

Screening and Brief Intervention for Substance Use in Pregnancy

All women should be screened for substance use at the first prenatal visit using a screening tool; e.g., the Modified NIDA Quick Screen (Modified NIDA) (see SUD2).

If **positive screen** on Modified NIDA, had aberrant urine test, or clinical suspicion (see SUD2), woman is **at risk**

If **negative screen**, then woman is lower risk

Brief Assessment

1. "What substances have you been using in the past 3 months? During this pregnancy?"
2. "How much of each substance have you been using at a time?"
3. "How frequently are you using them?"
4. "How does this affect your life (job, home life, self-care, health, emotions)?"
5. "Are you being treated for an SUD? Have you had prior treatment?"

Educate

1. Provide brief education about recommendations to not use alcohol, tobacco, cannabis, illicit opioids, or other drugs.
2. Encourage the patient to ask for help in the future, as needed.

Stratify into risk group

High Risk

Current: Opioid use or binge pattern/heavy use of any substance(s) or relapse of any SUD

Moderate Risk

Current: Low-level use of non-opioid substances, engaged in MAT, or other SUD treatment
History: High use in past and/or past treatment for SUD

Low Risk

Current: No use
History: Low-level use prior to learning of pregnancy

Brief Intervention

1. "How ready are you to quit now?" Ask the patient to rate this motivation on a scale from 1-10.
2. "How confident are you that you can stop?" Ask the patient to rate their confidence on a scale from 1-10.
3. "Why did you rate that way?"
4. "How can we increase this score?"

Yes

Is the patient currently misusing any substance?

No

Brief Intervention

1. "How ready are you to quit now?" Ask the patient to rate this motivation on a scale from 1-10.
2. "How confident are you that you can stop?" Ask the patient to rate their confidence on a scale from 1-10.
3. "Why did you rate that way?"
4. "How can we increase this score?"

Monitor

1. Repeat Modified NIDA and Brief Assessment at least once per trimester
2. Urine testing at least once per trimester
3. Check MassPAT at each visit
4. If already in treatment, contact SUD provider
5. Identify who will coordinate Plan of Safe Care (see SUD3)
6. Call MCPAP for Moms with questions

Create Treatment and Monitoring Plan

1. Refer to or provide medication treatment for opioid/alcohol use (see SUD4)
2. Recommend non-pharmacological treatment (see SUD3)
3. Formulate a monitoring plan including:
 - Repeat Modified NIDA and Brief Assessment at least once per trimester
 - Urine testing at least once per trimester
 - Check MassPAT at each visit
4. Identify who will coordinate Plan of Safe Care (see SUD3)
5. Call MCPAP for Moms with questions

Is there an active need for a referral to treatment?

Yes

No

Monitor and Refer to Treatment

1. Counsel on MAT in pregnancy (see SUD4) and non-pharmacological treatment (see SUD3)
2. Formulate a monitoring plan including:
 - Repeat Modified NIDA and Brief Assessment at least once per trimester
 - Urine testing at least once per trimester
 - Check MassPAT at each visit
3. If already in treatment, contact SUD provider
4. Identify who will coordinate Plan of Safe Care (see SUD3)
5. Call MCPAP for Moms with questions

For all women with any opioid use or on MAT for OUD, discuss:

- Overdose prevention (see SUD6)
- MAT during pregnancy/postpartum (see SUD4)
- Neonatal Opioid Withdrawal Syndrome (NOWS) - a.k.a. Neonatal Abstinence Syndrome (NAS)
- Pain management (see SUD5)
- Plan of Safe Care and DCF reporting (see SUD3)

MAT: medication for addiction treatment

SUD: substance use disorder

OUD: opioid use disorder

MassPAT: Massachusetts Prescription Awareness Tool

Call MCPAP for Moms at: 855-MOM-MCPAP (855-666-6272)

www.mcmapformoms.org