

Scripting Tool

Perinatal SUD: Universal Screening

<p>Introducing Universal Screening to Patients</p>	<p>"As part of our routine care for all our pregnant women, we ask some questions about your overall health and well-being. This includes asking about the use of substances like alcohol, tobacco, and other drugs. This is important because substance use can affect your health and the health of your baby, and it helps us ensure you receive the best possible care and support."</p> <p>Suggestions: provide handouts to patients, put up posters, create a culture where screening is normalized for all patients</p>
<p>Routine Repeat Screenings</p>	<p>"Thanks for answering the questions. We ask everyone on our labor and delivery unit about health and social issues including substance use, so we can provide the best care to you and your baby. I see that you completed the screening previously. Would it be ok to discuss your responses to the questions about substance use? "</p> <p>Suggestions: patients may be resistant to repeat screening. Emphasize that this is routine. Screen early and often and consider using this scripting for SDoH screening as well.</p>
<p>Hesitancy or Reluctance to Screening</p>	<p>"As part of our commitment to providing you with the best possible care during your pregnancy, we routinely ask all our patients the same questions about their overall well-being. If you share any substance use with us, we will work to connect you with support and resources."</p> <p>"We understand that pregnancy brings many changes, and sometimes people use substances to cope with stress or other challenges. Please know that if you share anything that concerns you, our goal is to offer support and connect you with resources without judgment."</p> <p>Suggestions: Emphasize connection to resources and support. Set up the conversation by addressing some of the patient's concerns.</p>
<p>Emphasizing Support</p>	<p>"Thank you for being here. We want to ensure you have the safest and most supported birthing experience possible. As part of our standard assessment for all patients in labor, we ask some questions about your health history and current well-being. This information helps us ensure your safety and the safety of your baby during labor and delivery and allows us to provide appropriate support if needed."</p> <p>"Thinking about your overall health, we routinely screen all our patients for various conditions, including substance use. We understand that substance use disorder is a health issue, just like other chronic illnesses. If our screening indicates a need, we want to be here to offer you the same compassionate and effective treatment and support that we would for any other health concern you might be facing."</p>
<p>Addressing Concerns</p>	<p>"We understand that some people are worried about talking about substance use during pregnancy or as a parent, and they may be concerned about Child Protective Services being contacted. While we do need to ensure the safety and well-being of children, our primary goal in asking these questions is to offer you the best possible care and support."</p> <p>"Engaging in treatment, having safe housing, and having a supportive network are all really positive factors. Our aim is to connect you with resources that can help you maintain a healthy and safe environment for yourself and your baby."</p>

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Perinatal SUD: Universal Screening Patients screening negative, at risk or already in treatment

<p>Patients Screening Negative</p>	<p>“Thank you for answering my questions. We routinely ask these questions as part of providing comprehensive, whole-person care. If anything ever changes or you need any resources, we are here to support you.”</p> <p>Suggestions: Offer take-home naloxone kit</p>
<p>Patients at Risk: Recreational or Occasional Substance Use</p>	<p>Patient: “I drink a glass of wine once a week when we go out to dinner... my provider lets me.”</p> <ul style="list-style-type: none"> • Response: “Thanks for sharing. Would you be open to hearing some updated recommendations about alcohol and pregnancy?” • Suggestions: When patients share substance use-related disclosures, keep responses supportive, brief, and nonjudgmental. Use clinical guidance & offer resources. Offer ACOG materials or trusted patient education flyers to guide the conversation. Avoid correcting or confronting — offer information, not judgment. Affirm healthy choices the patient is making. Use neutral language and keep the door open for future conversations. Use your care team — you don’t have to navigate these situations alone.
<p>Patients at Risk: Friend or Family Member Uses Substances</p>	<p>Patient: “My boyfriend uses substances.”</p> <ul style="list-style-type: none"> • Response: “It sounds like you’re making choices to support a healthy pregnancy — that’s important.” “Would it be helpful to talk through ways to reduce exposure or get support if needed?” <p>Suggestions: Offer take-home naloxone kit and resources. Remember, when patients share substance use-related disclosures, keep responses supportive, brief, and nonjudgmental. Use clinical guidance & offer resources. Offer ACOG materials or trusted patient education flyers to guide the conversation.</p>
<p>Patients Already in Treatment</p>	<p>“Congratulations on your recovery! Can you tell me more about how long you have been in recovery?”</p> <p>“It is important for our care team to be involved and support your continued recovery through labor, delivery and discharge. As part of this care, we will be talking with you about how you as the mother of your newborn can be an important part of the care we give your infant in the hospital, and in the transition to home. Can I tell you more about this and share some education?”</p> <p>“For those who are in recovery and treatment with medication for opioid use disorder, your baby might experience withdrawal symptoms after being born. But it I want you to know that it doesn’t mean that the baby is addicted. Some examples of what we might see is that your baby could be irritable and shaky, and some babies need to be observed in the newborn intensive care unit for a while. We will ask you to be very involved in caring for and supporting your baby. Things that are especially helpful include frequently feeding the baby, including breastfeeding and holding and rocking the baby to help comfort your baby. What are your thoughts about this? I can assure you that the doctors and nurses taking care of your baby will monitor him closely and keep you informed about how he is doing. As the parent, you play a really important part in the care of your baby.”</p> <p>Suggestions: Provide positive reinforcement. Start by talking about recovery and focus on that before discussing history of substance use. When people are in treatment, their babies may have symptoms of withdrawal after birth, we want to talk to our patients and prepare them for this possibility. Make sure the patient knows they have tools that will be vital in caring for their baby if he or she experiences withdrawal symptoms at birth</p>

