



ASSOCIATION OF MATERNAL & CHILD HEALTH PROGRAMS

Screening, Brief Intervention, and Referral to Treatment (SBIRT) for Pregnant and Postpartum Women

Opportunities for State MCH Programs



Introduction

Screening for substance use during perinatal health care visits provides a unique opportunity to intervene in a positive way with women who use substances. During the perinatal period, pregnant women are highly motivated to stop using substances and deliver healthy babies.^{1,2,3} The significant life changes that occur during the postpartum period can cause depression and an increased risk of substance use.⁴ Studies show that early detection through screening can prevent the progression of substance use disorders and decrease the likelihood of serious consequences of substance use.^{5,6,7}

Unfortunately, a large percentage of health care providers do not routinely screen pregnant and postpartum women for substance use.⁸ If substance use is not recognized and treated during pregnancy and following childbirth, women and children can face adverse consequences that include increased risk of morbidity and mortality for women, as well as poor health and developmental outcomes for children, such as fetal alcohol spectrum disorders and neonatal abstinence syndrome (NAS), which can negatively impact children's psychological growth and development.^{9,10,11} Given the range of adverse consequences associated with substance use, health care providers need to identify pregnant and postpartum women with substance use disorders and provide appropriate interventions to ensure their health and the health of their babies. Table 1 (below, right) lists common legal and illicit substances.

Substance Use Among Pregnant and Postpartum Women

Substance use among pregnant and postpartum women is a significant public health problem, with use becoming more prevalent in recent years. Between 2003 and 2018, binge alcohol use during pregnancy increased from 4.1 percent to 4.7 percent, and illicit drug use during pregnancy increased from 4.3 percent to 5.4 percent.^{12,13} The most commonly used substances among pregnant women are tobacco and alcohol; 11.6 percent of pregnant women reported that they used tobacco in the past month, and 9.9 percent reported that they used alcohol in 2018.¹³ Marijuana use is also on the rise among pregnant women.¹⁴

The opioid crisis has also significantly affected reproductive-aged and pregnant women. Data from 1999–2014 indicate that the national opioid use disorder rates quadrupled at labor and delivery.¹⁵ As a result of increased opioid use, NAS[†] has increased in prevalence from 1.5 per 1,000 live births in 2004 to 8.0 per 1,000 live births in 2014.¹⁶ Opioid use during pregnancy is also



associated with the increased likelihood of preterm labor and poor fetal growth, and women who use opioids during pregnancy are four times more likely to have a prolonged hospital stay or die before they are discharged.⁹

Women also are at risk of returning to substance use after they give birth. One study indicates that while 83 percent of women who use substances achieve abstinence from at least one substance during pregnancy, by three months postpartum, 58 percent of abstinent women returned to tobacco use, 51 percent returned to alcohol use, 41 percent returned to marijuana use, and 27 percent returned to cocaine use.¹⁷ Early detection and intervention to address substance use problems in pregnant and postpartum women is key to improving their health outcomes.

Table 1. Common Substances

Legal	Illicit
<ul style="list-style-type: none">AlcoholTobaccoPrescription or Over-the-Counter Drugs	<ul style="list-style-type: none">HeroinHallucinogensCocaine, including crackSynthetic drugsMethamphetaminePrescription medications used for non-medical purposesMarijuana*

*Also used for medicinal purposes and is a legal or decriminalized substance in several states.

[†]NAS refers to signs that are present in some newborn infants resulting from the abrupt cessation of the passive transfer of maternal opioids used during pregnancy. Common signs of NAS are crying and irritability, sleep disturbances, fever, poor feeding, and respiratory distress.

Screening, Brief Intervention, and Referral to Treatment (SBIRT): An Effective Model for Pregnant and Postpartum Women with Substance Use Disorders

SBIRT is an evidence-based practice used to identify, reduce, and prevent problematic use and dependence on alcohol and other substances.¹⁸ Research demonstrates strong evidence of the effectiveness of the SBIRT model. National health care agencies and associations including the National Institutes of Health, American College of Obstetricians and Gynecologists (ACOG), American Public Health Association, and American Medical Association endorse the use of SBIRT as a valuable public health tool to address substance use disorders.

