



PN Update

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Recommended best practice: Perinatal Substance Use Screening

"Substance use disorder (SUD) is one of the most stigmatized and undertreated chronic medical conditions, and this is exacerbated in the perinatal period." (Barber and Terplan)

- Overdose deaths among women of reproductive age (15-44) in Alaska have increased by over 300% between 2019 and 2023 (Filly, 2024).
- The rate of newborns affected by maternal use of opioids or drugs of addiction has increased from 25.3/1,000 in 2019 to 34.5/1,000 in 2023 (Alaska Health Facilities Data Reporting program).
- 71% of maternal deaths (pregnancy through 1 year postpartum) in 2016-2022 had documented substance use disorder. (MCDR fact sheet 12/2022).

To identify needs and provide appropriate care to patients with harmful substance use during pregnancy, Substance Abuse and Mental Health Services Administration (SAMHSA), the American College of Obstetricians and Gynecologists (ACOG), the American Academy of Pediatrics (AAP), the Society of Maternal Fetal Medicine (SMFM) and recommend screening for substance use in perinatal patients.

Screening for substance use in perinatal patients is recommended to be: [\(Figure 1\)](#)

- Verbal
- Routine
- Brief
- Transparent
- Universal
- Voluntary
- Non-stigmatizing
- Evidence-based

Additional considerations regarding screening:

- It is not a replacement for clinical judgment
- It is an opportunity to build rapport with and educate patients
- It is reimbursable:
 - 99408 Alcohol and/or substance use structured screening and brief intervention services: 15-30 min
 - 99409 Alcohol and/or substance use structured screening and brief intervention services: > 30 min

Screening results: Next steps [\(Figure 2\)](#)

Positive Screen: *Not diagnostic, indicates opportunity for brief intervention and/or referral to treatment. Follow up to identify risk category and assessment for diagnosis.*

- Those that meet criteria for a substance use disorder (SUD) should receive a brief intervention grounded in motivational interviewing, MAT as appropriate, expanded clinical care to address co-existing conditions and associated risk factors, and referrals for treatment and resources based on patient goals and needs. (see "Resources").
- Those with moderate risk (i.e. risky or harmful substance use without SUD) should receive a brief intervention, expanded clinical care to address co-existing conditions and associated risk factors, and referrals for resources based on patient goals and needs.
- Those who are low risk (no past or current use): should receive feedback and reinforcement of their healthy behaviors.

Strategies to successful implementation and to improve screening rates and outcomes:

1. Have a practice champion to guide and advocate for the process (Hargraves et al.)
2. Design the workflow for screening and referral using input from all layers of staff and build a multidisciplinary team (Ulrich et al)
3. Determine how the screening will be administered (In-person or self-administered using iPads or other modalities) and results communicated (Konkle-Parker et al, Mcneely et al).
4. Screen as early as possible in the prenatal care, at 24-28 weeks, and postpartum. Screening at the first prenatal visit is recommended.
5. Identify appropriate setting. The individual needs to feel safe. Privacy is essential for the screening to be accurate.

6. Ensure initial and on-going staff training - this has been identified as a key component for programs with high rates of high-quality screenings (Ulrich et al, Hargraves et al)
7. Develop a relationship with referral partners (Hargraves et al)
8. Integrate screening into EHR, using the EHR and IT to link referrals and track follow-up (Ulrich et al)

Overcoming barriers for patients:

- Briefly explain "what, why, and how long" of the screening process
- Review confidentiality before screening - Fear of legal repercussions and child removal is a significant barrier both to accessing prenatal care and to disclosure of use during prenatal care.
- Reduce stigma in your office environment and staff. Use non-stigmatizing language.
- Provide non-judgmental educational resources – Patients may be unaware that substance could be harmful during pregnancy or have a misconception that they would be "replacing" one substance for another (in the case of MAT).
- Respect patient declination – leaving door open for discussion when they would like to do so.

Overcome barriers for health care team:

- Include a multidisciplinary team in workflow development and check back regularly with all levels to identify and address problem areas in the SBIRT process.
- Train staff in:
 - Science of addiction as a chronic, treatable medical condition
 - Anti-stigma
 - How to screen and the SBIRT process (Ulrich et al, Hargraves et al)
 - Motivational interviewing – useful for many health behavior changes in addition to substance use
 - Guidelines for mandatory reporting requirements to reduce over or under reporting

Screening tools verified for use in perinatal population: In the currently available research (Ondersema et al, Coleman-Cowger et al), none of the reviewed screening tools had universal significantly superior sensitivity nor specificity. Results varied based on health care staff and the community served. It is recommended that providers use the validated tool that best meets the needs of their community and clinical workflow. [\(Figure 3\)](#)

*If a facility would like to use the copyrighted 4Ps+, SENI pays the fees allowing all SENI-participating facilities to use it. Please contact: seni@alaska.gov for more information.

