ADULT BEST PRACTICE FLASH CARD

Opioid Use in Pregnancy

Intermountain® Healthcare

Reference Link

SCREENING

SCREEN at each encounter
(or at least once per trimester during pregnancy)

ADMINISTER NIDA at every visit
(see the *Substance Use Disorder* CPM for the *Intermountain-Modified NIDA Quick Screen* tool)

ASK about:

- **Alcohol use:** ≥ 4 standard drinks a day
- **Tobacco use** (including e-cigarettes)
- **Prescription medication use** for non-medical reasons
- **Prescription medication use** in amounts greater than prescribed, for reasons other than prescribed, or that weren't prescribed to patient
- **Illegal (illicit) drug use** (street or recreational drugs)

EDUCATE patient

- **ASK** patient what they understand about the effects of drugs, alcohol, and tobacco use during pregnancy (see the *Substance Use During Pregnancy* fact sheet).
- **ENSURE** patient understands that prescription medications can be misused, just like "street" drugs (see the *Opioid Pain Medicine in Pregnancy* fact sheet).

Check *DOPL* and medical records for patients with admitted/suspected substance abuse

MANAGE if opioid use confirmed

ADULT BEST PRACTICE FLASH CARD

Opioid Use in Pregnancy

Intermountain® Healthcare

Reference Link

MANAGEMENT

CONFIRMED opioid use

EVALUATE if managed by physician — EITHER:

COORDINATE care with the prescribing physician.

OR

ASSUME prescribing role; **ESTABLISH** "rules of engagement" (see *Medication Management Agreement: Opioids*).

PROVIDE special care during pregnancy

- **COORDINATE** care with prescribing physician, maternal provider, and/or counselor.
- **SCHEDULE** more frequent visits.
- **REFER** for further screening and counseling or treatment as needed. (see *Substance Use Disorder* CPM.)
- **MONITOR** antenatal course closely, with attention to the possibility of poor fetal growth and preterm birth.
- **ADDRESS** possible tobacco and alcohol use, mental illness diagnosis, hepatitis C, HIV, STDs, TB, etc.
- **WEAN** off opioid or prescribe transition/maintenance medication (see *Opioid Use in Pregnancy* CPM for details).
- **ANTICIPATE** possibility of neonatal abstinence syndrome (NAS) and need for special care for newborn; **COORDINATE** with pediatrician.

PRESCRIBE thoughtfully at postpartum discharge

IF vaginal birth:

- **CONSIDER** NSAIDs (preferred).
- **LIMIT** use of opioids to patients with more severe pain; no more than 10 pills, no refills.

IF cesarean birth:

- **CONSIDER** NSAIDs (preferred).
- **LIMIT** use of opioids for pain up to 7 days, post-op only; no more than 20 pills at discharge, no refills.