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Toxicology Guidelines

Adapted from the 2023:
Supporting Perinatal substance use Prevention, Recovery, and Treatment in Colorado (SuPPoRT Colorado) Indications for Toxicology Testing in Colorado Birthing Facilities

Agenda

- Connection to Purpose
- Historical Regulations
- Recent Updates
- Introducing the GRACE Paradigm
- Testing
- Mandatory Reporting
- Reporting Implications
- Patient Stories
- Points to Ponder
- About the Colorado MOMs Initiative
- About the MOMs+ Program
- Leading Your Community

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Connection to Purpose

Recovery

- Substance use in the perinatal period is common.
- Harm reduction, naloxone, and plans of safe care for families is key.
- When SUD happens, it is treatable.
- Evidence-based treatment is available and extremely successful.
- Treatment improves chances for recovery.
- Patients (especially parents) that are in recovery are THRIVING.

Why are we not seeing more recovery stories out of our Colorado birthing hospitals?

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Historical Regulations Defining Child Abuse

SECTION 4. In Colorado Revised Statutes, 19-1-103, **amend** (1)(a)(VII) as follows:

19-1-103. Definitions. As used in this title 19 or in the specified portion of this title 19, unless the context otherwise requires:

(1) (a) "Abuse" or "child abuse or neglect", as used in part 3 of article 3 of this title 19, means an act or omission in one of the following categories that threatens the health or welfare of a child:

(VII) Any case in which a child ~~tests positive at birth for either a schedule I controlled substance, as defined in section 18-18-203, C.R.S., or a schedule II controlled substance, as defined in section 18-18-204, C.R.S., unless the child tests positive for a schedule II controlled substance as a result of the mother's lawful intake of such substance as prescribed~~ IS BORN AFFECTED BY ALCOHOL OR SUBSTANCE EXPOSURE, EXCEPT WHEN TAKEN AS PRESCRIBED OR RECOMMENDED AND MONITORED BY A LICENSED HEALTH CARE PROVIDER, AND THE NEWBORN CHILD'S HEALTH OR WELFARE IS THREATENED BY SUBSTANCE USE;

SECTION 5. In Colorado Revised Statutes, 19-3-102, **amend** (1)(g) as follows:

19-3-102. Neglected or dependent child. (1) A child is neglected or dependent if:

(g) The child ~~tests positive at birth for either a schedule I controlled substance, as defined in section 18-18-203, C.R.S., or a schedule II controlled substance, as defined in section 18-18-204, C.R.S., unless the child tests positive for a schedule II controlled substance as a result of the mother's lawful intake of such substance as prescribed~~ IS BORN AFFECTED BY ALCOHOL OR SUBSTANCE EXPOSURE, EXCEPT WHEN TAKEN AS PRESCRIBED OR RECOMMENDED AND MONITORED BY A LICENSED HEALTH CARE PROVIDER, AND THE NEWBORN CHILD'S HEALTH OR WELFARE IS THREATENED BY SUBSTANCE USE.

Harm Associated with Historical Regulations

- Infant tests positive for controlled substance at birth, and mother was not on a prescribed medication = Child Abuse and Neglect
- Requirement to report to CPS

Black, poor and/or single women have higher rates of being tested, with equivalent prevalence in substance use to white, wealthy and/or married women.

Black newborns with in utero substance exposure are more likely to be reported to CPS than white infants with the same exposures.

Black infants placed in foster care for substance use concerns are less likely to be reunified with their parents than white infants.

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Seidel Halmo L, Rockhill K, Black JC, Dart RC, Iwanicki JL (2019). Prevalence of illicit drug use and non-medical prescription drug use among pregnant women in the United States. RADARS® System Technical Report, 2019-Q4.

Recent Updates

[Colorado statute](#) defining "child abuse and neglect" as it relates to a substance exposed newborn changed in 2020. Per Colorado statute 19-1-103(1)(a)(VII), child abuse and/or neglect as it relates to substance exposed newborns is defined as a child:

> born *affected* by alcohol or substance exposure (except when taken as prescribed or recommended and monitored by a licensed health care provider), AND the newborn child's health or welfare is *threatened* by substance use. A child is born affected by alcohol or substance exposure when it impacts the child's physical, developmental, and/or behavioral response. The newborn child's health or welfare is threatened by substance use when the medical, physical, and/or developmental needs of the newborn child are likely to be inadequately met or likely unable to be met by parents and/or caregiver.