The goal of substance use screening is to identify individuals who may be at risk of developing alcohol or drug-related problems or have early signs of a substance use disorder. Many screening instruments require little or no special training or can be self-administered.¹ Research shows that for women who screen positive for at-risk drinking, receiving brief intervention was associated with a 19 percent decrease in the average number of drinks and number of drinking days and a 36 percent decrease in the number of heavy drinking days.¹⁹ SBIRT has been associated with statistically significant decreases for almost every measure of substance use. In a study comparing pre-SBIRT substance use with substance use 6 months after receiving SBIRT services, the prevalence of alcohol use was reduced by 35.6 percent, heavy drinking by 43.4 percent, and illicit drug use was reduced by 75.8 percent. Interventions conducted at higher levels of intensity were correlated with larger decreases in substance use.²⁰

Based on SBIRT's effectiveness, ACOG endorses screening for substance use as part of comprehensive obstetric care starting at the first prenatal visit. ACOG's Committee

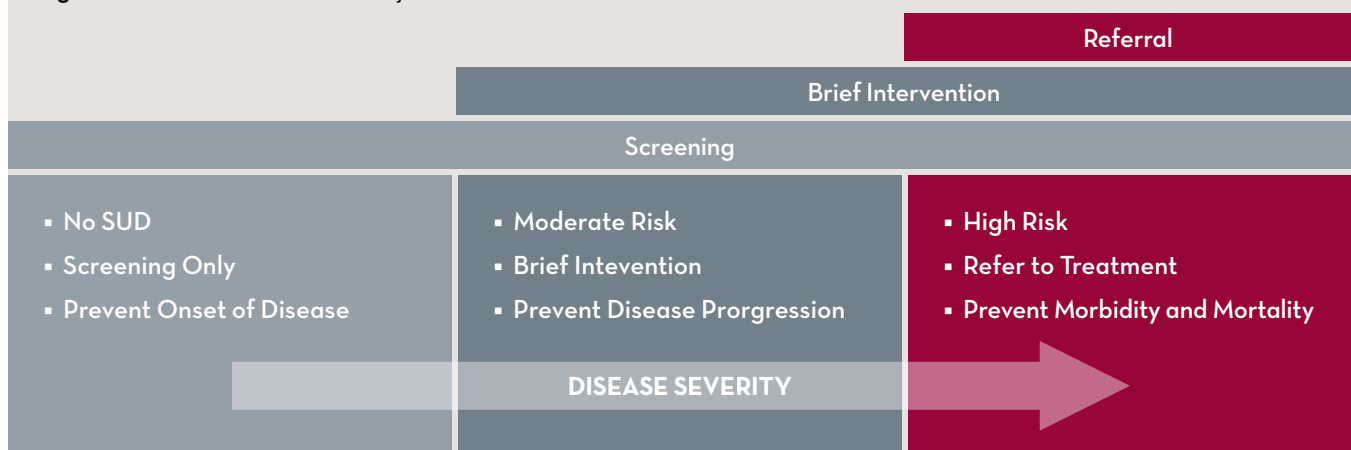
on Obstetric Practice issued a [statement](#) that early, universal SBIRT for pregnant women with substance use disorders improves maternal and infant outcomes and should be incorporated into maternity care settings.²¹ The U.S. Preventive Services Task Force (USPSTF)* recommends screening for unhealthy drug and alcohol use in adults 18 years or older, including pregnant and postpartum women, and providing individuals engaged in risky or hazardous drinking and drug use with brief behavioral counseling interventions.^{22, 23} The USPSTF recommendations for screening of unhealthy alcohol use (adopted in 2018) and drug use (adopted in 2020) have a "B" evidence rating.

