

Supporting Families With Perinatal Substance Use

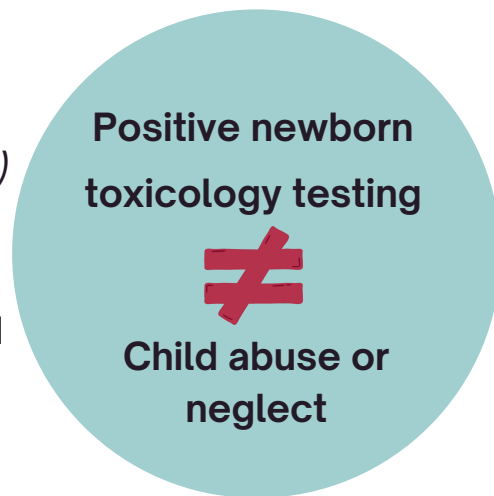


Background

Substance use disorders (SUDs) during pregnancy contribute significantly to maternal mortality and morbidity in the United States. In Nebraska, SUDs contributed to **one out of five pregnancy-associated deaths** between 2017-2021. The following recommendations are derived from a 4-part perinatal substance use webinar series hosted by the Nebraska Perinatal Quality Improvement Collaborative in 2024.

Regulations

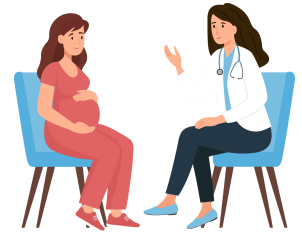
The *Child Abuse Prevention and Treatment Act (CAPTA)* and the *Comprehensive Addiction and Recovery Act (CARA)* **mandate that health care providers create Plans of Safe Care (POSC)** for any and ALL mothers and their infants born and identified as being affected by substance abuse, withdrawal symptoms, or Fetal Alcohol Spectrum Disorder (FASD). Ideally POSC are created during pregnancy.



There are two pathways to inform Nebraska DHHS:

- **NOTIFICATION (Send completed CARA Form):**
 - Mother stable and in opioid medication-assisted treatment
 - Mother treated with opioids for chronic pain by licensed physician
 - Mother in treatment for non-opioid substance use or alcohol
 - Infant at risk for fetal alcohol spectrum disorder
 - Mother using substances (including marijuana) without rising to abuse/neglect level; provider's judgment determines need for notification in these cases
- **REPORT (Call the NE Child Abuse and Neglect Hotline):**
 - ONLY if the infant is unsafe/concern for neglect or abuse.

Helping Perinatal Patients with SUD



Validated Screening Tools:

- ◆ 4 P's
- ◆ T-ACE
- ◆ National Institute of Drug Abuse Quick Screen
- ◆ SURP-P
- ◆ CRAFFT Substance Abuse Screen for Adolescents and Young Adults

Ask universally, listen with empathy, discuss addiction as a chronic disease, and use motivational interviewing techniques when making treatment plans.

Evidence-Informed Policies for Toxicology Testing



Toxicology testing can be beneficial or harmful

Testing Indications for Birthing Parent

- Symptoms of intoxication, withdrawal, or altered mental state
- Desired by birthing person
- Desire to breastfeed, AND one or more:
 - Reported substance use or positive toxicology test in last trimester
 - Active SUD, not in treatment

Testing Indications for Newborn

- Symptoms of intoxication/withdrawal
- Criteria met by birthing parent AND results would affect newborn's care
- Physical characteristics consistent with FASD

Stigma and Bias in Care of Perinatal Patients with SUD

Goal: Culturally relevant, safe, equitable, high-quality care for all patients.

1. Seek education on perinatal mental health and substance use to support recovery.
2. Know unit policies on toxicology testing and CFS reporting; testing guidelines are evolving.
3. Lead by example: Change your language, patient interactions, and reactions to model improvements for colleagues.
4. Advocate for patients' future success.

Recommendations compiled from 2024 NPQIC SUD webinar series. Access the full series [on our website](#).