Toxicology testing is NOT required to determine whether or not child abuse/neglect has occurred.
An assessment should be made as to how the birthing parent is doing medically/psychologically /socially to determine if the infant is "threatened" by substance use.

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Positive Changes to Care

- Allows for discretion in clinician reporting to CPS
- Clinician to determine if infant is BOTH "affected" AND "threatened" by the substance use
- Not a definitive requirement to report

Introducing the GRACE Paradigm

Every CPS referral to trigger:

referral to peer support services
+
treatment

- Our current medical system views it's obligation as ending once a CPS referral is made. The GRACE Paradigm changes that.

- Current system:
    - Discriminatory with stigma & civil law (dependency & neglect) approach to SUDs
    - Unacceptable maternal mortality statistics
    - Urine drug testing is often done without consent, patients are often referred to CPS without their knowledge and their disease is never treated

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Screening

Testing

vs

MOMs +

(Maternal Overdose Matters)

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Screening

Definition

The process of gathering more information from patients about their substance use, through the use of a self-administered or clinician-administered validated verbal or written screening tool.
(5/4 P's, NIDA Quick Screen, AUDIT, etc)

Best Practice

- Universal verbal screening (preferably with a validated tool) is the gold standard for assessing and identifying families affected by substance use.
- All pregnant birthing people should be verbally screened for substance use.
- Education should be provided about the impact of substance exposure and use during pregnancy, birth, and chest/breastfeeding and about how this information will be used to help in care planning.

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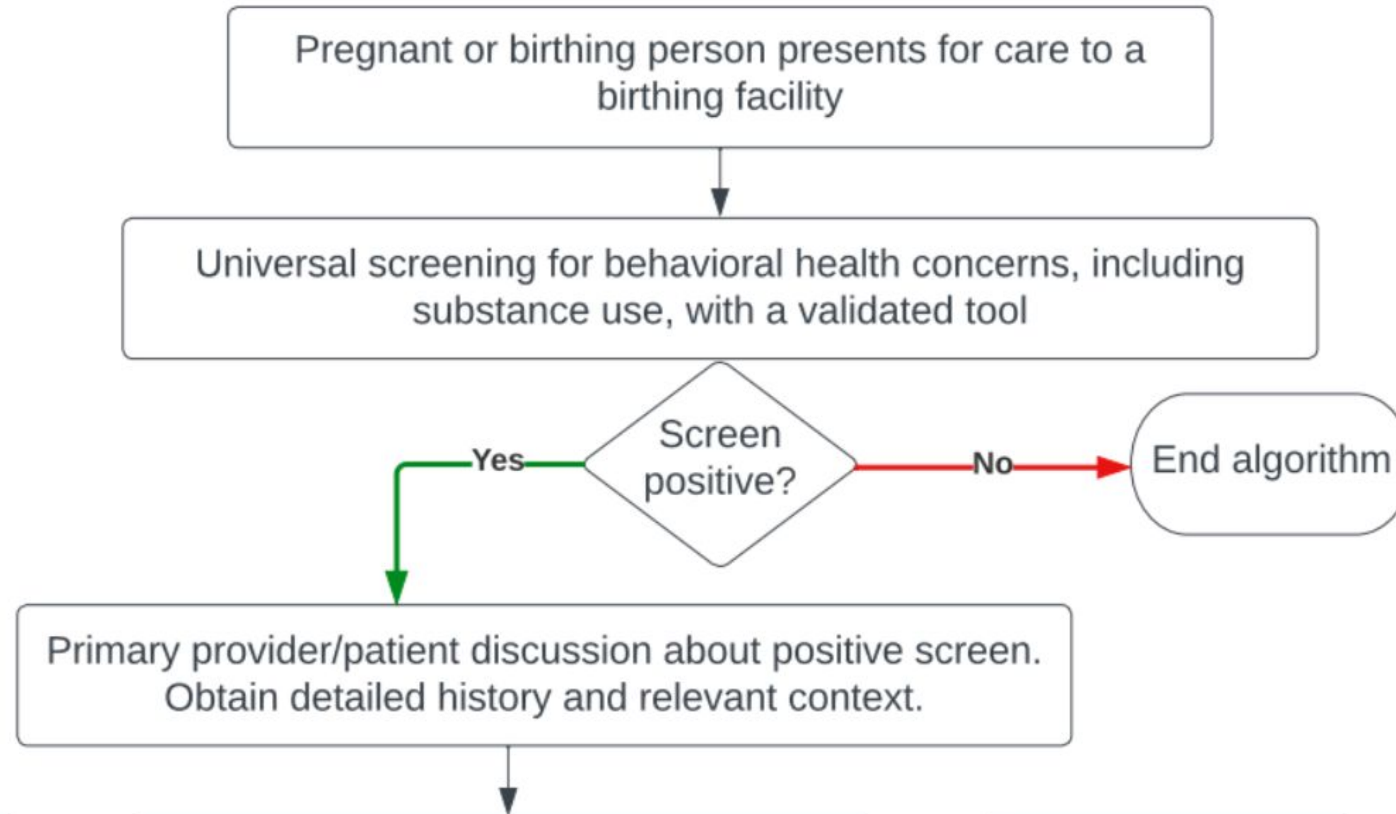
Testing: Decision Flow Chart



