Pregnant Women and Drug Abuse: Facilitating the Step into Treatment

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Background:
• National reported average of drug use during pregnancy is 5%
• A chart review was performed at a rural health care clinic and confirmed suspicions of high rates of drug use among pregnant women
• 21.8% (n=188) of pregnant women admitted to drug use at their first obstetrical visit (January-December 2016); 66% admitted to marijuana only
• 22% (n=184) of pregnant women had a positive urine drug screen at the first obstetrical visit (January-December 2016); 67% were positive for marijuana only
• 34% (n=38) of women with previous positive drug screen at their initial obstetric visit, still had a positive drug screen at the time of delivery (Jan-Nov 2016); Of those who were still positive, 36% were marijuana only

Problem:
• Recommendations are— once a pregnant patient is identified as using illegal substances, counsel them to quit…. But how? What works the best? What can convince the patient to take the step into treatment?

Proposed Solution:
• Incorporate the 5 A’s of smoking cessation to counsel pregnant women regarding cessation of drug use during pregnancy at routine OB visit
• In addition to counseling using the 5 A’s, incorporate educational material regarding drug use in all new OB packets and motivational counseling
• Continue to screen throughout pregnancy and give praise when patient is successful with quit attempts

Intervention:
• Ask - Does patient admit to illegal drug use (yes or no)
  If yes- which drug ________
• Advise - Pt was advised to quit using ________ in a clear, strong, and personalized manner,
• Assess - The patient (is or is not) willing to make a quit attempt at this time
• Assist - Pt was counseled on cessation of ________ and benefits to her and the unborn baby. Pamphlet given regarding drug use during pregnancy including effects to the mother and unborn baby. Highly suggested pt join treatment program. Discussed area options and list of treatment facilities given (including IOP at Mercy, Advance Treatment and Recovery in Union, Bridgeway, Center Pointe, Crider, Preferred Family Healthcare Missouri Alcohol Drug Assessment Consultants, and Mercy St Louis 24 hr intake, but stressed not only options available and referred to SAMHSA including website with pamphlets)
• Arrange - Offered to call IOP at Mercy to schedule eval. Pt (is or is not) agreeing at this time. Offered pt to follow up either with OV or phone call within 1 weeks. Pt (is or is not) interested in scheduling at this time.

Results:
Discussion/ handouts

Conclusion:
• Utilizing a brief, modified version of the 5A’s at each OB visit may help to decrease drug use during pregnancy