Welcome!

Neonatal Abstinence Syndrome Project

Level I Webinar

Legalities and Practicalities

Ohio Perinatal Quality Collaborative

September 19, 2014

September 26, 2014

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Best Evidence for Advancing Childhealth in Ohio NOW BEACON

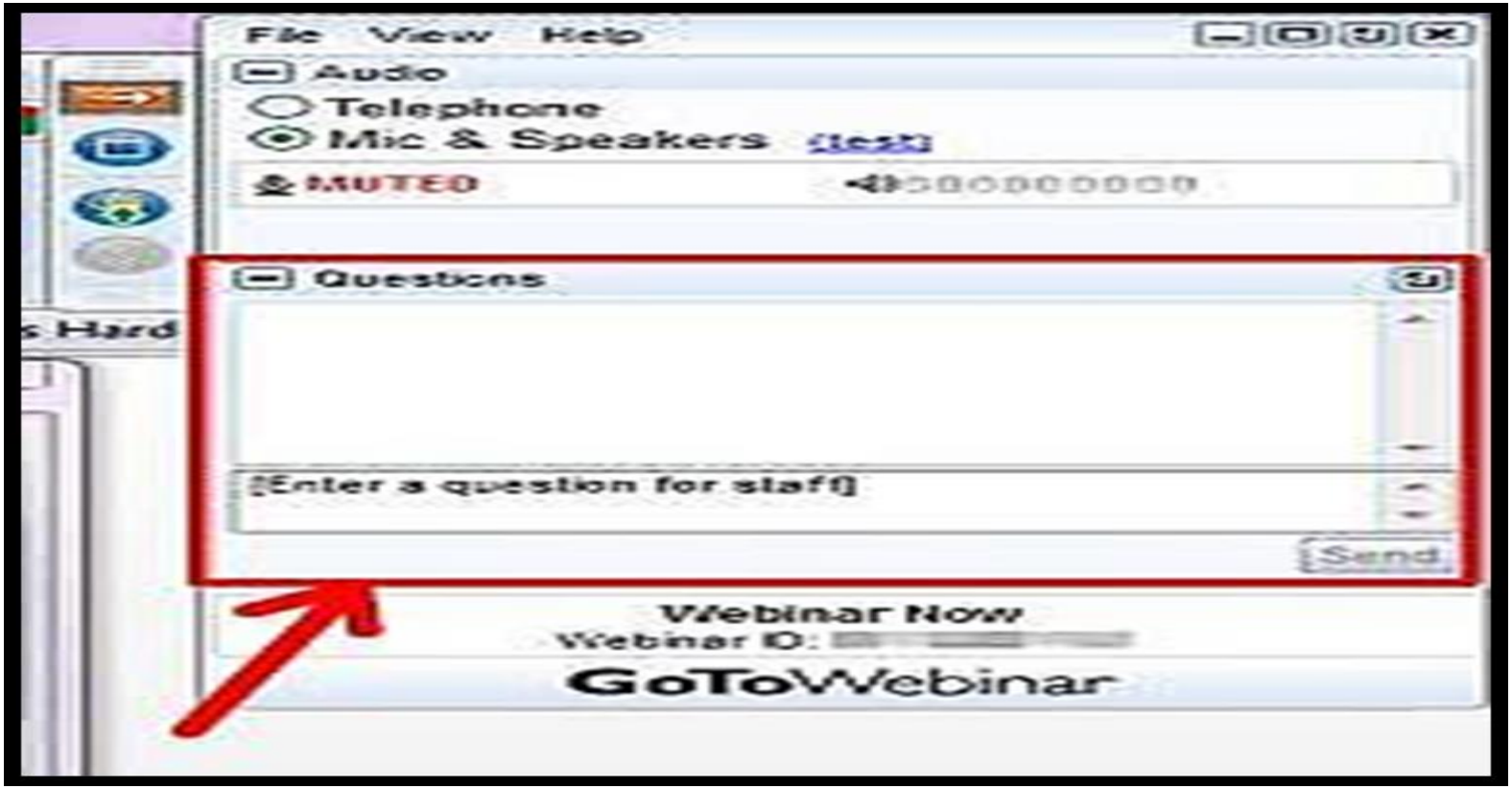
Ohio Department of Medicaid

John R. Kasich, Governor
John B. McCarthy, Director

Ohio Children's Hospital Association

Saving, protecting and enhancing children's lives

Please sign in with the names & organization of everyone on the call in the question box



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OPQC Continuing Education Program for Level 1 Hospitals in Ohio.

Webinar #2: Neonatal Abstinence Syndrome (NAS): Identification of substance abuse in Pregnancy: Legalities and Practicalities

Presenters:

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Co-Director, Neonatal ECMO Program, UH Rainbow Babies and Children's Hospital
Assistant Professor, Pediatrics, CWRU School of Medicine

Scott Wexelblatt, MD

Assistant Professor at Cincinnati Children's Hospital Medical Center, Perinatal Institute; University of Cincinnati College of Medicine Department of Pediatrics. He is also the Medical Director of Regional Newborn Services.