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Toxicology Testing

Definition

The collection of a biological sample looking for the presence of a drug or its metabolite.

Key Points

- Toxicology testing is NOT always automatically indicated after a positive screening test but may be helpful in identifying additional exposures (known or unknown), in the context of the results influencing the medical care of the birthing parent and/or infant
- The toxicology testing is an invasive process that may cause harm and decrease trust between patients and providers
    - Risk of false positives/negatives
    - Risk of report being made to CPS
        - A report to CPS should NOT be made based on the results of toxicology testing, but instead based on whether or not the child is "threatened" by the substance use.
- Toxicology testing is independent of CPS reporting

Toxicology Testing may NOT be ordered without the provider understanding why and how the results will guide clinical management and care of the birthing parent and/or infant

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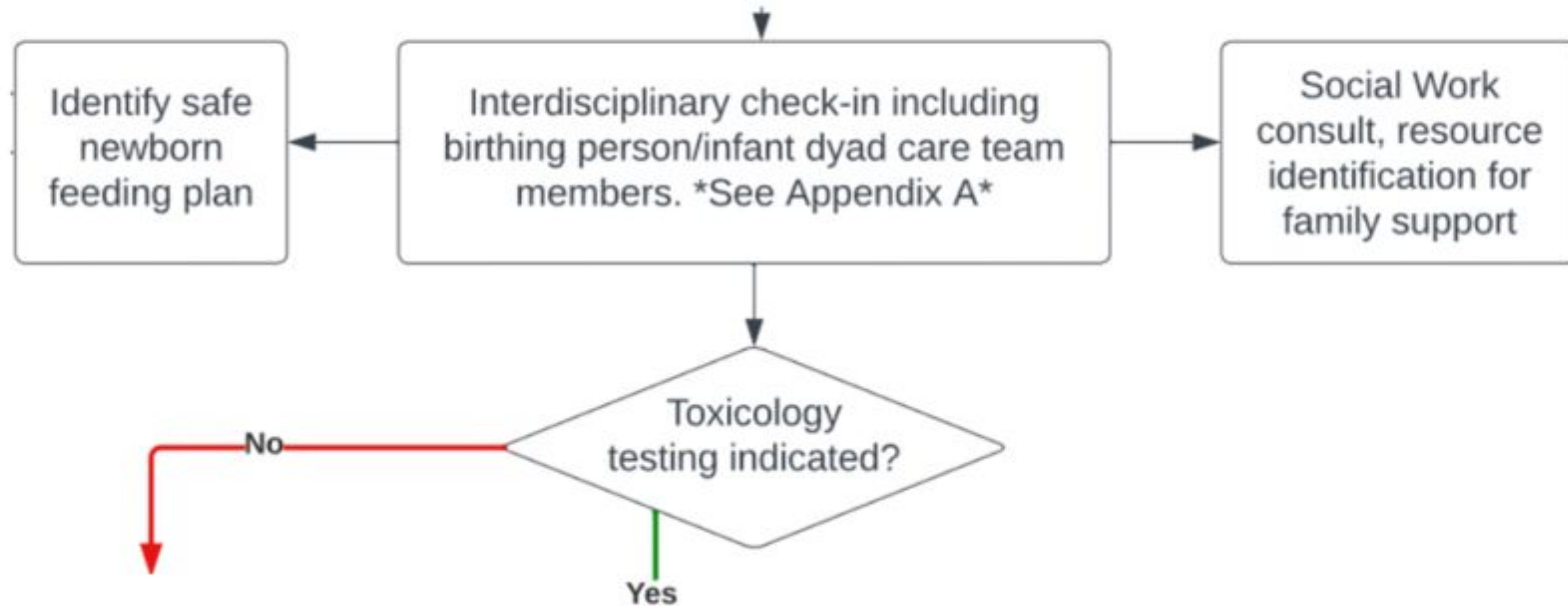
Testing: Decision Flow Chart