Understanding the Components of SBIRT

SBIRT identifies individuals who use alcohol or other drugs at unsafe levels, allowing health care providers to intervene and potentially prevent the need for more intensive treatment. Note: there is **no safe level of alcohol or other drug use during pregnancy**. The only exception is the use of medication prescribed by a physician or other qualified practitioners.

SBIRT can be delivered in multiple settings [e.g., primary care and maternal and child health (MCH) facilities, hospitals, and in the community] and can be applied to all types of substance use.²⁴ **SBIRT has also been approved for use via telehealth during the COVID-19 crisis.**²⁵ The model has three major components: universal screening, early intervention (detecting risky or hazardous substance use before the onset of addiction), and timely referral and treatment for people who have substance use disorders. The stages of SBIRT based on the level of substance use disorder severity are shown in Figure 1 (below). The components of SBIRT are described in Table 2 (next page).

Figure 1. SBIRT Model and Level of Treatment Needed in Relation to Risks



*USPSTF is a panel of national experts in prevention and evidence-based medicine. The task force makes recommendations about clinical preventive services such as screenings, counseling services, and preventive medications. The task force assigns each recommendation a letter grade based on the strength of the evidence. The Affordable Care Act requires that preventive services with a grade of A or B must be offered by health plans without cost-sharing.

Table 2. Components of SBIRT

Screening

Universal screening for substance use is an essential first step in identifying harmful substance use and connecting women to the appropriate level of care. Screening involves a health care provider assessing an individual for risky substance use using standardized screening tools.¹⁷ A screen is a brief instrument used to identify a problem and is not a clinical assessment.¹ Screening tools validated for use during pregnancy

include T-ACE, TWEAK, NIDA Quick Screen, CRAFFT, 4Ps, and 5Ps.²⁶ Screening can take place in any health care setting.¹⁷ Providers screen individuals to determine their level of risk. Individuals identified as high risk should be referred to specialty substance use disorder treatment providers; those identified as low and moderate risk should receive brief intervention and follow-up visits as necessary.²⁴

Brief Intervention

Brief intervention is a technique whereby a health care provider engages patients to increase their insight and awareness of substance use and motivation toward behavior change. The intervention occurs through a short conversation (often 10 to 15 minutes), whereby providers offer feedback and advice.¹⁷ Providers deliver educational materials and use evidence-based strategies, such as motivational interviewing, a patient-centered counseling style that addresses a person's ambivalence to change. Usually, one or more follow-up visits are necessary. For pregnant women, the goals of brief intervention are to help increase awareness of the potential harm of substance use to their fetus and newborn and encourage them to create a plan to stop using substances.²⁷

Providers should offer brief intervention in a nonjudgmental, non-stigmatizing manner. To do so, providers must seek to understand the client's view of substance use, help them reach their own decisions, increase their motivation to change, and provide clear and respectful advice in line with the client's concerns, strengths, resources, and past successes.²⁵ Providers must comply with federal and state requirements for mandated reporting of substance use among pregnant women which in some cases may result in a plan of safe care for newborns. A plan of safe care is a tool to ensure the safety and well-being of an infant with prenatal substance exposure, following release from a hospital or birthing facility. If a woman has discontinued substance use during pregnancy, the provider should congratulate her and discuss potential issues with, and the dangers of, returning to risky substance use after the baby is born.²⁸

Referral to Treatment

Referral to treatment provides individuals identified as needing substance use disorder treatment access to quality care.²⁹ Health care providers should work with individuals to select a specialty treatment facility and navigate any barriers they may have to accessing treatment, such as obtaining insurance coverage, covering treatment costs, or transportation.³⁰

Many factors contribute to selecting the right treatment program for a pregnant woman. Conducting a clinical assessment yields information that helps select the appropriate level of care. In addition, providers should talk with their clients about their goals and preferences. Providers should also maintain a list of substance use treatment providers who treat pregnant and parenting women and can provide family-centered care.²⁶



