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

ASK about:
- 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

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Not intended to replace physician judgment with respect to individual variations and needs.
MANAGEMENT

CONFIRMED opioid use

EVALUATE if managed by physician — EITHER:

COORDINATE care with the prescribing physician.

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.

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