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BEACON Quality Improvement Coordinator

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Objectives:

- Describe diagnostic tests that are used prenatally and postnatally to identify NAS
- Discuss practice based implications of legalities in drug screening and testing for prenatal drug exposure

Hardware/Software Requirements:

Compatible with Mac and Window users and common web browsers.
High-speed access recommended though not required (responsiveness may be noticeably slower using dial-up connection).
Adobe Flash Player 9.x is required and Speakers/headphones required to listen to audio

Provider Contact Information:

If you should have any questions about the content of the meeting, please contact Dr. Moira Crowley or Dr. Wexelblatt .
If you should have any questions regarding CME credit, please contact the CME office at cme@cchmc.org.

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Screening and Testing Considerations

Scott Wexelblatt, MD
Cincinnati Children's Hospital
Regional Newborn Services

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Screening versus Testing

- ACOG recommends that every woman is screened at beginning of prenatal care with a questionnaire.

- Testing is performed in a subset who screen positive for at risk status, or for a limited set of behaviors- no pnc, appears intoxicated.

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Screening For Drugs of Abuse

- **Best practice:**
  - ACOG: Screen everyone with a short questionnaire asked at first prenatal visit and on admission to L&D.
  - Hospital has standard policy applied to **ALL** admissions that specifies triggers for sending a maternal urine drug test.
  - Specifies historical triggers (no prenatal care, prior positive tox screen) and/or observed behaviors that will lead to a screen.
  - Some advocate universal screening to prevent biased assessments
  - Person should be informed that it is being sent.

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Maternal Toxicology Test Options

- Urine: most rapid screens are done on urine using immunoassays.
- Advantage:
  - Fast and relatively inexpensive screen.
- Disadvantage:
  - Detects only exposures in the prior 24-48 hrs.
  - All positives require confirmation with GC/MS
  - False positives and false negatives.

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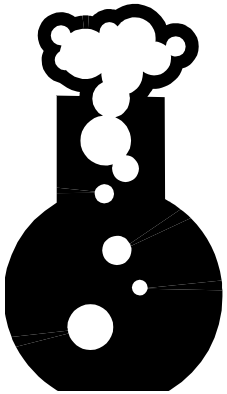
False Negatives and False Positives



- **<u>False Negatives</u>**:
  - If urine is too dilute
  - Deliberate attempts to adulterate tests: added nitrites, or Visine, or using “clean” urine, water
- **<u>False Positives</u>**:
  - Immunoassays cross react with similar molecules
  - Infant urines higher false positives (esp THC) than adults
  - Amphetamines highest false-positive rates- 4%
  - PCP – 1.5% false positive
  - Opiates- cross react with Levofloxin

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Structural Similarities

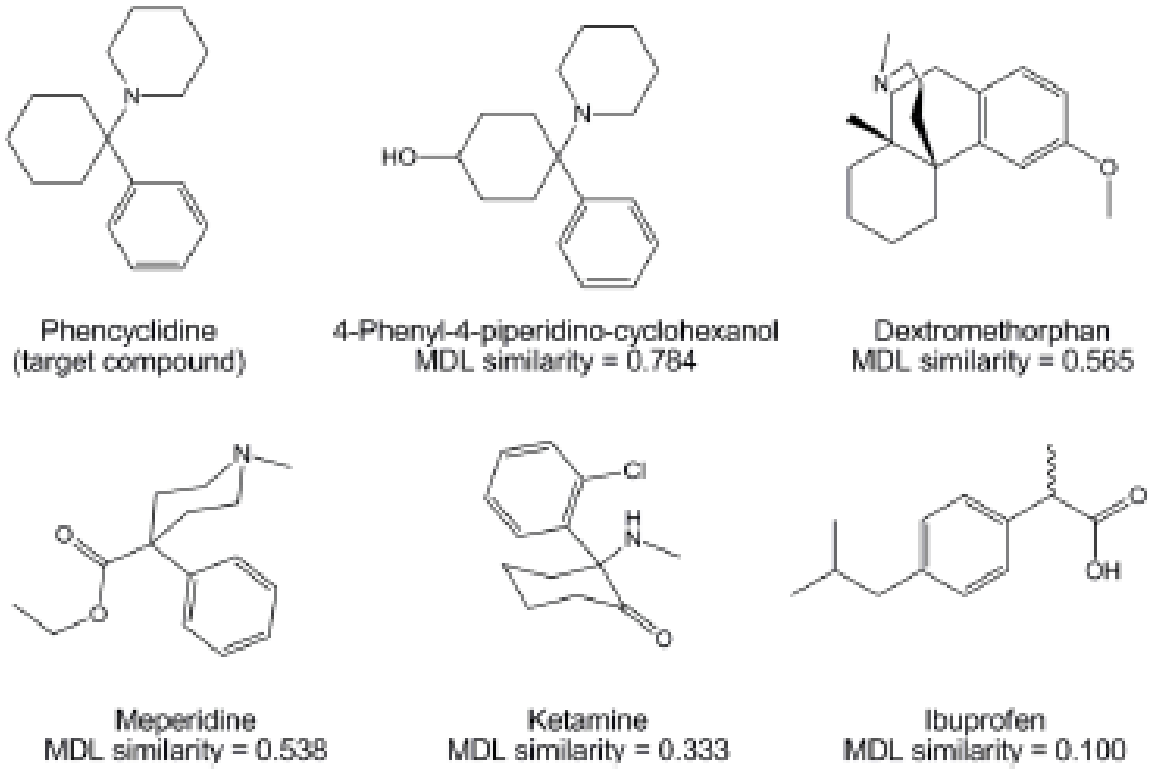

Figure 1
Illustration of structural similarity. Using phencyclidine

From: Krasowski MD, BMC Emergency Medicine 2009: 9: 5.

