Statewide Risk Screening Program
for Pregnant Women:
SBIRT Program

Louisiana Community/State Collaborative
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Objectives

Participants will be able to:

- Increase understanding of Louisiana perinatal substance abuse data
- Identify the role of public health in development of a substance abuse screening program
- Explore the role of the private provider in substance abuse screening
- Recognize the value of a community-based program
- Enhance tools for development of a state substance abuse screening program
Women and Tobacco
Action Learning Lab: The National Initiative
June 2003-July 2006

- **December 2004:** Louisiana Collaborative
  - ACOG-LA Section
  - Office of Public Health-Maternal and Child Health
  - Louisiana Medicaid
  - Louisiana Public Health Institute

- **2005:** added March of Dimes, Planned Parenthood, collaboration with State Tobacco Initiatives
  - Baton Rouge FASD grant

- **2006:** Collaboration with State Office for Addictive Disorders on development of a statewide substance abuse screening tool for pregnant women
Louisiana State Leadership Team

- Office of Public Health – Maternal and Child Health Program
- ACOG
- Office for Addictive Disorders
- Office of Mental Health
- March of Dimes
- Louisiana Public Health Institute
- Louisiana Medicaid
SBIRT Program

- Screening
- Brief Intervention
- Referral
- Treatment
S.B.I.R.T.

- Mechanism to screen pregnant women for certain social risk factors
- SBIRT screening
  - Substance use
  - Alcohol use
  - Tobacco use
  - Mental health / depression
  - Domestic violence
Why Do We Need SBIRT?

- Screening and treatment is recommended by professional bodies – including ACOG
- Current screening is often inconsistent
- Staff is often uncomfortable in screening techniques
- Treatment resources varies – regionally poor, unknown to provider, access difficult
- Mental health / substance use screening and treatment one of top priorities in 2004 MCH statewide needs assessment (FIMR/regions)
Why Do We Need SBIRT?

- Nationally rates of alcohol, tobacco, drugs, domestic violence are under-reported.
- We have limited information on state-wide rates in Louisiana, very little at the regional level.
- Most screening tools were developed for:
  - Use in general population, i.e. men.
  - Not developed for specific use in pregnancy.
    - Do not detect low levels of use.
Why Do We Need SBIRT?

- Alcohol is leading known cause of preventable mental retardation
- Alcohol use is being recognized with increasing wide assortment of fetal /adolescent disorders
- Fetal alcohol spectrum disorders (FASD) are 100% preventable
- Knowledge of risks associated with alcohol use in pregnancy is limited
- Best message: “There is no safe amount of alcohol use in pregnancy”
Why Do We Need SBIRT?

Research Triangle Institute / LSUMC Study

- Low income public hospital study of women giving birth

- Personal interview and medical record review
  - Alcohol – 43% use in last 18 months, 11% during pregnancy
  - Tobacco – 30% use
  - Illicit drugs – 9% use, 5% during pregnancy, UDS detected additional 7%
  - 29% showed need for treatment of alcohol, tobacco or drug use
  - Perception of risk was low

Delivery Hospitals in New Orleans and Lafayette – 1998  N=501
Why Do We Need SBIRT?

- Louisiana PRAMS (2003) – Survey of all socio-economic classes of births
  - Alcohol use - 46.7% of women reported drinking during the 3 months prior to pregnancy; 2.9% drink during the last trimester
  - Tobacco – 24.7% of women report smoking within the 3 months prior to pregnancy; 14.7% smoke during the last trimester, 22% after delivery
  - Depression

PRAMS: Pregnancy Risk Assessment Monitoring System
Why Do We Need SBIRT?

- Capital Area Human Services District
- 31% of children born in Baton Rouge are exposed to alcohol, tobacco, or illicit drugs
  - Depression – 17% screen positive
  - Domestic violence – 5.5% positive

4Ps Plus Screening: May 2005-June 2006
What is the **SBIRT** process?