Providers should also be aware of opportunities and requirements for billing and reimbursement. For billing purposes, SBIRT is defined as alcohol and/or substance (other than tobacco) structured assessment and brief intervention. Table 3 (below) from the Substance Abuse and Mental Health Services Administration (SAMHSA) lists several commonly used billing codes for intervention and screening services.³²

Other Practice Considerations: Mandatory Reporting for Health Care Providers

Health care providers should be aware of mandatory reporting requirements that may influence how they care for pregnant women. Twenty-three states currently consider substance use during pregnancy to be child abuse under civil child-welfare statutes, and three consider it grounds for civil commitment.³³ In these states, women who use substances during pregnancy are at risk of incarceration or the threat of incarceration. Research has shown that these consequences have been ineffective in reducing rates of alcohol or substance use during pregnancy.^{34,35,36}

ACOG states that seeking obstetric-gynecologic care should not expose a woman to criminal or civil penalties, such as incarceration, involuntary commitment, loss of custody of children, or loss of housing.³⁷ Addiction is a chronic, relapsing biological and behavioral disorder with genetic components that can be successfully managed with medical and substance use interventions.³⁸ Mandated reporting during pregnancy also may dissuade a woman from seeking prenatal care or disrupt the trust between medical provider and patient. In states with mandated reporting, ACOG recommends that policymakers,

Putting SBIRT into Practice

Health care providers must consider several issues to ensure SBIRT is successfully implemented. They should develop a plan to incorporate SBIRT into existing clinic workflows, including the intake process for new patients. Providers should review institutional policies on substance use and develop a written substance use screening protocol. Providers must train appropriate staff in screening and brief intervention techniques, and staff must establish a follow-up plan to refer women in need of substance use disorder treatment and care coordination. In addition, providers should have a protocol for connecting women to local resources such as recovery support groups, housing, transportation, and parenting education.²⁷

Table 3. Billing Codes for Intervention Services and Screenings

Payer	Code	Description
Commercial Insurance, Medicaid	CPT 99408	Alcohol and/or substance abuse structured screening and brief intervention services; 15 to 30 minutes
Commercial Insurance, Medicaid	CPT 99409	Alcohol and/or substance abuse structured screening and brief intervention services; greater than 30 minutes
Medicaid	H0049	Alcohol and/or drug screening
Medicaid	H0050	Alcohol and/or drug service, brief intervention, per 15 min

legislators, and physicians work together to retract punitive laws and implement evidence-based strategies outside the legal system to address the needs of women with substance use disorders.³⁵

Many state and local MCH programs, mental health and substance use disorders treatment agencies, and public health departments have worked collaboratively to implement SBIRT in perinatal health care settings. Three state initiatives are described in the following section.

State Efforts in Iowa, Kansas, and South Carolina

Iowa Offers SBIRT Training to Federally Qualified Health Centers, Health Practitioners, and National Guard Staff through SAMHSA SBIRT Grant

The Iowa Department of Public Health Bureau of Substance Abuse began offering SBIRT training in 2012 through a five-year SBIRT grant from SAMHSA. State staff provided SBIRT training to federally qualified health centers, health practitioners, and staff in the Iowa National Guard. SBIRT training has been expanded to include Title V MCH staff. SBIRT was implemented in various agencies across the state using the Alcohol Use Disorders Identification Test (AUDIT) and the Drug Abuse Screening Test (DAST) screening tools. When the SAMHSA grant ended, Iowa continued to offer SBIRT services with Medicaid funding for women up to 60 days postpartum, using Substance Abuse Prevention and Treatment Block Grant (SABG) funds for women not covered through Medicaid.