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Newborn Test Options

- Urine
- Meconium
- Umbilical Cord Sample
- Hair
- Nails
- Vernix

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Newborn Test Options

- Urine: may be difficult to collect
  - Relatively short window on exposure (days)
- Meconium:
  - may be delayed passage especially in preterm infants
  - Reflects months of inutero exposure
  - High false positive rates
    - Opiates: only 59% Positives confirmed by GC/MS

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Screening and Testing for Drug Use

Moira Crowley, MD

University Hospitals

Rainbow Babies & Children's Hospital

Universal Screening Approach

- ACOG and AAP recommend against universal toxicology testing
- Screening essential part of complete obstetric care
  - Preconception and early in pregnancy
  - Every woman

How To Ask

- Ask to ALL patients
  - Disclose that everyone is asked
  - Non-judgmental
  - Confidential
  - Adequate care for mother and fetus
  - Illicit and prescribed substances

Tools

- 5Ps[1]
  - parents, peers, partner, past, pre-pregnancy
- CRAFFT[2]
  - 16-26 yo
  - 6 items measuring use of substances/concerns
- SURP-P[3] (Substance Use Risk Profile-Pregnancy Scale)
  - 3 questions

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[1]Adapted from Watson E. Institute on Health and Recover, Integrated Screening Tool, 2014
[2]Knight, et al. and Chang et al. 2011
[3]Yonkers KA, et al. Screening for prenatal substance use: development of a substance use risk profile-pregnancy scale. 2010

Our Approach

- All women screened early and when arrive to L&D
  - General admission consent includes consent for testing
    - Must disclose to woman that test is being sent → she can refuse
  - Situations where testing is indicated
    - + screen
    - + toxicology screen in the past 2 years
    - Referral from outside social services or social work
    - Clinical indications

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When Testing Is Indicated…

- Document indication and disclose to mother
  - If she declines → document and discuss with pediatric team

- Test infant
  - Mother declines testing and there is concern
  - Mother has a positive toxicology screen
  - Exhibits signs/symptoms of withdrawal

Do We Miss Babies?

- No readmissions for NAS in past 6 months

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Methods of Screening

Scott Wexelblatt, MD

Medical Director, Regional Newborn Services Cincinnati Children's Hospital

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METHODS OF SCREENING/TESTING

- Maternal Interview Screen
- Maternal Urine Drug Test
- Infant Urine Drug Test
- Meconium Toxicology Test
- Umbilical Cord Toxicology Test

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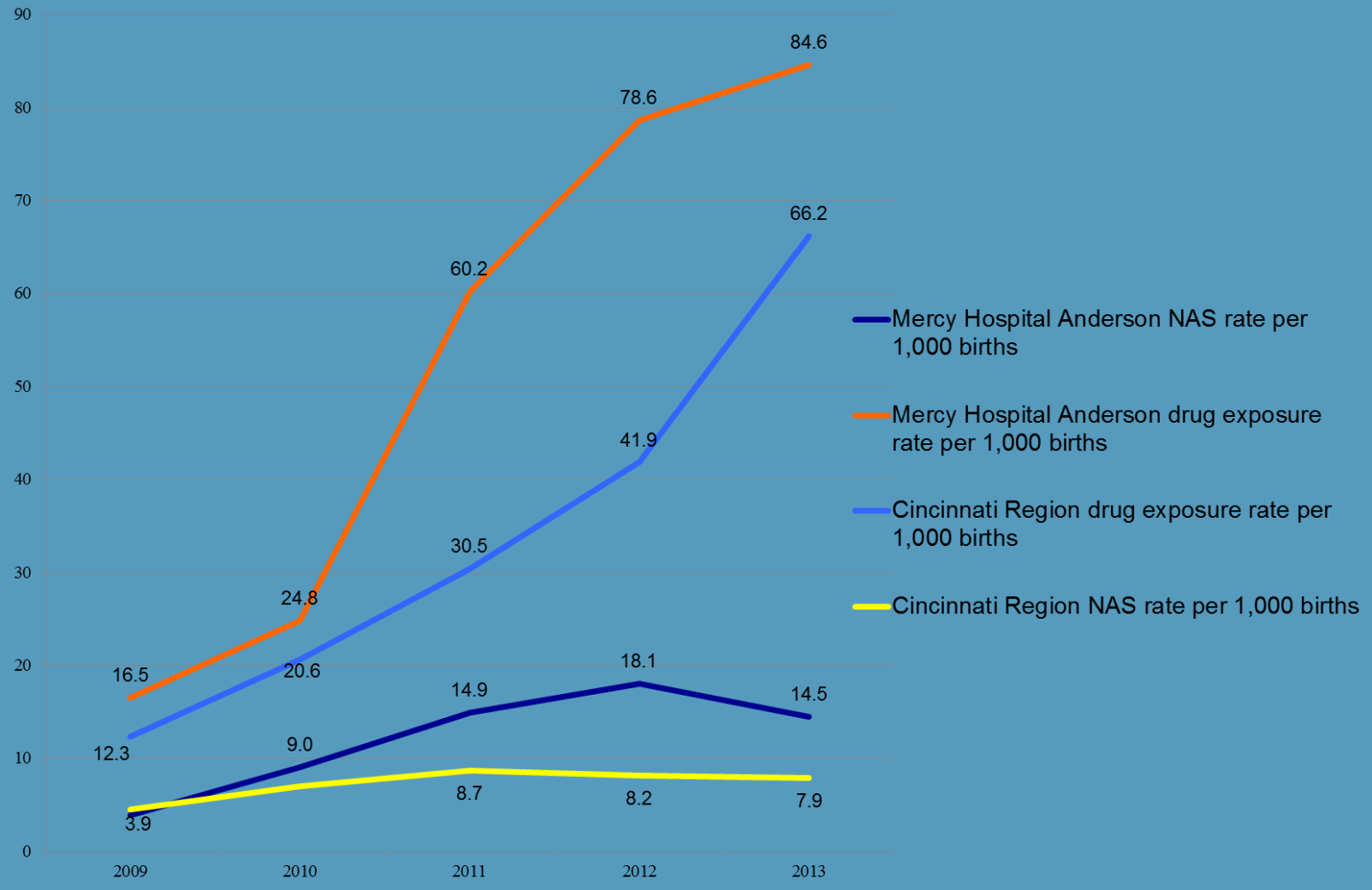
Mercy Anderson Rates per 1000 births