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Testing: Decision Flow Chart

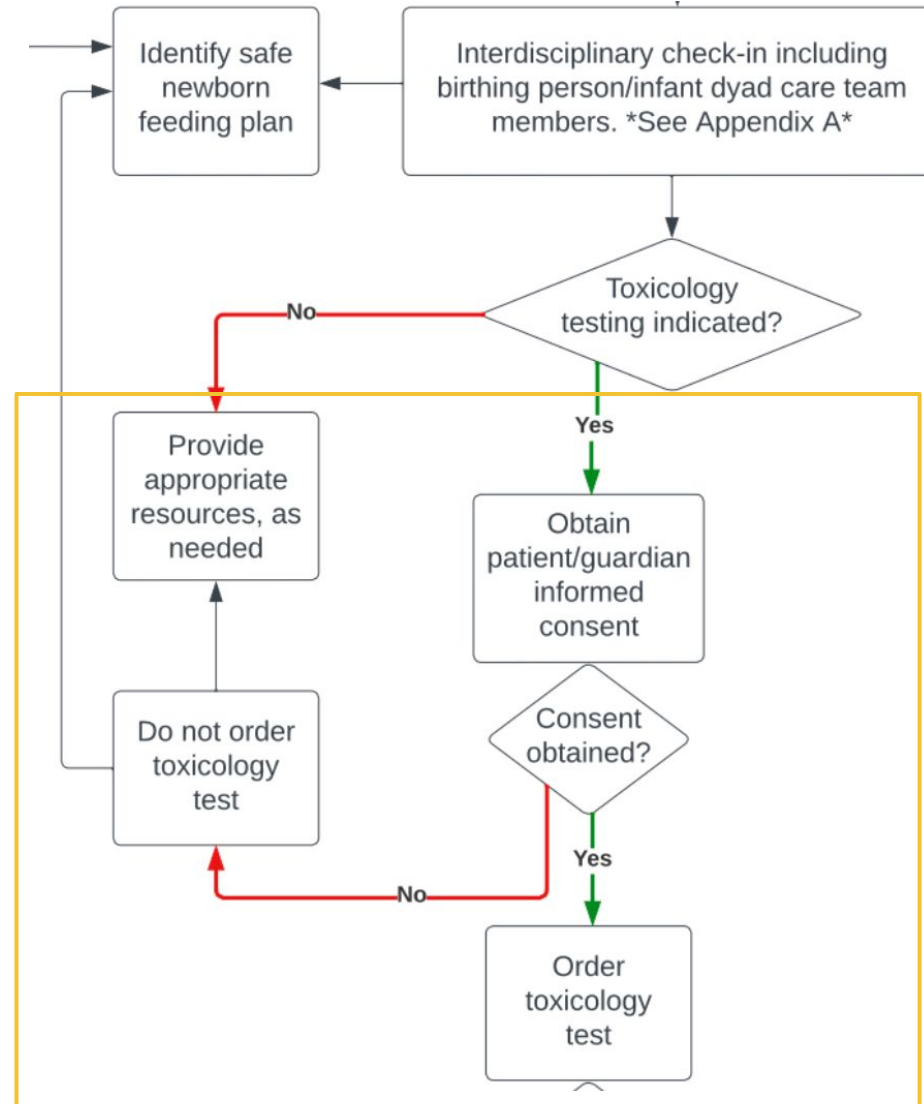
Indications for Birthing Parent Toxicology Testing:

