

Starting in 2016 with four delivering hospitals, the Perinatal Substance Use Project has grown to include 34 Indiana delivering hospitals. Sponsored by the Indiana Perinatal Quality Improvement Collaborative (IPQIC), the goal of the project is to identify women who are using a licit and/or illicit substance and to intervene in order to support an optimal pregnancy outcome for both mother and baby. This project is designed to address the public health and opioid crisis that Indiana is experiencing. The IPQIC Perinatal Substance Use (PSU) Task Force, composed of over sixty individuals from state agencies, professional associations, community mental health centers, health care providers and advocates, was charged with developing resources and standardized protocols.

One component the PSU Task Force addressed was prenatal screening to identify substance use in women early in their pregnancy. The goal of screening at the initial prenatal visit, and subsequent visits as warranted, is to intervene early and develop a care plan that supports an optimal outcome for both mother and baby. The task force reviewed several validated screening tools for use by participating hospitals and recommended the 5Ps screening tool, a validated tool that addresses substance use as well as domestic violence and depression. This tool is also in the public domain and free to use.

Universal screening of all pregnant women is recommended by numerous professional organizations, including the Centers for Disease Control and Prevention (CDC), the American Medical Association (AMA), the American College of Obstetrics and Gynecology (ACOG), and the American Academy of Pediatrics (AAP). With the passage of House Enrolled Act (HEA) 1007 in 2019, every healthcare provider in Indiana who is providing maternal services is required to use a validated and evidence-based verbal screening tool to assess for substance use disorder for all pregnant women who are seen by the healthcare provider:

- (1) as early as possible at the onset of prenatal care; and
- (2) throughout the pregnancy, including during the first, second and third trimester.

The link below is to a special report from the American Journal of Obstetrics and Gynecology that discusses the components of screening and includes references to screening tools that are validated during pregnancy.

<https://www.acog.org/-/media/Departments/Tobacco-Alcohol-and-Substance-Abuse/Wright-et-al.pdf?dmc=1&ts=20190907T1627445975>

Participating hospitals in the PSU Project are implementing a tool kit, developed by the IPQIC Perinatal Substance Use (PSU) Task Force, which is designed to address a comprehensive approach to perinatal substance use. The tool kit can be found on the ISDH website at <https://www.in.gov/laboroflove/208.htm>. The tool kit includes modules addressing the process algorithm, pharmacologic and non-pharmacologic treatment, discharge planning for both mother

and baby and a transfer module when the care a baby needs exceeds the capacity of the delivering hospital.

Perinatal substance use affects all women regardless of educational, financial, and racial status. Communities both large and small have been impacted by this public health crisis. Since January 2017, there were 78,941 births in the participating hospitals. Of those births, 18.8% were tested for prenatal substance exposure, with 7% of those births testing positive. The rate of Neonatal Abstinence syndrome (NAS) diagnosis per 1,000 live births is 12.3 in the participating hospitals as of June 30, 2019.

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