

UNITYPOINT HEALTH – DES MOINES

GUIDELINE

Maternity Services

GUIDELINE TITLE: Maternal and Newborn Toxicology Screening

Refer to Mosby's Clinical Skills Specimen Collection: Drug & Alcohol for the collection procedure (see addendum)

BACKGROUND:

The purpose is to identify obstetric patients with suspected substance abuse. Women with history of or current substance abuse need to be identified for referral to appropriate services; and to identify possible intrauterine fetal drug exposure to anticipate possible newborn withdrawal.

NURSING ACTION:

All admitted obstetrical patients will be assessed by a healthcare provider/nurse for the need of toxicology collection per the Iowa Perinatal Guidelines stated below.

Iowa Perinatal Risk Assessment for Maternal Illicit and Non-medical Drug Use

Maternal risk factors during current pregnancy:

Mother tested for drug use

Unexplained positive drug screen

Current or prior drug use (within the last 3 years) including maternal self-report

Altered mental status

Physical signs suggestive of drug use such as IV track marks, visible tooth decay and/or skin sores

Active alcohol use during current pregnancy

Active tobacco and/or nicotine including e-cigarette or vaping product use during current pregnancy

Infection with Hepatitis B and/or C or HIV

No prenatal care, late prenatal care (>16 weeks at presentation) and/or poor prenatal (≤ 4 visits)

Placental abruption

Social risk factors:

History of domestic violence by current partner*

History of previous report of child abuse and/or neglect and/or prior child protective services involvement

History of sex trafficking involvement

Current incarceration

** In cases where domestic violence is identified or suspected, discussions with the mother regarding the subject of substance abuse, screening and testing should be conducted privately, with the patient only.*

Neonatal risk factors:

Presence of symptoms not otherwise explained that are consistent with exposure and/or withdrawal such as but not limited to high pitched cry, irritability, unexplained/excessive jitteriness, hypertonia, disorganized sleep, somnolence, poor feeding, sneezing, hiccoughs, drooling and/or diarrhea.

Neonatal indications for toxicology screening may also include:

- If the mother leaves AMA or if it is a Safe Haven neonate (or other concerns) discuss with neonate's healthcare provider.

Maternal Screening:

- If any risks factors present, contact the healthcare provider for a urine drug screen order. The patient should be informed that a maternal toxicology screen will be completed and documented in the EMR. The general consent to treat covers testing and does it not require a separate consent.

Neonatal Screening:

- Any neonate with one or more of the above maternal or neonatal risk factors a urine and umbilical cord drug screen is indicated. A meconium drug screen may replace the umbilical cord drug screen if there is insufficient umbilical cord sample available or at the healthcare provider's request.
- Parental consent not needed. Document in EPIC: reason for obtaining screen, that family was notified, and social work consulted.
- Mandatory reporting is required by law for infants affected by any substance use, legal or illegal (Public Law 114-198).