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Perinatal SUD: Universal Screening Patients screening positive

<p>Initial Responses to Positive Screen</p>	<p>“Thank you and I want you to know that your responses and our conversation are only shared with the team caring for you and your baby.”</p> <p>“I am hearing that the health of the baby is really important to you, and you know that drug use could cause problems.”</p> <p>“I am concerned that your current use could affect the health of you and your baby. What are your thoughts about this?”</p> <p>Suggestions: This moment can be pivotal in building a positive provider-patient relationship, so it can be helpful to have a sentence or two you have practiced and can quickly use in these moments.</p>
<p>Offering Treatment and Support</p>	<p>“Would it be ok to briefly discuss your thoughts about getting help for substance use? There are effective treatments, and treatment often includes medication and counseling. I’m curious, how important would you say it is to find support and treatment for your drug use, where 0 is not at all important, and 10 is very important? If the patient says 8: An 8 tells me this is very important to you. What made you choose 8 and not a lower number like 5 or 6? Answer could be wanting to get better, keeping their baby – “We know having your baby with you is very important. Anything else? You want to get to a better place at this point in your life. This is possible. I would like to introduce you to our care team...”</p> <p>“As I mentioned, the care team, including case managers will continue this discussion with you after the baby is born. I also want to let you know that for families that have infants who were exposed to a drug before birth, DCFS may enter in as part of the care team to help assess your needs and make referrals. I want you to know that our goal truly is to support you and your baby and to give both of you a healthy start, together.”</p> <p>“Thanks for answering those questions, this is something we ask all patients because substance use can impact pregnancy, and we want to offer the best care possible. Your responses indicate some substance use, and I want you to know you're not alone. Many people face this, and we're here to help.”</p> <p>“Have you ever thought about or tried treatment before? What have you tried? What did you find helpful or unhelpful?”</p> <p>“Did you know that there are treatment options that are safe during pregnancy and can really improve outcomes for both you and your baby? We can connect you with a provider who understands this and can work with you on a plan that fits your needs, this could include medication, counseling, and peer support.”</p> <p>Suggestions: Use motivational interviewing skills, have patient guide conversation, ask permission to discuss treatment options, ask about their understanding of treatment, thank them for being open.</p>
<p>Accepts Treatment</p>	<p>“I'm really glad you're open to getting support - this is a big step, and you're not alone. I'm going to connect you with [name/role] who can walk you through next steps and help set up care that works for you. They'll talk with you about your options and make sure you feel supported throughout the process. Let's get that started now.”</p> <p>Suggestions: Provide positive reinforcement and introduce them to the next team member by name.</p>