- Signs/symptoms of intoxication, withdrawal, or altered mental status
- Requested or desired by the birthing person (i.e. to demonstrate recovery, identify unintended exposures, and/or safety of chest/breastfeeding)
- Birthing person desires to chest/breastfeed and:
  - Used substances during the last trimester of pregnancy
  - Has an active substance use disorder and is not engaged in treatment

Indications for Newborn Toxicology Testing:

- Newborn exhibits symptoms consistent with intoxication or withdrawal
- Newborn's birthing parent meets criteria for testing
- Newborn has physical stigmata of fetal alcohol syndrome

Testing: Decision Flow Chart



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Testing: Informed Consent

Requirements

- A thorough informed consent conversation between the birthing parent (and/or legal guardian) and the provider
- A clear explanation of why testing is indicated, as well as potential benefits of testing
  - such as: understanding all known or unknown exposures and guiding medical management of the birthing parent and newborn
- A clear explanation of the potential risks of testing
  - such as: possible legal, criminal and child welfare consequences
- A clear explanation of the risks and benefits of refusing to consent for testing

Testing in Absence of Informed Consent

- Birthing person: may only be done if the patient is deemed to lack capacity
  - Rationale must be clearly documented and supported by history and exam findings
- Newborn: may only be done if there is a compelling medical need

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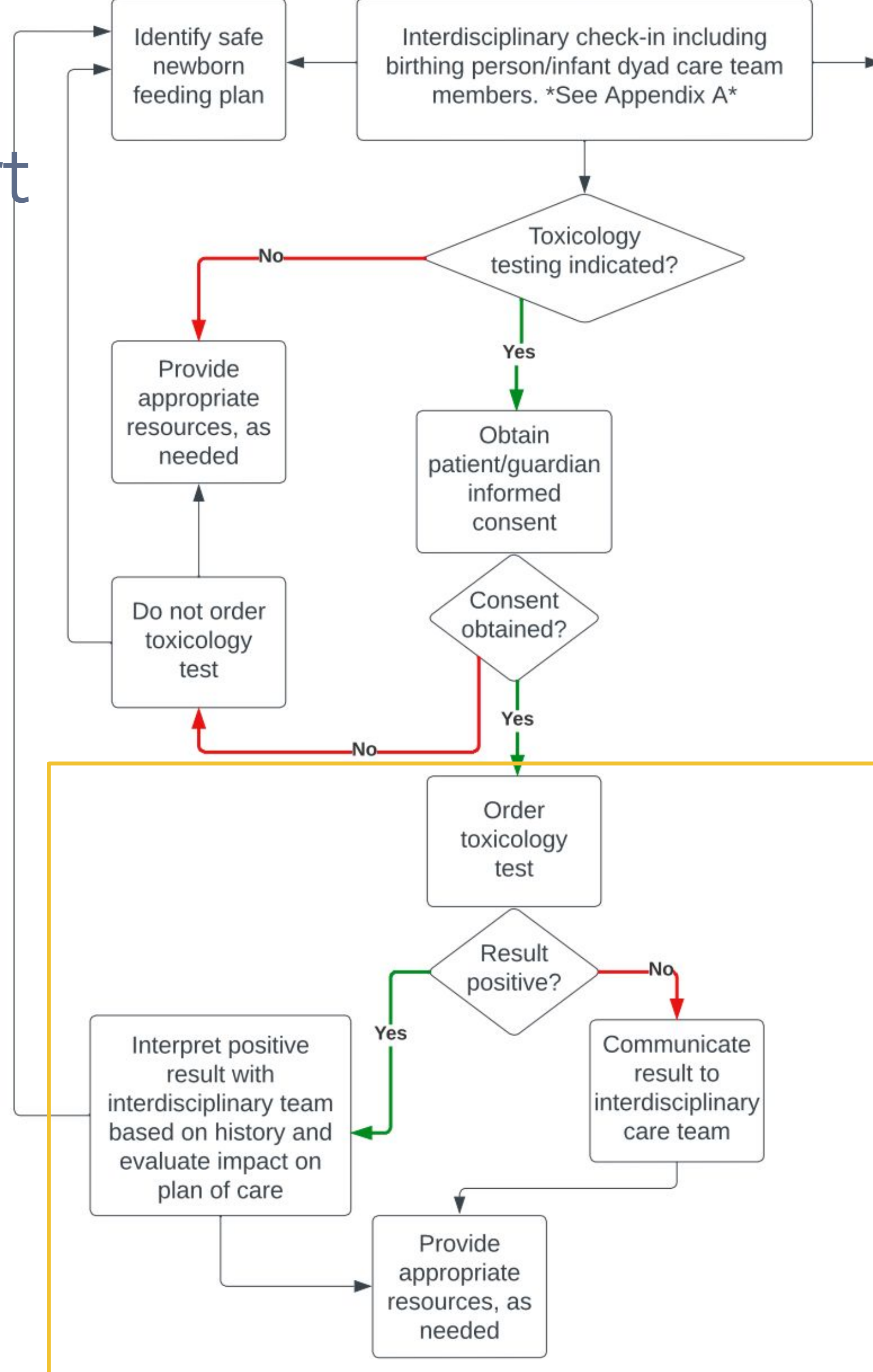
Testing: Decision Flow Chart