Please note: Urine testing is not recommended as a screening tool because:

- It only detects recent use and therefore does not rule out sporadic substance use
- Both false-positives and false-negative occur
- It does not detect all harmful substances
- It can impair the patient-provider relationship

Figure 1

Universal — Avoid risk-based screening which “operationalizes and perpetuates stigma with no improvement of diagnostic accuracy.” (Barber & Terplan)	Routine — integrated into the workflow and an expected part of prenatal care.	Evidence-based — approach SUD as a chronic medical condition and emphasize availability of treatment options. Use a validated screening tool.	Verbal — can be in person or self-administered. Urine testing is not recommended.
Voluntary — rests upon the principle of patient autonomy. Patient can decline screening.	Non-stigmatizing — use language that is clinical, accurate, and person-centered.	Brief — initial screening completed in a few minutes.	Transparent — review confidentiality and how/when information could be shared with external partners, including OCS.

Figure 2

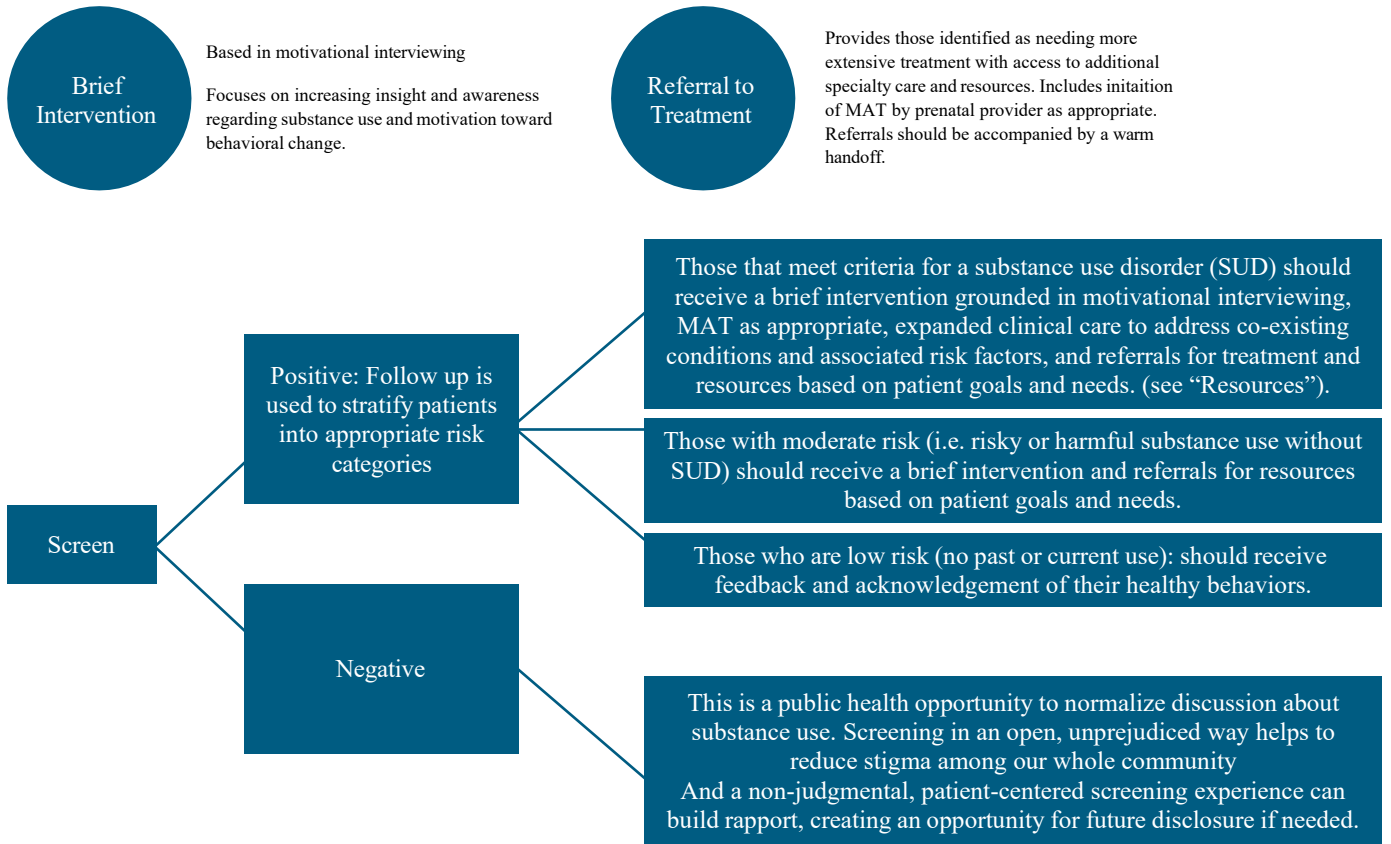


Figure 3

Screening tools verified for use in perinatal population	Tobacco	Alcohol	Marijuana	Drugs	Behavioral health	Intimate partner violence	Verified for use in pregnancy?
4Ps+ - (Parents, Partner, Pregnancy, Past) Copyrighted*	X	X	X	X	X	X	X
5Ps – (Parents, Peers, Partner, Pregnancy, Past)	X	X		X	X	X	X
NIDA Quick Screen (National institute on Drug Abuse)	X	X		X			
Substance Use Risk Profile – Pregnancy (SURP-P)		X	X	X			
CRAFTT (for adolescents) – Car, Relax, Alone, Forget, Friends, Trouble		X	X				

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Konkle-Parker, D., Williams, D., McAfee, N. et al. Low-Burden Universal Substance Use Screening in a Primary Care Clinic to Lower Implementation Barriers. *J Behav Health Serv Res* 50, 108–118 (2023). doi.org/10.1007/s11414-022-09814-3

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Resources

This list is not exhaustive and is the best information available for each item at time of publication, please confirm at time of referral.

State of Alaska's Substance-Exposed Newborns Initiative (SENI) promotes high quality universal verbal prenatal/postpartum screening with appropriate follow up. If your facility or practice is interested in receiving information about screenings, staff training in SBIRT, and learning other ways SENI can support you, please email seni@alaska.gov. Some facilities may also be eligible to receive iPads to use for screening at no cost to them. More information on the [SENI website](#).

Referral best practices:

- Connect patients with a case manager or other social services coordinator who can coordinate referrals and address social determinants of health needs.
- Know availability and contact information for local social service agencies in your community - take time to meet them if possible.