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Maternal Risk Based Screen

ACOG Committee Opinion 524, May 2012.

Recommends universal *screening*.

Recommends obtaining consent prior to testing.

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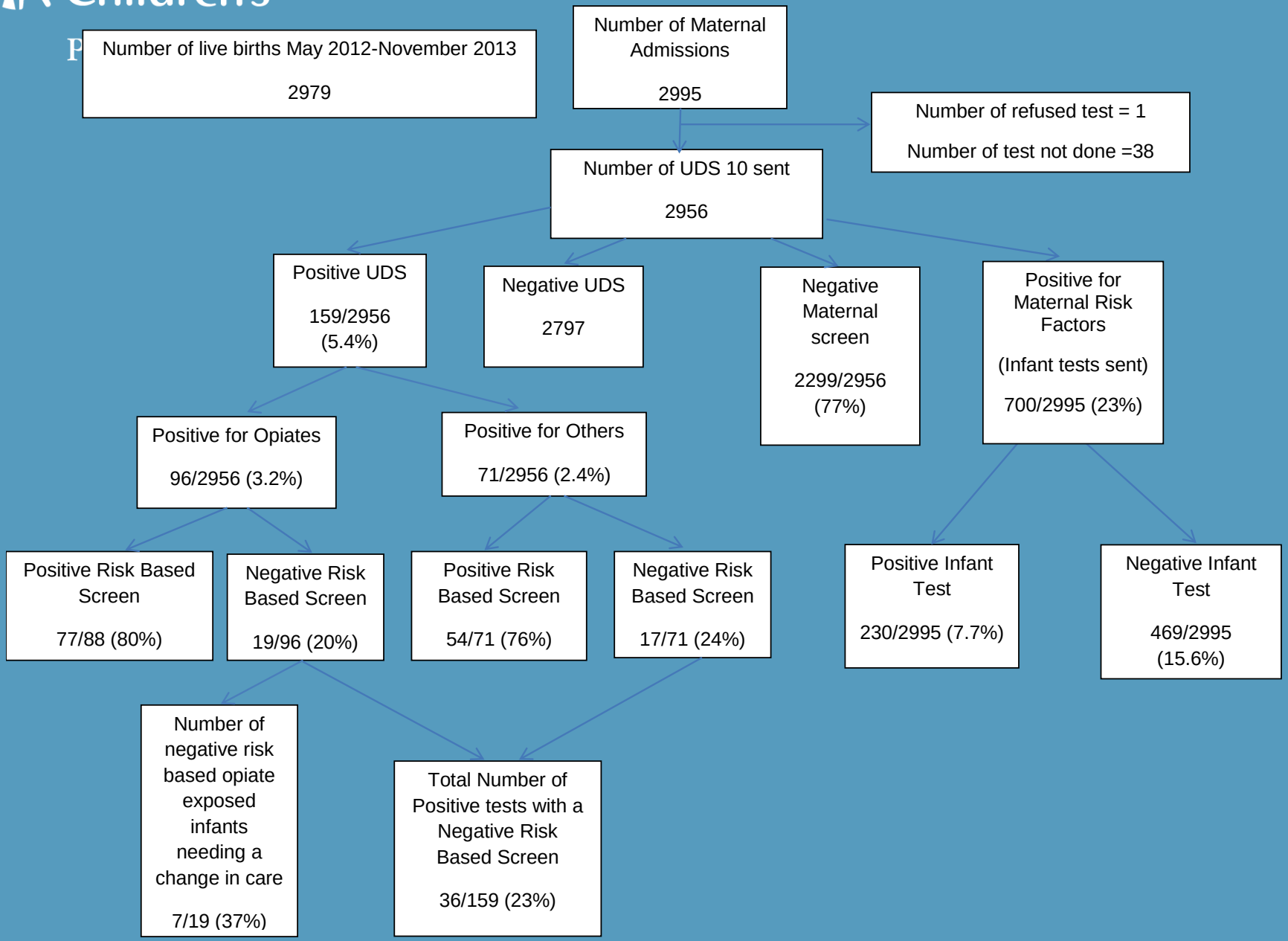
Maternal Risk Based Screen

