

Screen for Substance Use @
 First Prenatal Visit/Intake:
 Tools: 4P+ or CRAFFT
 Women should be screened privately

- Assess and address psychiatric co-morbidities (PHQ-9)
- Assess social risk factors: Domestic violence/homelessness (PVS or WAST)

Negative Screen
 Re-screen at 24 to 28 Weeks

Brief intervention (should be done privately)

Positive Screen for Substance Abuse

Denies Need for Treatment

Willingness to Accept Treatment

- Provide information about perinatal risks
- Assess/address psychiatric co-morbidities
- Assess/address social risks including domestic violence and homelessness
- Close interval follow-up appointments including motivational interviewing

Signs of acute withdrawal

YES

NO

Go to
 Emergency
 Department

Probable
 Physiologic
 Dependence

Unclear or
 Unlikely
 Physiologic
 Dependence

Refer to Counselor
 Trained in Addiction
 Treatment

- Consider in-patient stabilization or referral to experienced outpatient addiction provider:
- Alcohol (detox required if physically dependent)
- Opiates/benzodiazepines (management may vary based on level and type of use)
- Amphetamines (residential treatment recommended)

- *Withdrawal Symptoms May Include:**
- | <u>Maternal</u> | <u>Fetal</u> |
|----------------------------------|---------------------------|
| *Dilated Pupils | *Fetal Distress |
| *Anxiety | *Fetal Tachycardia |
| *Hypertension, Tachycardia | *Late decelerations (EFM) |
| *Muscle spasms, tremors | |
| *Sweating chills, flushing | |
| *GI Distress: Vomiting, Diarrhea | |

Referral to residential or intensive outpatient treatment
 Or
 Step down to office-based buprenorphine or methadone program
 And
 Weekly counseling by substance abuse counselor
 And
 Sign consents to coordinate substance abuse treatment plans with OB Provider