- Include a warm handoff for all referrals — or staff can make a call to the service organization with the patient
- Consider increased follow up visits — be flexible and aware that they may face challenges that make it hard to come to appointments.
- Meet them where they are at: Unrealistic expectations for families who have complex behavioral health needs to be able access care in a fractured system can feed into stigma.

Residential SUD Treatment Centers in Alaska for pregnant/parenting women

Guidelines for children vary and information must be confirmed at time of referral as programs may experience changes in their service offerings.

- [Akeela Stepping Stones](#) (Anchorage)
- [Dena A Coy residential](#) (SouthCentral Foundation) — accepts children up to 3 yrs old
- [Valley Oaks Residential](#) (Wasilla) — accepts children up to 10
- [Women and Children's Center for Inner Healing](#) (Fairbanks) accepts children up to 7

Alaska treatment referral, information, and resources available at:

- Alaska [Department of Health](#) (DOH), [Office of Substance Misuse and Addiction Prevention \(OSMAP\)](#), contains resources for provider education and links to findtreatment.gov
- Alaska Division of Behavioral Health has information on [Substance Use Disorder Services and Resources](#)
- Alaska DOH, Division of [Public Health](#) has an [Opioid Dashboard](#) for data and resources, with OSMAP link in sidebar
- [UW Medicine Pain and Opioid Consult Hotline for Alaskan Clinicians](#): This hotline will support consultation on treating patients with complex pain medication regimens. UW Medicine pain pharmacists, and if appropriate, physicians, are available to support your questions.
 - Hotline phone number: 1-844-520-PAIN (7246) Hours of Operation: Monday through Friday, 7:30am to 3:30pm (excluding holidays)

Other resources for pregnant and postpartum women in Alaska:

- [Breakthrough at Providence Medical Center in Anchorage](#) — has a program offering MAT during pregnancy
- [Home Visiting programs](#) for patient referrals: [Nurse Family Partnership](#) or [Nutaqsiivik](#) in Anchorage and Parents as Teachers in [Anchorage](#), [Mat-Su](#), [Juneau](#), [Haines](#), [Kodiak](#), and [Toksook Bay](#)
- [Patient Education resources](#) are available for order from Women's, Children's, and Family Health
- Additional patient education resources on [Relationships, sexual health and more](#) are available for order at www.iknowmine.org
- [Help Me Grow](#) – Contact a Family Support Specialist at refer@helpmegrowak.org or 1-833-464-2527

Further Provider resources on supporting perinatal individuals experiencing substance use disorders:

- [Academy of Perinatal Harm Reduction](#)
- [Weitzman Institute](#)
- [Screening and Treatment for Maternal Mental Health and Substance Use Disorders](#)
- [Doing Right By Birth](#)