- Documented, suspected, or acknowledged maternal history of drug use
- Insufficient prenatal care, defined as starting care after 12 weeks of gestation
- Placental abruption
- Admission from a justice center.
- Positive for Human immunodeficiency virus
- Positive for Hepatitis B Surface Antigen
- Positive for Hepatitis C virus
- Maternal history of Gonorrhea or Syphilis

Universal Testing



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Universal Testing

GREATER CINCINNATI HEALTH COUNCIL

Creating connections. Improving care.

Started Universal Testing on Sept 1st.

Encourage consent

Recommend DAU 13 for mother and infant

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Universal Testing

Delivery Service Hospitals
Atrium Medical Center
The Christ Hospital
Dearborn County Hospital
Fort Hamilton Hospital
Highland District Hospital
Margaret Mary Hospital
Cullough-Hyde Mememorial Hospi
Mercy Health Partners
St Elizabeth Hospital
TriHeatlh
UC Health

Poll #1– Screening of Mothers

Do you have a policy for screening pregnant women for drugs at your hospital?

- Yes, we screen ALL pregnant women for drug use
- Yes, we screen, but only with a hx of drug use
- No, we do not screen pregnant women for drug use
- N/A; we do not provide care to pregnant women

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Poll #2 – Testing of Babies

Do you have a policy for testing babies at your hospital?

- Yes, we test all babies for drugs
- Yes, we test only babies with a maternal history of drug use
- No, we do not routinely test our babies for drugs

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Poll #3 – Testing of Babies

Do you have a policy for testing mothers at your hospital?

- Yes, we test all pregnant women for drugs
- Yes, we test only pregnant women who have a history of drug use
- No, we do not routinely test pregnant women for drugs
- N/A. We do not provide care for pregnant women

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Legal Implications of Testing in Ohio

– Moira Crowley, MD
  - Rainbow Babies and Children Hospital, Neonatology Services, Cleveland, Ohio

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Legal Implications for Testing in Ohio

OPQC Webinar
September 2014

With Thanks To:

Jonathan Fanaroff, MD, JD
Rainbow Babies & Children's Hospital
Case Western Reserve University
Cleveland, Ohio

