

Substance Use in Pregnancy

Nadejda Beshpalova, MD



Substance Use in Pregnancy

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

All pregnant people should be screened for substance use at the first prenatal or preconception counseling visit (NIDA Quick Screen, 4 P's)

Rates of Use by Pregnant Patients

~4-8% tobacco/nicotine, 7-10% alcohol, 1-5% illicit substances

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

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

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

Currently Using Substances – Brief Intervention

“Is it okay if we talk more about this?”

“Would you be interested in help quitting/decreasing use?”

“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?”

Referral to Treatment

-Provide medications if possible/indicated (see attached)

-Consider referral to treatment program (outpatient, intensive outpatient, inpatient)— resources attached)

-Warm handoff recommended

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

Positive Screen – current use and/or history of high-risk use or SUD diagnosis

Further Assessment

-Open-ended questions, avoid judgmental language

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

“How is substance use affecting your life?”

“Are you currently in treatment or have you had prior treatment?”

If using currently:

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

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

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

Plan and Follow Up – Collaborative with Patient

-If referred out follow up with patient to ensure they made connection

-Repeat screen at least every trimester

-Ask about cravings

-Screen for comorbid mental health conditions

-Make sure patient has Narcan kit if using opioids (including prescription) or any illicit substances given high risk of fentanyl contamination

-Call Perinatal PCL with questions

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.

Substance Use Treatment Resources

Treatment Resources in Washington State:

WA Recovery Helpline

<https://www.warecoveryhelpline.org/>

SUD Treatment with Medicaid

<https://www.hca.wa.gov/free-or-low-cost-health-care/i-need-behavioral-health-support/substance-use-treatment>

Chemical-using Pregnant (CUP) Women Program

<https://www.hca.wa.gov/health-care-services-supports/apple-health-medicaid-coverage/chemical-using-pregnant-women>

Parent-Child Assistance Program (PCAP)

<https://depts.washington.edu/pcapuw/>

Healthier Washington Perinatal Substance Use Services Directory

<https://waportal.org/health-initiatives/pregnant-parenting-children-families-and-substance-use-workgroup/perinatal-substance-use-services>

WA Department of Health Pregnant and Parenting Recovery Services Directory

<https://pprs.doh.wa.gov/>

Peer Support:

Alcoholic/Narcotics Anonymous

www.aa.org; www.na.org

SMART Recovery

www.smartrecovery.org

Nicotine Cessation:

Quit for Two

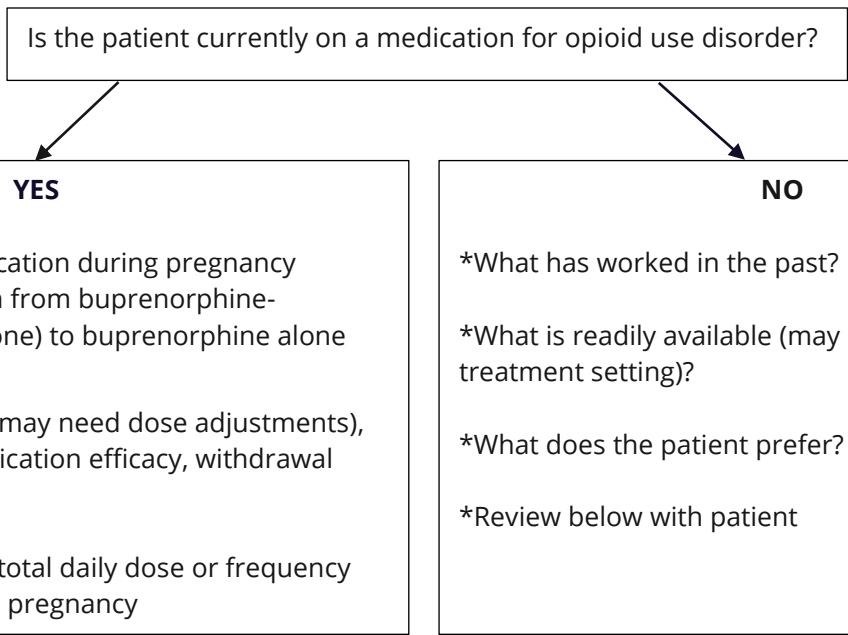
<https://women.smokefree.gov/pregnancy-motherhood/quitting-while-pregnant/quit-for-two>

