD will also experience a co-occurring mental health disorder. Evidence-based screening can reduce the chance of a missed diagnosis and allow for both diagnoses to be treated together.
- This screening should be done at visits during and after pregnancy and should use inclusive language and strategies to minimize stigma when talking to patients about their mental health.
- According to the 2019 PRAMS Survey:
 - 81% of respondents reported that a doctor, nurse, or other healthcare worker asked if they were feeling down or depressed during any of the prenatal care visits.
 - 88% of women reported being asked by a healthcare provider during their postpartum care visits if they felt down or depressed.

STATE APPROACHES TO UNIVERSAL VERBAL SCREENING

DELAWARE



The Delaware Division of Public Health created **guidance for obstetricians and gynecologists (OB-GYNs)** on how to screen patients for substance use during pregnancy.

WEST VIRGINIA



West Virginia released recommendations in **Model Policy: Substance Screening and Testing of the Pregnant Patient at the Outpatient Visit (Antepartum and Postpartum)** that can be used by medical providers and staff to implement universal drug testing for pregnant women.

INDIANA

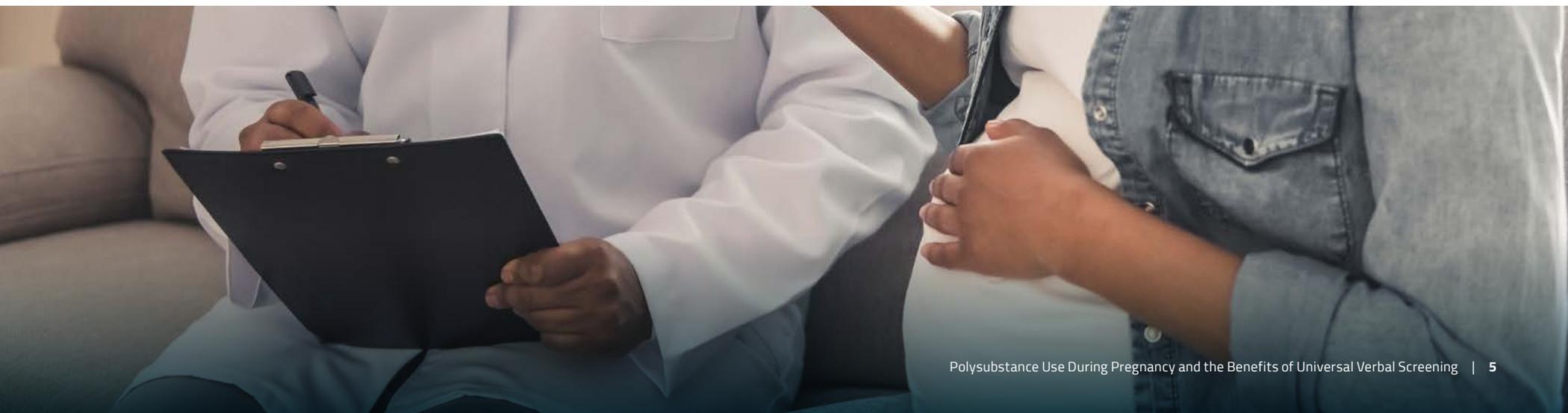


In 2019, a **new Indiana law** required the establishment of guidelines for providers treating SUD in pregnancy. Providers must “use a validated and evidence-based verbal screening tool to assess a substance use disorder in pregnancy for all pregnant women seen by the healthcare provider; and if the healthcare provider identifies a pregnant woman who has a substance use disorder and is not currently receiving treatment, provide treatment or refer the patient to treatment.”

WASHINGTON



In Washington, the Perinatal Substance Use Disorder Learning Collaborative highlights the **key components of SUD care**, which helps providers improve their ability to effectively screen and identify pregnant women with SUD. It provides guidelines for screening and follow-up, sample screening tools, recommendations related to drug testing of pregnant women and newborns, and referral resource information for the state.



PROVIDER GUIDANCE ON HOW TO SCREEN PATIENTS FOR OPIOID USE

Start the conversation:

Be non-judgmental and reassuring. Pregnant women may fear stigma or legal action should they talk about drug or alcohol use.

Use resources that already exist:

Follow the **Screening, Brief Intervention, and Referral to Treatment (SBIRT)** Model, developed by the Substance Abuse and Mental Health Services Administration (SAMHSA).

There are several validated screening tools for pregnant women that can be used:



National Institute on Drug Abuse (NIDA) Quick Screen:

Designed to assist clinicians in screening for drug use.



The 4Ps+:

Revised version of the 4Ps that includes additional questions regarding mental health, domestic violence, and substance use.



T-ACE (for alcohol):

Recommended by ACOG for alcohol screening.



CRAFFT:

Substance use screening for adolescents and young adults.

Other tools include:

Alcohol, Smoking and Substance Involvement Screening Test (ASSIST):

Developed by the WHO to assist with early identification of substance use related health risks and SUD in primary healthcare, general medical care, and other settings.

ACOG Perinatal Mental Health Tool Kit:

Use in screening for conditions such as depression, anxiety, bipolar, and post-traumatic stress disorder, and with specific recommendations for **Patient Screening**.

ASTHO Perinatal Opioid Use Training: Designed to be used with the ASTHO **Opioid Use Disorder Toolkit: Supporting the Public Health Response in Maternal, Child and Adolescent Health** to “role play” or practice what you learned about screening, referring, and offering support to people who are at risk for or experiencing substance use or opioid use disorder.

