

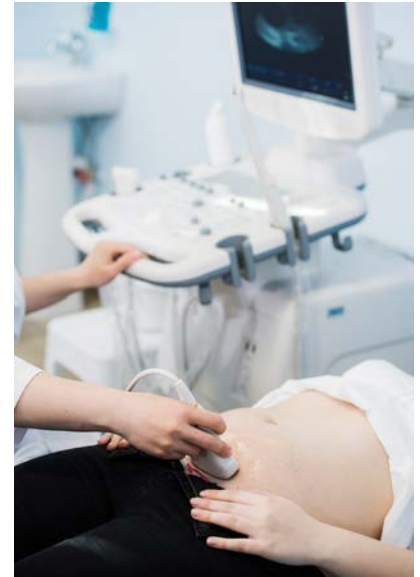
Substance Use Disorders and Perinatal Care

Substance use disorders affect women across all racial, ethnic, and socioeconomic groups and in rural, urban, and suburban populations. And, because women are at highest risk for developing a substance use disorder during their reproductive years, women who are pregnant or soon to become pregnant are at increased risk.¹ Early, universal screening for substance use is an essential component of prenatal care.²

Screening guidelines

The American College of Obstetricians and Gynecologists (ACOG) recommends the following:²

- Early, universal screening; brief intervention (such as a short conversation with the patient, offering feedback and advice); and referral for treatment of pregnant women with opioid use and opioid use disorder to improve maternal and infant outcomes.
- Screening for substance use as part of comprehensive obstetric care performed at the first prenatal visit in partnership with the pregnant woman. Screening based only on poor adherence to prenatal care or a prior adverse pregnancy outcome can lead to missed cases, and may add to stereotyping and stigma. Thus it is essential that screening be universal.
- Routine screening that relies on validated screening tools, such as questionnaires, including 4Ps, NIDA Quick Screen, and CRAFFT (for women 26 years or younger).
- For chronic pain, practice goals that include avoiding or minimizing the use of opioids for pain management. Highlight alternative pain therapies, such as nonpharmacologic (e.g., exercise, physical therapy, and behavioral approaches) and nonopioid pharmacologic treatments.
- For pregnant women with an opioid use disorder, use opioid agonist pharmacotherapy. This therapy is preferable to medically supervised withdrawal, because withdrawal is associated with high relapse rates, which lead to worse outcomes. More research is needed to assess the safety (particularly regarding maternal relapse), efficacy, and long-term outcomes of medically supervised withdrawal.



Delaware law requirements

Did you know? Medical providers are required by Delaware law to educate pregnant patients about the dangers of substance use. That means you are required to post warnings and give written and verbal warnings to all pregnant women regarding possible problems, complications, and injuries to themselves and/or to the fetus from the consumption or use of alcohols or cocaine, marijuana, heroin, and other narcotics during pregnancy.³

Per Delaware law, warnings may be delivered by a person certified to practice medicine, including a designated licensed nurse, who treats, advises, or counsels pregnant women for matters relating to pregnancy.

For guidance on how to educate pregnant patients about substance use, please visit Help Is Here Delaware online at www.helpisherede.com.

Perinatal provider role

As a perinatal provider in Delaware, you have an important medical and ethical role in screening for substance use, counseling women on the importance of avoiding harmful substances, supporting their behavioral change, and referring women with an addiction to specialized treatment when needed. This process, known as screening, brief intervention, and referral to treatment (SBIRT), represents a public health approach to the delivery of early intervention and treatment services for persons with substance use disorders.⁴

Additional information

For more information and resources related to substance use during pregnancy, please visit our website at www.amerhealthcaritasde.com > [Providers](#) > [Resources](#) and look for **Perinatal Care and Substance Use Disorders** under **Member Care**.

Sources:

1. U.S. National Library of Medicine, National Institutes of Health. "Substance Use During Pregnancy." <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4870985>.
 2. ACOG Committee Opinion Number 711, August 2017. <https://www.acog.org/-/media/Committee-Opinions/Committee-on-Obstetric-Practice/co711.pdf?dmc=1>.
 3. DE Code, Title 24, Chapter 17, § 1769A. "Required Warning to Pregnant Women of Possible Effects of Using Alcohol, Cocaine, or Other Narcotics." <http://www.helpisherede.com>.
 4. Wright T, et al. "The Role of Screening, Brief Intervention, and Referral to Treatment in the Perinatal Period." American Journal of Obstetrics & Gynecology. November 2016, 539 – 547.
-