Legal Support:

The First Clinic

<https://thefirstclinic.org/>

Selecting a Medication for Opioid Use Disorder in Pregnancy



Considerations	Buprenorphine	Methadone
Prescribing setting	Office-based	Through Opioid Treatment Programs (pregnant patient have priority for access)
Dosing in pregnancy	May need to be increased	May need to be increased and converted from daily to twice per day
Risk of drug-drug interactions and QTc prolongation	Lower	Higher
Risk of overdose	Lower	Higher
Risk of sedation	Lower	Higher
Treatment retention	Lower	Higher
Risk of NOWS	Lower	Higher
Risk of precipitated withdrawal with initiation	Yes	No
Breast/chestfeeding	Compatible (and should be supported to decrease NOWS risk) if no other contraindications	Compatible (and should be supported to decrease NOWS risk) if no other contraindications

Non-judgmental Language

Terms to Avoid:	Instead Use:
Alcoholic/drug addict/drug abuser	Person who uses substances
Addicted baby/born addicted	Child affected by maternal opioid use/Neonatal Opioid Withdrawal
Drug problem	Risky use/nonmedical use
Drug of choice	Substances used
Clean/dirty urine	Positive/Negative/Aberrant
Substitution/Replacement therapy	Medication for SUD/ODD, Medication-Assisted Treatment

Contact Perinatal PCL with questions:

Call 877-725-4666 or email ppcl@uw.edu

References:

Hostage JC, Brock J, Craig W, Sepulveda D. Integrating Screening, Brief Intervention and Referral to Treatment (SBIRT) for Substance Use into Prenatal Care. *Matern Child Health J.* 2020 Apr;24(4):412-418. doi: 10.1007/s10995-020-02892-9. PMID: 32026324.

Rodriguez CE, Klie KA. Pharmacological treatment of opioid use disorder in pregnancy. *Semin Perinatol.* 2019 Apr;43(3):141-148. doi: 10.1053/j.semperi.2019.01.003. Epub 2019 Jan 21. PMID: 30755340.

Straub L, Bateman BT, Hernández-Díaz S, Zhu Y, Suarez EA, Vine SM, Jones HE, Connery HS, Davis JM, Gray KJ, Lester B, Terplan M, Zakoul H, Mogun H, Huybrechts KF. Comparative Safety of In Utero Exposure to Buprenorphine Combined With Naloxone vs Buprenorphine Alone. *JAMA.* 2024 Sep 10;332(10):805-816.

Jones HE, Kaltenbach K, Heil SH, Stine SM, Coyle MG, Arria AM, O'Grady KE, Selby P, Martin PR, Fischer G. Neonatal abstinence syndrome after methadone or buprenorphine exposure. *N Engl J Med.* 2010 Dec 9;363(24):2320-31. doi: 10.1056/NEJMoa1005359. PMID: 21142534; PMCID: PMC3073631.

Suarez EA, Huybrechts KF, Straub L, Hernández-Díaz S, Jones HE, Connery HS, Davis JM, Gray KJ, Lester B, Terplan M, Mogun H, Bateman BT. Buprenorphine versus Methadone for Opioid Use Disorder in Pregnancy. *N Engl J Med.* 2022 Dec 1;387(22):2033-2044.

SAMHSA Clinical Guidance for Treating Opioid Use Disorder in Pregnant and Parenting Women and their Infants. <https://store.samhsa.gov/sites/default/files/d7/priv/sma18-5054.pdf>