Summary Recommendations
Pregnancy Medical Home Care Pathway on the Management of Substance Use in Pregnancy

Substance use is a persistent challenge in our society and raises specific concerns and complications in pregnancy. The American College of Obstetrics and Gynecology recommends that providers use a protocol for screening, brief intervention and referral to treatment as an evidence-based approach to addressing substance use in their practice. Below are key recommendations for incorporating this into the Pregnancy Medical Home setting. For more detailed clinical guidance, refer to the PMH Care Pathway on the Management of Substance Use in Pregnancy.

1. Use universal verbal/written screening in a nonjudgmental manner at the initial prenatal visit and across pregnancy. Urine drug screening is not recommended universally.
   - The PMH Risk Screening Form includes substance abuse screening questions.
   - Review the patient's medications, check the Controlled Substances Reporting System and ask the patient about past/current substance abuse problems or treatment to further assess risk.

2. If screening findings indicate any potential concern about the patient's use of drugs or alcohol or misuse of prescription drugs, ask the patient for more information (type of substances used, frequency, volume, date of last use, any history of treatment).
   - For patients who report a history of problems with substance abuse, ask the patient to describe these problems and her experience with substance use in prior pregnancies; offer support and refer for further substance use assessment or treatment as needed.

3. Offer a brief intervention to each patient to raise awareness of the risks of drug and alcohol use in pregnancy and to increase the patient's motivation to address any problems related to use of these substances.
   - For patients **without** current/recent substance use or a history of problems with drugs or alcohol, reassess substance use once per trimester and at the postpartum visit, or if warning signs are noted.
   - For patients **with** current/recent substance use or with a history of problems with drugs or alcohol, make a plan for change or for support of continued non-use.
     o For patients who are ready to change, consider referral for substance abuse assessment, similar to a recommendation for consultation with a specialist for any potential medical complication. Patients who have recently discontinued drug or alcohol use on their own may benefit from referral as well.
     o For a patient who is not ready to change, utilize motivational interviewing techniques to engage the patient in ongoing discussion about her substance use, focus on risk reduction strategies, and reassess readiness to change regularly.

4. Refer to a behavioral health provider for substance abuse assessment and/or treatment.
   - If an appropriate behavioral health provider is not known to the prenatal care practice, call the local LME/MCO, with the patient present.
   - Contact the NC Perinatal Substance Use Coordinator at 800-688-4232 for assistance in identifying a treatment program for pregnant women.
   - For patients in need of acute stabilization prior to entry into a treatment program, utilize available inpatient options, include the state Alcohol and Drug Abuse Treatment Centers or tertiary centers that can manage substance use in pregnancy. Utilize the NC Perinatal Substance Use Coordinator to facilitate inpatient admission and subsequent follow-up.

5. If the patient is currently receiving substance abuse treatment, the prenatal care provider should obtain consent for release of information and coordinate care with the substance abuse treatment provider.

6. All patients with substance use issues should be connected to a pregnancy care manager and should be seen for more frequent prenatal visits. Consider the use of urine drug screening with the patient's permission and with attention given to the panel selection for the screen. See Appendix B. Urine Drug Screening in the PMH Care Pathway: Management of Substance Use in Pregnancy.