To screen pregnant women, Iowa utilizes the 4Ps Plus screening instrument, in addition to the AUDIT and DAST. The 4Ps Plus instrument screens for alcohol, tobacco, marijuana, and illicit drug use, and also includes validated screening questions for depression and domestic violence. Implementing the 4Ps Plus is a statewide initiative led by the Iowa Children's Justice Bureau. A statewide leadership

Screening Instruments Used, Iowa:

- Alcohol Use Disorders Identification Test (AUDIT)
- Drug Abuse Screening Test (DAST)
- Parents, Partners, Past, and Pregnancy (4Ps Plus)

team, which includes the Title V MCH program, supports this extensive statewide collaboration and partnership. The Children's Justice Bureau provided training on the 4Ps Plus to participating providers. Staff from various disciplines, including nurses, social workers, and nurse practitioners, provide brief intervention based on the models used. Providers also conduct motivational interviewing

for women who screen positive for moderate risk. For women with high risk levels, the provider refers them to a specialty substance use disorder treatment provider.

Contact:

Michele Tilotta, MPA, BSN, RN
Iowa Department of Public Health
Division of Behavioral Health
Bureau of Substance Abuse
michele.tilotta@idph.iowa.gov

"Kansas Connecting Communities" Program Features Multiple Partnerships Providing Telehealth and Tele-mentoring and Online Learning to Enhance Provider Knowledge and Build Workforce Capacity

In 2018, the Kansas Department of Health and Environment's MCH program, along with other state and local partners, began the Kansas Connecting Communities program (KCC). KCC is supported by the Health Resources and Services Administration (HRSA) "Screening and Treatment for

Screening Instruments Used, Kansas:

- AUDIT
- DAST
- Alcohol, Smoking, and Substance Involvement Test (ASSIST)

Maternal Depression and Related Behavioral Disorders" (MDRBD) cooperative agreement.³⁹ The program aims to increase screening, timely assessment, and effective referrals to treatment for pregnant and postpartum women. KCC was launched using a phased pilot approach, focused on 10 Southeast Kansas counties for the first three years, with a plan to expand statewide in years four and five. Partnering organizations include the following:

- A local substance use treatment center that supported the development of the screening process and provides direct telehealth for substance use assessment and treatment support
- Wichita State University's Community Engagement Institute, which provides technical assistance on integrating or creating peer support groups as an evidence-based referral option
- The University of Kansas Medical Center, which provides free web-based video tele-mentoring and learning collaboratives to enhance provider knowledge and build workforce capacity
- The University of Kansas Center for Public Partnerships and Research, which supports program evaluation and implementation.

The KCC program is focused on building provider capacity to treat and refer perinatal clients with substance use disorders through access to telehealth, peer consultations, technical assistance, and provider training opportunities. Regional training events connect providers with content experts and resources to implement perinatal substance use screenings using SBIRT. These six-hour trainings focus on presentations and discussions on the role of stigma in addressing perinatal substance use; skills-building training on conducting brief interventions; discussions about local referral options; and connections to available resources for patients and providers. The state has also developed an [SBIRT toolkit](#) for Kansas Title V, which is shared with local partners including WIC and Title X clinics; mental health providers; and home visitation and case management agencies. KCC also includes a consultation line for health care and social service providers to speak with social workers and psychologists trained in perinatal mental health and substance use assessment, to determine client needs and next steps.

Contact:

Kelsee Torrez
Behavioral Health Consultant
Kansas Department of Health and Environment
Kelsee.D.Torrez@ks.gov

South Carolina's Partnership with the Department of Alcohol and other Drug Abuse Services, the State Department of Health and Human Services, and the South Carolina Hospital Association Delivers Promising SBIRT Results via Use of Innovative Technology in Physician Waiting Rooms

In South Carolina, the Department of Alcohol and other Drug Abuse Services (DAODAS), the State Department of Health and Human Services, and the South Carolina Hospital Association have partnered to promote SBIRT to health care providers statewide. OB/GYNs began providing SBIRT to pregnant and postpartum women

Screening Instruments Used, South Carolina:

- SBIRT Integrated Screening Tool
 - SBIRT Provider Presentation
-

in 2012 and the state has continued to promote adoption of the SBIRT model through the development and dissemination of an [SBIRT Integrated Screening Tool](#) and an [SBIRT Provider Presentation](#). OB/GYNs who bill Medicaid can be reimbursed for implementing SBIRT for pregnant women and women up to one year postpartum. Providers are reimbursed for one screening and two brief interventions per fiscal year for any pregnant or postpartum Medicaid beneficiary.