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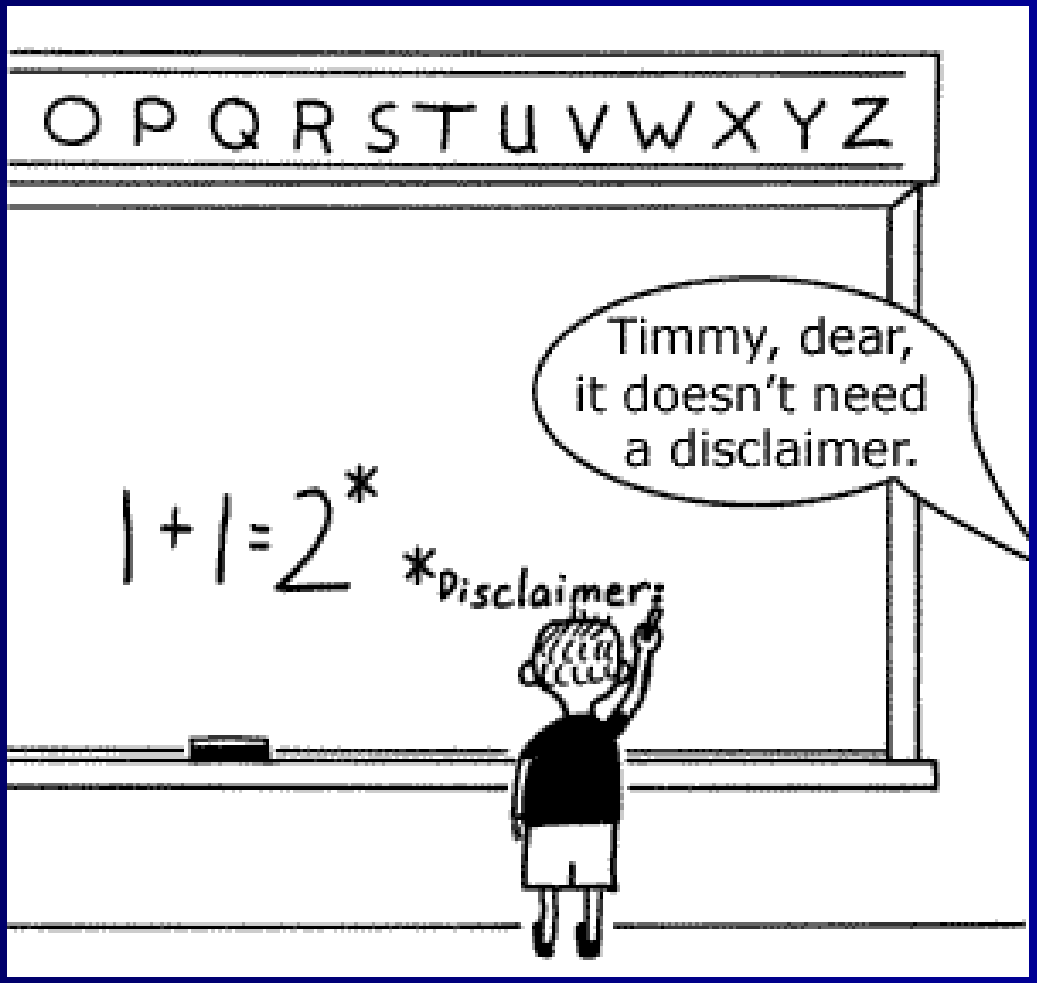
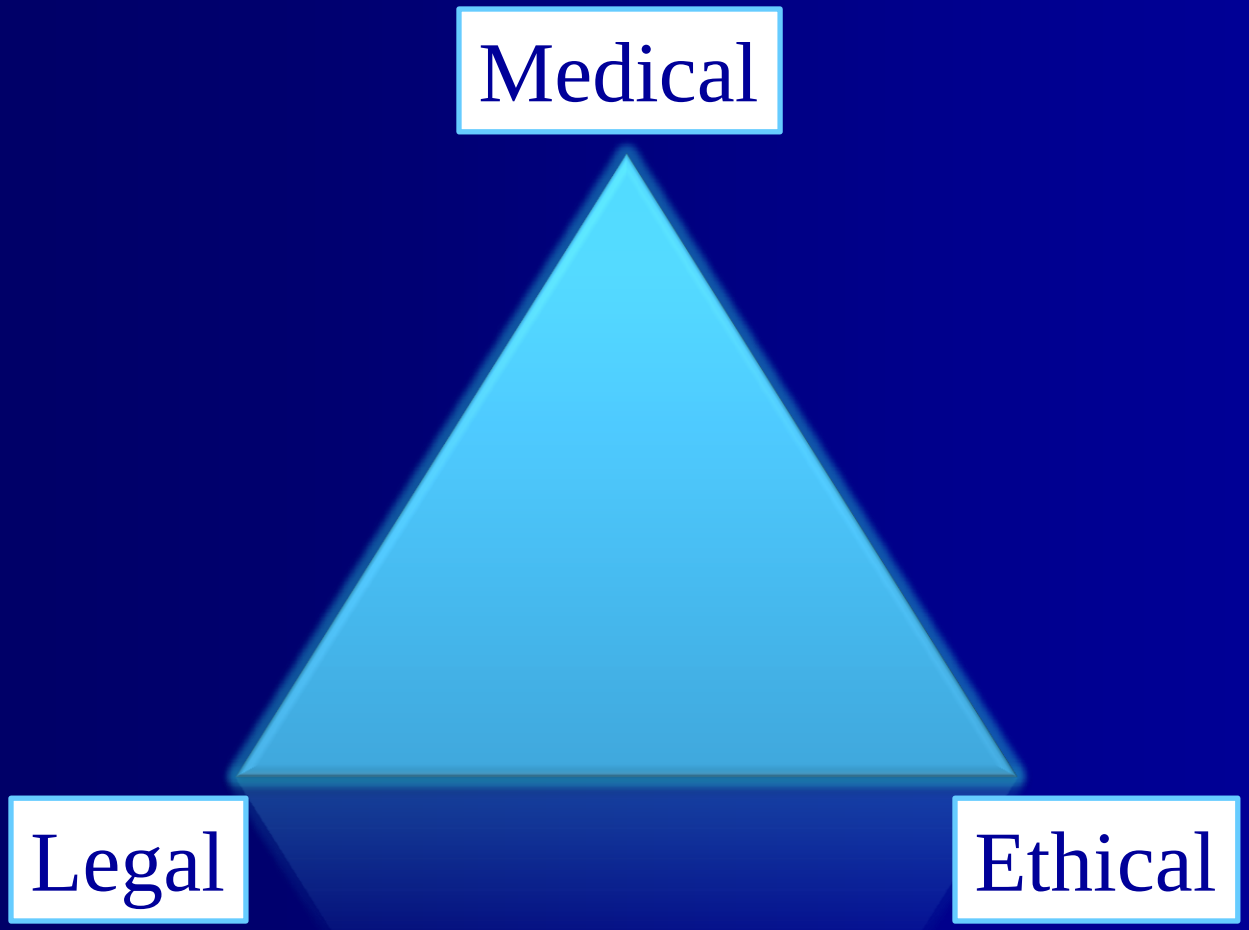

O P Q R S T U V W X Y Z
Timmy, dear, it doesn't need a disclaimer.
1 + 1 = 2*
*Disclaimer:

Balancing Considerations




We the People
insure domestic Tranquility, provide for the common defence,
and our Posterity, do ordain and establish this Constitution
Article. I.

