

TOXICOLOGY & REPORTING GUIDELINES



Legislative Update

CONNECTION, TREATMENT & COMMUNITY



QR: Training Powerpoint

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.

Screening

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 C+2, etc)

Testing

The collection of a biological sample looking for the presence of a medication, substance or its metabolite.

- NOT always automatically indicated after a positive screening
- Should NOT be ordered without the provider understanding why and how the results will guide clinical management of the birthing parent and/or infant.
- Should NOT be done without informed consent of patient and/or parent.

Guideline Update



SuPPoRT Colorado
Supporting Perinatal substance use Prevention, Recovery, and Treatment in Colorado

Indications for Toxicology Testing In Colorado Birthing Facilities

2023 Best Practice Guidance

1. Through standardization of criteria, this guidance is intended to minimize bias, discrimination, and variability in the use of toxicology testing for pregnant/birthing persons and their infants.
2. Describe limitations of and appropriate clinical indications for toxicology testing in the care of birthing people and infants affected by substance use during pregnancy.
3. This policy is not intended to be overly prescriptive or replace the clinical judgment of providers or the multidisciplinary care team.



QR: Full Guidelines



QR: Testing Guidelines Algorithm

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FAQs on 2023 SuPPoRT Colorado Guidelines:

1. What are the indications for birthing parent toxicology testing?

Birthing parent toxicology testing is indicated when there are signs and symptoms of intoxication/withdrawal/altered mental status present, at the request of the birthing parent (to demonstrate recovery, identify unintended exposures, and/or determine the safety of chest/breastfeeding) and if the birthing person desires to chest/breastfeed and used substances during the last trimester of pregnancy and/or has an active substance use disorder and is not engaged in treatment.

2. What are the indications for newborn toxicology testing?

Newborn toxicology testing is indicated if the newborn exhibits symptoms consistent with intoxication/withdrawal, if the newborn's birthing parent meets criteria for testing and/or newborn has physical stigmata of fetal alcohol syndrome.

3. What are the requirements for informed consent regarding testing?

A thorough informed consent conversation must take place between the birthing parent (and/or legal guardian) and the provider. A clear explanation must be given of why testing is indicated and potential benefits (understanding known and unknown exposures, medical management of birthing parent and newborn) of testing. A clear explanation must be given of any potential risks (including possible legal, criminal and child welfare consequences). A clear explanation must be given of the risks and benefits of refusing to consent for testing. In the absence of consent, testing of birthing parent may only be done if the patient is deemed to lack capacity, and in the newborn if there is compelling medical need.

4. When is reporting mandatory?

The recent change in statute gives mandatory reporters additional discretion in whether or not to make a report, encouraging mandatory reporters to consider if an infant is both affected by AND threatened by a birthing person's substance use. A positive substance use screen and/or toxicology testing result as a stand-alone, is not indicative of child abuse or neglect and does not require a report to child welfare.

5. What are the implications of reporting?

Reporting to CPS causes fear and can fracture trust with the medical system and drive return to use. Even if a case is not opened, reporting creates a record of the family within the Child Protective Services (CPS) system and multiple reports over time increase the likelihood of a case being opened in the future.

Reports should not be made without having a conversation with the caregiver(s) to determine if a child is both affected by and threatened by use. When in doubt, ask more questions.

6. What is Trauma Informed Care?

Trauma Informed Care is a strengths based framework that is grounded in an understanding of and responsiveness to the impact of trauma, that emphasizes physical, psychological, and emotional safety for both providers and survivors, and that created opportunities for survivors to rebuild a sense of control and empowerment (Hopper, Bassuk & Olivet 2010). The Four "R"s: Key Assumptions in a Trauma Informed Approach: A program, organization, or system that is trauma informed **realizes** the widespread impact of trauma and understands potential paths for recovery; **recognizes** the signs and symptoms of trauma in clients, families, staff, and others involved with the system; **responds** by fully integrating knowledge about trauma into policies, procedures, and practices; and seeks to actively **resist** retraumatization. [Trauma Informed Care in Behavioral Health Services. SAMHSA](#)

7. What is a Plan of Safe Care (PoSC)?

A collaborative process to create a documented plan for the health, safety and well-being of an infant reported with prenatal substance exposure, following the infant's release from the care of a healthcare provider, and address the health, support and substance use treatment needs of the affected family or caregiver(s) according to the requirements outlined in 12 CCR 2509-2 section 7.107.5.