- **S**creening
- **B**rief **I**ntervention
- **R**eferral
- **T**reatment
4Ps Plus Screening Tool for Perinatal Substance Abuse, Depression and Domestic Violence

- **Parents:** did either of your parents have any problem with alcohol or drugs (*Yes/No)
  (*no referral to brief intervention)

- **Partner:**
  - Does your partner have any problem with drugs or alcohol? (Y/N)
  - Is your partner’s temper ever a problem for you? (Y/N)
  - Have you ever felt out of control or helpless? (Y/N)
  - Does your partner threaten to hurt you or punish you? (Y/N)

4Ps Plus Screen copyright 2001 National Training Institute
4Ps Plus Screening Tool

Past:

- In the last two weeks have you felt worthless, down, depressed or hopeless?  (No/Yes)
- In the last two weeks have you lost interest in things that used to be fun to you?  (No/Yes)
4Ps Plus Screening Tool

- Pregnancy:
  - In the month before you knew you were pregnant, how many tobacco cigarettes did you smoke? (none/any)
  - In the month before you knew you were pregnant, how much beer/wine (wine cooler)/daiquiri/liquor did you drink? (none/any)

4Ps Plus Screen copyright 2001 National Training Institute
Positive responses result in follow-up questions

Follow-up question examples:
- During the month before you knew you were pregnant, about how many days a week did you usually use marijuana?
- And last month, about how many days a week did you usually smoke tobacco cigarettes

Referrals to: Brief Intervention, Fax tobacco quitline, domestic violence, substance abuse treatment, mental health, other (specify: ___).
4Ps Plus Brief Intervention

- Scripted
- “I am concerned….”
- Bridging comment “I am glad you mentioned that you are using ____. We know a few things about the effects of ____ use during pregnancy…..”
- Pre-Treatment Curriculum is drug-specific and includes information and photos of a wide variety of substances.
- Training Video

Louisiana Pregnant Women’s Risk SBIRT Program

- Capitol Area Human Services District’s Executive Director and the project manager for its Baton Rouge FASD Prevention Collaborative previously adopted the 4Ps Plus for their own project.

- OAD, OPH-MCH, OMH, ACOG, the Louisiana March of Dimes, Louisiana Public Health Institute and representatives from three pilot regions developed a strategic plan for the program.
Louisiana Pregnant Women’s Risk SBIRT Program

- July 1, 2006 – June 30, 2007

- OAD and OPH collaborated in a contract with Dr. Ira Chasnoff and the National Training Institute in Chicago to provide leadership training to launch a program to routinely and consistently screen pregnant women for risk.

- The contract also includes licensure of a screening tool that has been validated for use with pregnant women - the 4Ps Plus.
Louisiana Pregnant Women’s Risk SBIRT Program

- July 1, 2006 – June 30, 2007 (continued)

- Program data, analyzed by NTI, will be available to tie back to state data for further valuable state outcome analysis
SBIRT Overview

- Screening will identify pregnant women at risk for Alcohol or Drug Use, Depression and Domestic Violence
- The above factors:
  - Adversely affect pregnancy outcomes and
  - Cause life-long adverse impact to the children of the affected pregnancies
What is the long-term goal?

- To risk screen all Louisiana pregnant women
  - At the site of their prenatal care, public or private
  - As a routine part of their prenatal care
Where will SBIRT start?

- Plan will pilot in 3 new regions:
  - Florida Parishes at St. Tammany Regional Hospital and private OB offices in Covington
  - Alexandria/Pineville, at private OB offices and the public hospital
  - Monroe, at the public hospital and public health clinic
- Continue the work with Capital Area Human Services District in Baton Rouge
SBIRT Overview

The screening tool, the 4Ps Plus is:

- Simple
- Brief
- Validated
SBIRT Overview

- The 4Ps Plus is one page, a 3-5 minute screen
- Ideal scenario: Health care provider, who has a relationship and rapport with the patient, performs the screen as a routine part of the patient’s health care
- Screen optimally occurs at 3 visits during pregnancy
Why address risk in this way?