Scene at the Signing of the Constitution – Howard Chandler Christy

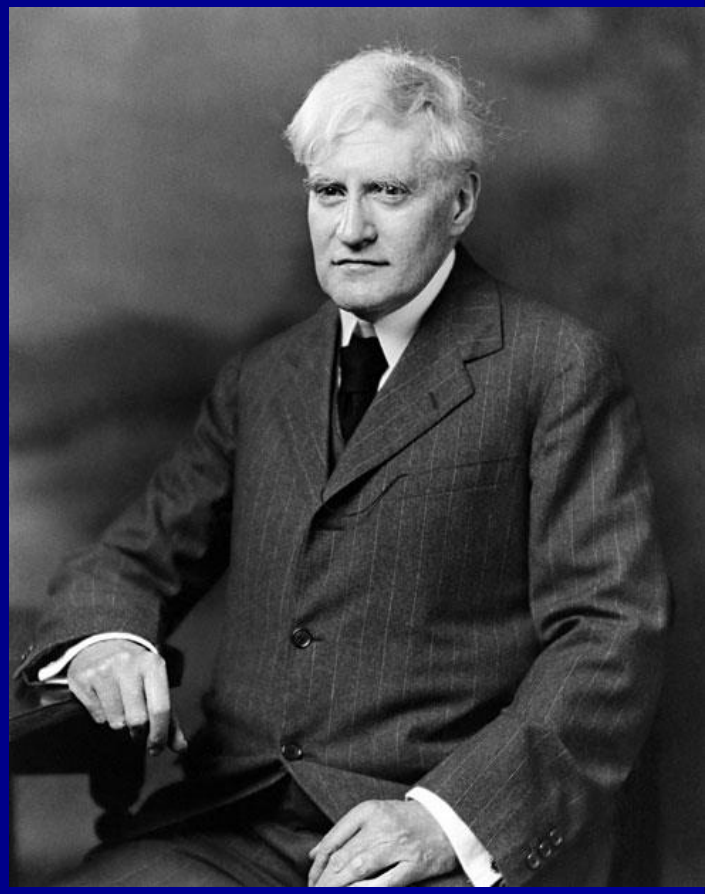
Bill of Rights

① Religion, Speech, Press, Assembly
② Bear arms
④ No unreasonable searches and seizures
⑤ Right to due process of law
⑥ No Cruel and Unusual Punishment
⑨ Other rights of the people
⑩ Powers reserved to the states

Schloendorff v. Society of NY Hospital

"Every human being of adult years and sound mind has a right to determine what shall be done with his own body."

Justice Cardozo



4th Amendment

"The right of the people to be secure in their persons, houses, papers, and effects, against unreasonable searches and seizures, shall not be violated, and no Warrants shall issue, but upon probable cause, supported by Oath or affirmation, and particularly describing the place to be searched, and the persons or things to be seized."

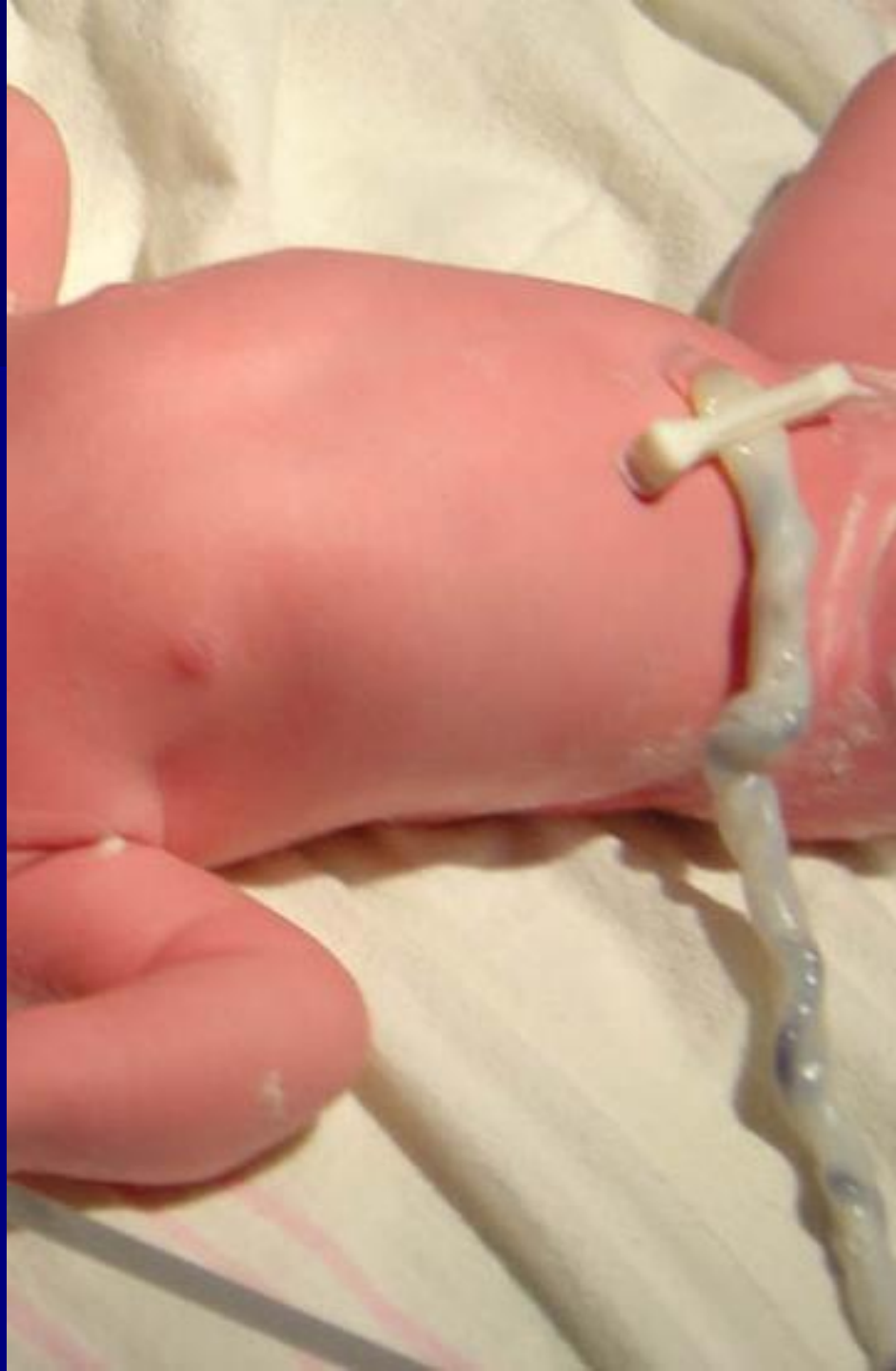
Ferguson v. City of Charleston 532 U.S. 67 (2001)