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Testing: Interpretation

- Toxicology testing provides information about the presence or absence of various substances or their metabolites
- Toxicology testing does NOT provide information about the amount, timeframe of use, route or level of impairment
- Urine Immunoassay (typical “urine drug screen”):
  - False negative and false positive results are common

Testing: Interpretation

Best Practice

All toxicology results should be interpreted by someone who has training and expertise in interpretation of these tests

Different hospitals use different toxicology tests made by different companies, and interpretation of the results from these tests is complex. The same sample may produce different results when different tests are used.

Providers should call the lab directly and ask about known "interference" (false positive/negatives) and ask for assistance with interpretation of results. Providers can also contact the Rocky Mountain Poison and Drug Safety line and speak with a toxicologist for assistance with interpretation, if still unsure..

Rocky Mountain Poison and Drug Safety: 1-800-222-1222

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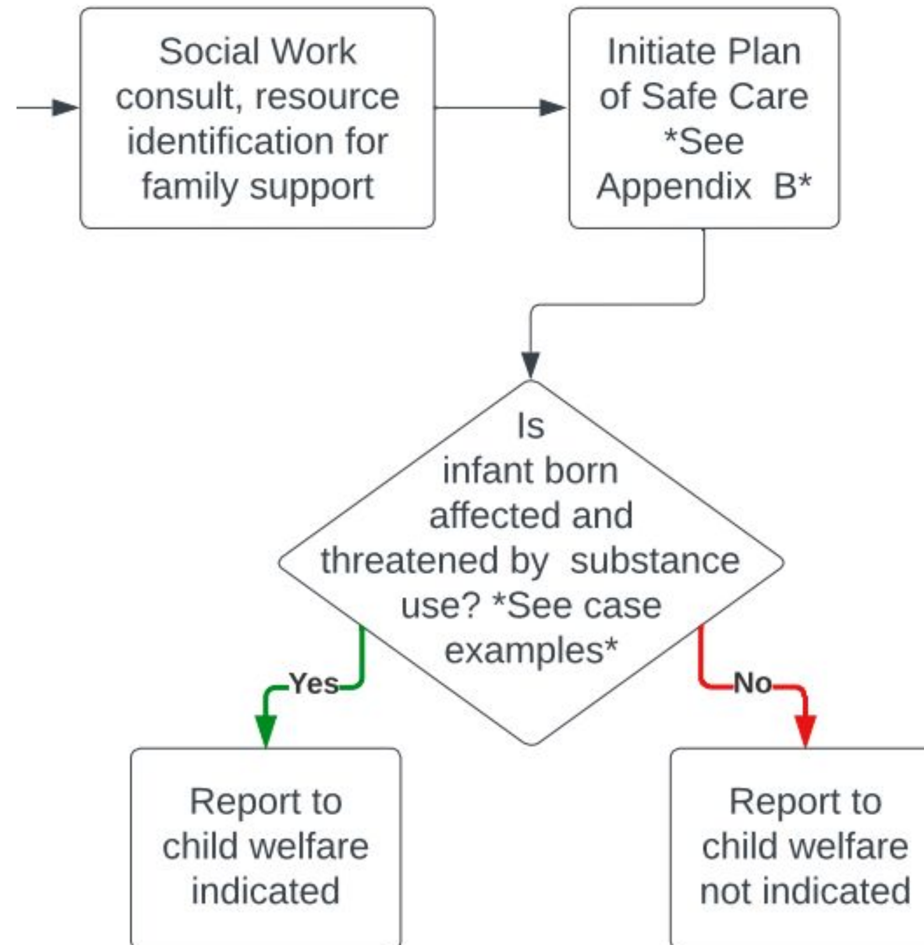
Testing: Decision Flow Chart