- Pregnant women who use alcohol or substances that can harm their babies may feel a sense of shame and carry stigma.
- Best practices dictate a sensitive approach that reduces stigma and shame.
- The most effective place to identify these risks is at the site of a woman’s prenatal health care.
What’s next after screening?

- Positive Screen: Brief Intervention
- Counselor expresses concern for her and the health of her baby, “I am concerned that...”
- Counselor provides information about potential harmful effects and engages discussion through motivational interviewing techniques.
Importance of the Brief Intervention

- Research shows that a pregnant woman’s concern for her unborn child strongly motivates her to respond positively to her medical provider’s advice to abstain from drugs or alcohol.
Pregnant Women’s Risk SBIRT
Importance of Referral

- A vital part of the screening process is to have services available to address the risks that we identify.

- Pilot Regions are developing resource manuals to address regional availability of resources to address Substance Use, Mental Health issues, Domestic Violence and other needed services.
Substance Abuse Treatment

- Appropriate level of care
  - Ongoing follow up in prenatal care site
  - Case management
  - Groups
  - Outpatient
  - Residential
- Gender-specific, trauma informed treatment
- Closed link back to prenatal care site
SBIRT Overview: Who is involved?

- Initial Collaborators in the project are:
  - Louisiana American College of Obstetricians and Gynecologists (ACOG)
  - Louisiana Fetal Infant Mortality Review teams
  - Louisiana March of Dimes
  - Louisiana Medicaid
  - Louisiana DHH
    - Office for Addictive Disorders
    - Office of Public Health – Maternal and Child Health
    - Office of Mental Health
SBIRT Overview: Who Will Be Involved?

In addition to those already engaged, each Pilot Region will provide training and solicit involvement from:

- Private / public medical providers
- Hospitals
- Community action groups
- Anyone involved with successful pregnancy outcomes
SBIRT Trainings

- Developed in collaboration with Action Learning Lab Members (ACOG, MCH, March of Dimes, Louisiana Public Health Institute, Planned Parenthood) and Office For Addictive Disorders.

- Incorporates current trainings: Make Yours A Fresh Start Family tobacco cessation training, Quitline/Fax Referral, OAD awareness trainings, ACOG CD-ROM, ACOG Clinician’s Guide to Helping Pregnant Women Quit Smoking.

- Supported through AMCHP Tobacco Prevention Among Women of Reproductive Age Mini-Grant for awareness buttons, posters, March of Dimes CEU modules on substance abuse.

- To be conducted: hospitals, private and public OB clinics

- Resources: In-kind from all participant organizations
SBIRT Overview: Who Will Be involved as the project matures?

- Ultimately, we plan to incorporate prevention messages for young women about potential risks to a healthy pregnancy:
  - School-based health clinics
  - Prevention advocates
  - Pre- and inter-conceptional care, i.e., Planned Parenthood, Family Planning Clinics, Family Planning Medicaid Waiver w/private providers.
SBIRT must be a Collaborative effort of state and community resources

- Private/public partnership is key
- OPH’s Fetal Infant Mortality Review groups in all regions provide the medical provider teams and the Community Action Teams to be intimately involved.
- Collaboration with experienced researchers, such as the Children’s Research Triangle
- A comprehensive community approach to SBIRT
The SBIRT State and Community Collaborative

- Will positively affect birth outcomes
- Will contribute to healthy Louisiana families.
Let’s get the word out: There is no safe amount of tobacco or alcohol while pregnant. If you are pregnant, do not smoke or drink.
The Pregnancy Risk SBIRT

- For more information about addictive disorders log onto the Office for Addictive Disorders website:

- Louisiana Maternal and Child Health resources:
  - Partners for Healthy Babies:
    - www.1800251baby.org
    - 1800-251-BABY (2229)

- National Training Institute, Chicago, Illinois
  - Ira J. Chasnoff, M.D. (312) 726-4011
  - http://www.childstudy.org/
2007 Louisiana Action Learning Lab

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