

Janet T. Mills
Governor

Jeanne M. Lambrew, Ph.D.
Commissioner



Maine Department of Health and Human Services
Office of MaineCare Services - Value-Based Purchasing
11 State House Station
Augusta, Maine 04333-0011
Toll Free: (866) 796-2463; TTY: Dial 711 (Maine Relay)
Fax: (207) 287-3373

Proposed Guidance for Toxicology Testing of Pregnant Patients

The goal of screening pregnant patients for substance use disorder (SUD) is to enhance the well-being of the maternal-fetal dyad.ⁱ Validated verbal screening instruments, e.g., [4Ps](#), are the standard of care to screen for SUD during pregnancy.

Routine toxicology testing of urine and/or saliva as a screening instrument is discouraged due to potential limitations and negative implications including:

- A negative test does not rule out sporadic substance use
- Some substances may be missed
- A positive test result is not diagnostic of a use disorder
- Clinician knowledge about ordering screening and/or interpreting results may be limited
- Mandatory testing may be a deterrent to seeking prenatal care

The decision of when to obtain toxicology testing to detect potential substance use can be difficult as few decision-making algorithms exist. Decision-making algorithms should be applied universally and in an unbiased manner as any pregnant patient could be impacted by SUD. Clinicians need to be familiar with toxicology testing options at their institution, including which substances are detected as well as the test sensitivity and specificity. Clinicians need to understand how to order confirmatory testing (if not done automatically) as results must be confirmed to be considered definitive. Verbal consent must be obtained prior to completing toxicology testing. If indicated, toxicology testing should be completed as early as possible in pregnancy and, if substance use is detected, should be repeated at least once per trimester.

Indications for toxicology testing to detect potential substance use may include:

- History of a SUD
- Disclosure of use of illicit/non-prescribed substances in the past five years
- Continued use of cannabis and/or alcohol after learning of pregnancy
- Physical symptoms of substance intoxication or withdrawal
- Objective indications of potential substance use (e.g., track marks)
- Three or fewer prenatal visits/multiple missed prenatal appointments
- Late initiation of prenatal care (after 16 weeks)
- A history of chronic pain that was managed with opioids
- Early refills and/or lost medications when prescribed controlled substances such as opioids, benzodiazepines, or stimulants
- Fetal distress
- Placental abruption
- Preterm labor
- Intrauterine growth restriction (IUGR)
- Unexplained intermittent hypertensive episodes
- Stroke and/or heart attack

ⁱ As all pregnant patients should be verbally screened for SUD, this document provides a potential decision-making algorithm for when to obtain toxicology testing in addition to verbal screening. Patients enrolled in substance use treatment typically receive toxicology testing at all/most of their appointments.

These recommendations are intended to enhance your care and should not replace your own clinical judgement.

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