- Staff at MUSC concerned about increase in "crack babies"
- Began testing → refer for counseling
- No change in incidence
- Began to work with law enforcement
- New program implemented

Gordon Wiltsie / National Geographic Image Collection

Criminal charges

- Felony child endangerment
- Corruption of a minor
- Chemical endangerment
- Assault with a deadly weapon



Parens Patriae

- Children are not property
- Government has the power and duty to protect the safety and well-being of children

Child Abuse Prevention and Treatment Act (CAPTA)

- The current incarnation of the Baby Doe regulations
- Provides federal funding to the states
- Defines "child abuse and neglect" as, "at a minimum, any recent act or failure to act on the part of a parent or caretaker which results in death, serious physical or emotional harm, sexual abuse or exploitation, or an act or failure to act which presents an imminent risk of serious harm."

CAPTA Reauthorization Act of 2010

Child Abuse Prevention and Treatment Act (CAPTA)

- Healthcare providers must have policies and procedures in place to notify Child Protective Services of *all* infants born and identified as affected by illegal substance abuse, withdrawal symptoms resulting from prenatal drug exposure, or a Fetal Alcohol Spectrum Disorder and to establish a plan of safe care for these newborns
- Reports of prenatal substance exposure shall not be construed to be child abuse or neglect and shall not require maternal prosecution

CAPTA Reauthorization Act of 2010

Medical Practice is mainly regulated by the State

Ohio Department of Health Approach

- Substance abuse during pregnancy is not automatically considered
  - Criminal act
  - Child abuse
  - Grounds for civil commitment
- A $4.2 million, three year targeted drug treatment program for pregnant women supported by the Ohio Department of Health is promising

Drug Testing Mothers and Newborns

1. Obstetricians, Pediatricians, and Administration should develop policies to be followed consistently.
2. Hospital counsel should ensure compliance with state and federal laws

Stanton E. NAS and the Law for the Non-Lawyer

Drug Testing Mothers and Newborns

3. Maternal and infant drug testing should be based on specific evidence-based criteria and medical indicators to avoid discriminatory testing. Open-ended criteria such as "clinical suspicion" are inadequate.

Stanton E. NAS and the Law for the Non-Lawyer

Drug Testing Mothers and Newborns

4. All mothers should be informed about proposed drug testing prospectively and the rationale for testing should be documented in the medical record. The discussion should include the nature and purpose of the test and how testing will guide care.
5. If a woman refuses testing, document the refusal and do not test over her objection.

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Drug Testing Mothers and Newborns

6. When medically necessary for the proper and safe care of the infant, testing may be done without specific informed consent of the mother. This includes
   - Newborns who exhibit signs and symptoms of drug exposure
   - Newborns whose mothers have been identified as probable substance users
   - Newborns whose mothers have signs and symptoms of drug use

Drug Testing Mothers and Newborns

7. Remember that under Ohio law all healthcare providers are mandated reporters of child abuse/neglect are required to report when there is reasonable cause to suspect that a child "has suffered or faces a threat of suffering any physical or mental wound, injury, disability, or condition of a nature that reasonable indicates abuse or neglect of the child"

Ohio Revised Code Chapter 21 - 2151.421

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Discussion and Questions

- What method do you use at your hospital? Why was this method chosen?
- What challenges have you had regarding maternal screening or testing? How did you overcome them?

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- Gray T., Huestis M. Bioanalytical procedures for monitoring in utero drug exposures. Anal Bioanal Chem. 2007; 388: 1455-1465.
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