COLORADO MOMs INITIATIVE

Scripting Suggestions for Caring for Pregnant People with Substance Use

I. Introducing screening for substance use in perinatal period
   A. Normalize questions as part of comprehensive medical care for pregnant person/infant
      1. “Our hospital and clinic is working very hard to improve and increase care for people in our community with any type of substance use. One practice we have started is asking everyone who gets their prenatal/OB/delivery care here about substance use. We ask everyone the same questions; is now a good time to go through this questionnaire?”
      2. If yes: “Thanks, let’s go through this together.”
      3. If no, respect if the patient declines (especially if just delivered, received unexpected news, in pain, hungry, etc): “Thanks for letting me know you’re not up to talking now, I’ll circle back later when you’re feeling up to it. Is there anything I can do to help you feel better right now?”
      4. Build into personal workflow or handoff to the next RN, CNM, physician, etc who will assume care if screening is unable to be completed prior to end of clinic visit or going off shift.
   B. Describe to best of knowledge what will happen with screening result information, or warm hand off to the best person to answer questions
      1. “Asking about substance use in pregnancy is important so we can give you and your baby the best and safest care possible. For example, some people may have withdrawal symptoms while they are in the hospital that we can treat. We can even start treatment medications if a person wants to, and help arrange follow up after they leave the hospital. For infants, certain substance exposures before birth might mean we watch for certain withdrawal symptoms, provide extra nutrition to prevent weight loss, or make recommendations for follow up to monitor development.”
      2. “We also want to make sure that parents who deliver their babies here are safe to take care of their infants and themselves when they leave the hospital. If a person reports substance use during pregnancy, we would ask our hospital social worker to talk with them more and help make a plan for the safety of the whole family.”
      3. “Sometimes people are very worried about talking about substance use during pregnancy or parenting because they worry that every and all substance use would need to be reported to Child Protective Services.

This may not be the case when people are engaged in treatment, have safe and sober housing, and other support people to help."

4. "That is a great question; my role is to help go through the questions with my patient, and then if a person has a substance use concern, I would ask their CNM/doctor to talk with them more. Our social worker would usually come talk with a patient as well to give more information about our hospital and clinic processes and resources".

C. If we claim screening is universal, it really must be so: every person, no matter how "low risk" they appear, must be screened in the same manner with the same questions, without caveat ("I know this seems silly, but I have to ask you these questions…")

II. Response to negative substance use screen

A. "Thanks for talking about this with me. If you or a loved one ever needed help with a substance use concern, do you know who you could talk with about it?" Primary care, community support, etc.

B. "Many people without substance use themselves know and care about people struggling with substance use. We are able to give naloxone to take home to people with friends or family members with risk for opioid overdose. Would you like to take home a naloxone kit, not for yourself, but in case someone else ever needed it?"

1. If yes: "Great, I will make sure we go over the naloxone education material and give you the medication to take home before you leave the hospital/clinic".
2. If no: "No problem. If you ever wanted to get a naloxone kit, you are able to request one at any pharmacy without a prescription, or could ask your PCP to send in a prescription, which might lower the cost".

III. Responding to positive substance use screen

A. "Thank you for telling me some of your story/Thank you for sharing this with me/Some positive affirmation" that recognizes the incredible courage and selflessness of parents with substance use who share their experiences with us.

B. "Since you and I have talked about your substance use (opioid use, cannabis use, methamphetamine use, alcohol use, etc), I would like to share this information with your doctor/midwife/etc and they can help you decide on any next steps for medications for withdrawal symptoms or treatment while you are under our care."

C. “I will also ask our social worker to come talk with you and we can see what support and/or resources might be the best fit for you and your family”.
D. Patient ready and accepting of treatment:
    1. “I’m really glad we can help support you with treatment today.” Consult with medical provider and SW on options.
    2. For opioid use, would then move down the pathway to medication initiation if inpatient, warm handoff to OP treatment.
    3. Naloxone education and dispense prior to leaving the appointment or discharge from hospital.
E. Patient not ready and/or accepting of treatment:
    1. “Thank you for letting me know where you’re at; we want to support people wherever they are in their journey. Are you having any symptoms or cravings now that I can ask your doctor/midwife to talk about? (if inpatient) We might be able to help you feel more comfortable with medications while you’re here in the hospital”.
    2. “If it’s ok with you, I’ll put some information in your discharge paperwork about harm reduction and treatment options in the community”.
    3. “Is there anything besides substance use you are worried about or need help with now?” ie, transportation, emergency housing, food, clothing, etc.
    4. Naloxone education and dispense prior to leaving the appointment or discharge from hospital.

IV. Naloxone specific scripting
A. General information intro:
    1. “Our health system is participating in a state-wide project to make naloxone available for all people who come through our obstetrical clinic, mom-baby/labor and delivery/OB triage unit. Accidental overdose is one of the leading causes of maternal mortality, and having naloxone more widely available in our community is one important step to prevent these accidental deaths. It is important for people with and without substance use to have naloxone available in case of emergency; can I tell you more about naloxone and send you home with the medication kit?”
B. People with positive substance use screen/known substance use disorder:
    1. “Do you have a naloxone kit at home already?” Either way, offer a take home kit.
    2. “Even though naloxone only reverses opioid overdose, more and more people are at risk for fentanyl exposure given the changing drug supply in

the community. With the increase in fentanyl we are now recommending that people with any substance use, not just opioids, have a naloxone kit available in case of emergency".

C. People with negative substance use screen/no known substance use:
    1. "As a person without substance use, you are very unlikely to ever need naloxone yourself. However, you may be in a position some day to respond to an overdose situation. This would be especially important for those of us with friends or family with substance use. Would you like to take naloxone home in case someone you know ever needs it?"
D. People already in treatment, especially if receiving methadone or buprenorphine treatment:
    1. "Congratulations on your recovery! Many treatment providers already provide their patients with naloxone; do you have a kit at home already?"
    2. If no, provide naloxone education and dispense before patient discharged.
    3. If yes, ask if would like another to keep in car, bag, etc, or for anyone else they know who might need it.
    4. Responding to "why do I need this if I'm sober?" type concerns:
        a) In case anyone else, especially children, got into your medication
        b) In case of medication interactions, side effect if ill, accidentally took extra, etc.
        c) In case of slip up or return to use "I hope that never happens to you, and, some people do have slip ups while in recovery".
        d) For anyone else who might need it in the community "As a person in recovery, you might be in the best position to recognize a person at risk for or experiencing an overdose and respond to that medical emergency".
E. Loved Ones of People with Substance Use:
    1. "One of the scariest things about loving someone with a substance use disorder/opioid use disorder is worrying about them having an overdose. I want you to have this opioid reversal medication in case of emergency".
    2. "If your loved one would like this naloxone kit, it is ok for you to give it to them. You are able to get another kit at the pharmacy or by asking your PCP to send in a prescription".
    3. Offer to send home with information of harm reduction and treatment options in the community.
F. People without OUD going home with opioids:

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1. “Many people after having a c-section/other surgery have post-op pain that requires opioid medication for a few days after you leave the hospital. Since you are a person who does not take this medication on a regular basis, you are more likely to experience side effects. The most serious side effect of opioids is sedation or reducing your breathing. Naloxone is the antidote in case of too much opioid medication, and can be used to reverse sedation, reduced breathing, or accidental overdose. I don’t think those things will happen to you when taking the medication as prescribed, but I do want you to have the reversal medication as well in case of emergency”.
2. Review safe medication storage, naloxone education and dispense before discharge, and safe medication disposal options.