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Mandatory Reporting

The recent change in statute gives mandated reporters additional discretion in whether or not to make a report, encouraging mandated reporters to consider if an infant is both **affected AND threatened** by a birthing person's substance use.

A positive substance use screen and/or toxicology result as a stand-alone, is not indicative of child abuse or neglect and does not require a report to child welfare.

It is important to remember that over-reporting to child welfare has the potential to cause unintended harm to infants and families.

It is critical to consider cultural lenses and internal bias before making a report, as race and poverty-related disparities and disproportionality are reflected in the Child Welfare System due to longstanding systemic and structural racism. Care should be taken to ensure that policy and practice which delineate criteria for toxicology testing and child welfare reporting do not directly or indirectly target low-income families or families of color.

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Mandatory Reporting Related to Substance Use

Examples that likely meet criteria for reporting:

- Infant is born affected AND threatened by substance use
  - Caregiver has shown they cannot meet the needs of the infant and do not have additional caregiver support who can do so
  - Caregiver leaves the infant unattended without coordination of alternate caregiver
  - Caregiver is unable to participate in safe discharge planning to meet the infant's needs, even with resources and supports in place

Examples that likely do not meet criteria for reporting:

- A toxicology screen or test is positive and there is no concern that the infant is threatened by use
- Caregiver does not have access to needed resources, such as a carseat or transportation
- Provider reports child does not appear affected by exposure
- Infant is not threatened by substance use
  - Live-in sober caregiver has demonstrated ability to care for child in the hospital
  - Primary caregiver is currently in or enters into treatment, and child may discharge to that or another caregiver who has shown they can provide safe care for the child
  - Caregiver has a high level of support to care for the child

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Reporting Implications

Changing the culture from “when in doubt, report” to “when in doubt, ask more questions.”

Child Protective Services (CPS) will defer to hospital expertise when a report is made. If a hospital makes a report with concerns, CPS will also be concerned.

- In Colorado, CPS reports made related to substance exposed newborns are screened in 70% of the time, resulting in an investigation being opened.
- CPS reports related to other concerns are screened in only 30% of the time.

Reporting creates a record of the family within the CPS system, even if a case is not opened.

Involvement with CPS places a large stressor on caregivers during an already stressful time. Reports should not be made without having a conversation with the caregiver(s) to determine if a child is both affected and threatened by use.

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Points to Ponder

Are pregnant and parenting patients affected by substance use disorders seeking care at your hospital, clinic, or health system?

If and when they seek care, could it be described as non-judgemental, destigmatized, whole-person care?

How do we go from an attitude of “mandatory reporting” → “mandatory responding”?

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About MOMs Initiative

MOMs (Maternal Overdose Matters) Initiative:

- The goal of the MOMs Initiative is for 100% of birthing hospitals provide overdose education and dispense naloxone directly to to at-risk pregnant and postpartum patients and families.
- Placing naloxone in the hands of at-risk patients upon discharge removes the current barriers to treatment.
  - Naloxone decreases unsafe drug use (both RX & illicit).
  - Improves chances people will seek recovery.
  - Decreases overdose by 20 - 30%.

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About MOMs+

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MOMs+ is a part of CPCQC's IMPACT BH Program, and an extension of the MOMs (Maternal Overdose Matters) Initiative. MOMs+ is focused on helping birthing hospitals statewide provide equitable access to treatment and recovery for perinatal patients with substance use disorders.

Pillars of Care:

1. Connection to the patient, baby, and family
2. Initiation of treatment with medication for opioid use disorder and other SUDs
3. Transition to outpatient recovery with community providers

Leading Your Community

How can your hospital, clinic, health system, YOU lead the surrounding community in welcoming and providing treatment and perinatal care to pregnant and parenting patients and families affected by substance use?

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