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)

Positive Screen for Substance Abuse

Willingness to Accept Treatment

Signs of acute withdrawal

YES

Go to Emergency Department

Probable Physiologic Dependence

• 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)

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

NO

Denies Need for 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

Negative Screen
Re-screen at 24 to 28 Weeks

Unclear or Unlikely Physiologic Dependence

Refer to Counselor Trained in Addiction Treatment

*Withdrawal Symptoms May Include:

Maternal

* Dilated Pupils
* Anxiety
* Hypertension, Tachycardia
* Muscle spasms, tremors
* Sweating chills, flushing
* GI Distress: Vomiting, Diarrhea

Fetal

* Fetal Distress
* Fetal Tachycardia
* Late decelerations (EFM)