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Declines Treatment	<p>“Thank you for being open with me. I understand that now might not feel like the right time, and that’s okay. I want you to know that support is always available if or when you’re ready—we’ll meet you where you are. If anything changes, or if you have questions later on, please don’t hesitate to reach out. You deserve care that works for you, and we’re here whenever you need us.”</p> <p>“Even if you’re not ready for treatment right now, there are still ways we can support you. We have peer coaches, people with lived experience, who are here just to talk, listen, and support you without pressure. Can I introduce you to a peer coach today? We also offer take-home naloxone, which is a medication that can reverse an opioid overdose. It’s free, safe to carry, and could save a life—whether for you or someone else in your household. Would you be open to taking a kit today?”</p> <p>Suggestions: Offer take-home naloxone kit and future support if they change their mind. Offer referral to harm reduction services if accepting.</p>
Tobacco & Nicotine Specific Scripting	<p>Patient: Discloses smoking</p> <p>“Thanks for sharing that with me. We know that quitting smoking or vaping can be really hard—especially during pregnancy—and you’re definitely not alone. A lot of people want to quit but aren’t sure where to start.”</p> <p>“Even cutting down can make a difference. Reducing tobacco or nicotine use during pregnancy can lower the risk of complications like low birth weight, preterm birth, and breathing problems for your baby. Every step you take helps, and we’re here to support you however we can.”</p> <p>“There are safe options to help reduce or stop tobacco use during pregnancy, including support programs, nicotine replacement therapies, and counseling. We can work with you on a plan that fits your goals, even if that just means cutting back for now. Would you be open to hearing more or talking with someone who can help you explore your options?”</p> <p>Suggestion: Acknowledge that the patient is not alone, and that this is hard. Encourage reducing tobacco/nicotine use if cessation is not achievable.</p>
Discharge Planning	<p>“Thank you very much for your willingness to discuss these things with me. I along with others from our care team will continue to discuss a referral and support plan that will help you to keep moving toward your goal of caring for your infant.”</p> <p>Suggestions: Refer to recovery support services, including counseling, peer support, or group programs, connect the patient with the case management team for ongoing support and care coordination, provide educational materials on the Eat, Sleep, Console (ESC) approach, offer information on what to expect when caring for a newborn with NOWS/NAS, distribute take-home naloxone and provide brief education on its use, include safe sleep guidance and other standard newborn discharge education. Begin this conversation early as possible and not at discharge -- they are ready to go home just as any other patient. Avoid running into weekend and holiday issue by starting discharge planning right way with your care team. Understand their commitments to home, just as any other patient (needing to care for pets, other children, etc).</p>

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Perinatal SUD: Naloxone

<p>Response to Positive Screen or Known SUD</p>	<p>“Do you have a naloxone kit at home already? [Either way, offer a take-home kit.] Even though naloxone only reverses opioid overdose, more and more people are at risk of fentanyl exposure given the changing drug supply in the community. With the increase in fentanyl, we are now recommending that people with any substance use, not just opioids, have a naloxone kit available in case of emergency.</p> <p>“We know that overdose is a serious health issue and one of the top causes of death for new mothers in our state. To help, we offer all patients information and naloxone, a medicine that can reverse opioid overdoses. Naloxone is safe and easy to use, and we believe everyone should have access to it, just in case.”</p> <p>Can I tell you more about naloxone and send you home with the medication kit?”</p> <p>Suggestions: Tie back to keeping patient safe in their use, they deserve to stay alive and protect themselves. Offer promise of treatment and other resources if/when they are ready.</p>
<p>Patients Already in Treatment</p>	<p>“Many treatment providers already provide their patients with naloxone; do you have a naloxone kit at home already?”</p> <p>Suggestion: If no, provide naloxone education and give to patient before leave appointment. If yes, ask if they would like another to keep in car, bag, etc or for anyone else they know who might need it.</p> <p>Responding to “Why do I need this if I’m sober” type of questions:</p> <p>“In case anyone else, especially children, got into your treatment medication (Methadone or Suboxone). In case of medication interactions, side effect if ill, accidentally took extra, etc.</p> <p>“As a person in recovery, you might be in the best position to recognize a person at risk for or experiencing an overdose and respond to that medical emergency.”</p>
<p>Patients Without OUD Receiving a New Opioid RX</p>	<p>“Many people after having a surgery like your C-section have post-op pain that requires opioid medication for a few days after you leave the hospital. Since you are a person who does not take this medication on a regular basis, you are more likely to experience side effects. The most serious side effect of opioids is sedation or reducing your breathing. Naloxone is the antidote in case of too much opioid medication, and can be used to reverse sedation, reduced breathing, or accidental overdose. I don’t think those things will happen to you when taking the medication as prescribed, but I do want you to have the reversal medication as well in case of emergency.”</p> <p>Suggestions: Can also mention concern for pediatric/toddler opioid exposure and accidental ingestion. Review safe medication storage and disposal options.</p>
<p>Naloxone Counseling</p>	<p>Suggestions: Be sure to include the following in your education: Identification of person to administer and importance of educating them on how to administer, Risk factors for and prevention of opioid overdose, Recognition of opioid overdose, Need to call 911 if naloxone is administered, How to provide rescue breaths, Administration of intranasal naloxone, Effect of naloxone on the fetus or newborn - SAFE!!, OUD treatment options for pregnant or postpartum women.</p> <p>Be sure to use the informational handout in the naloxone take-home kit to guide education of patient and family</p>