Providers implement SBIRT via technology to engage and connect patients to appropriate care. One component of the initiative involves text-based alcohol and drug screening in participating OB/GYN offices. While in waiting rooms, patients are introduced to the SBIRT program through educational materials, following which they can choose to provide verbal consent to receive the SBIRT screening tool to complete on their cell phones. An algorithm sorts individuals by risk, and a remote care coordinator contacts at-risk patients to conduct an assessment, create a care plan, and provide brief intervention or referral services. The care coordinator follows up with the patient and provides a summary of the screening, assessment, and plan to the health care provider via the electronic health record. The initiative has had positive outcomes. Most hospitals have adopted SBIRT for substance use as well as for screening of depression and domestic violence. In 2016, over 11,000 pregnant women in South Carolina received SBIRT screenings, as well as brief interventions when indicated.

Contact:

Hannah Bonsu
Manager, Division of Treatment & Recovery Services
South Carolina Department of Alcohol
and Other Drug Services
hbonsu@daodas.sc.gov



Opportunities for MCH Programs

Pregnant and postpartum women are often highly motivated to decrease harmful substance use, and SBIRT is an effective public health approach to early intervention and treatment for this population. Many opportunities exist for Title V/ MCH programs to advance the use of SBIRT in their states:

- Develop partnerships with OB/GYNs and other maternity care providers, substance use and mental health agencies, and local health departments to promote SBIRT use statewide.
- Provide SBIRT training for state public health department employees through professional development programs.
- Promote SBIRT training for Title V grantees at the local and county levels.

- Disseminate educational resources to support the implementation of SBIRT in MCH settings.
- Collaborate with state alcohol and drug agencies to identify substance use providers who offer services tailored to the unique needs of pregnant and postpartum women.
- Engage grassroots organizations in promoting SBIRT as an effective tool for addressing substance use in communities, and partner on efforts to expand SBIRT use among local health providers.
- Support state policy efforts that prioritize funding for SBIRT training and implementation. ■

Visit amchp.org for more information.



SBIRT Resources

SAMHSA/HRSA Behavioral Health Resources		
Resource	Description	Link
SAMHSA Center of Excellence for Integrated Health Solutions	Offers evidence-based resources, tools and support for organizations working to integrate primary and behavioral health care	integration.samhsa.gov/clinical-practice
HRSA Center of Excellence for Behavioral Health Technical Assistance	Offers training and technical assistance to HRSA grantees to support integration of substance use and mental health services in primary care settings, including SBIRT resources	https://bhta.hrsa.gov
SAMHSA SBIRT webpage	Contains general information about SBIRT, current SBIRT grant opportunities, and coding for reimbursement	https://www.samhsa.gov/sbirt

SBIRT for Perinatal Setting		
Resource	Description	Link
ACOG Implementing SBIRT: An Effective Approach to Care	Video that outlines implementation of SBIRT in perinatal settings and provides an example of screening and brief intervention	https://vimeo.com/391075302/1717c51ca0

Toolkits		
Resource	Description	Link
Kansas Department of Health & Environment SBIRT Toolkit	Provides a comprehensive printable toolkit, information on implementing screening for substance use disorders for perinatal populations, a reference guide for providers, and other resources	http://www.kdheks.gov/c-f/SBIRT_Toolkit.htm
Massachusetts SBIRT: A Step-by-Step Guide	Contains recommended screening approaches for alcohol and other drug use, a brief intervention script, steps for referring patients to substance use specialty care, and other related information	https://www.masbirt.org/sites/www.masbirt.org/files/documents/toolkit.pdf

Treatment Locator		
Resource	Description	Link
SAMHSA Treatment Services Locator	A searchable database of substance use and mental health treatment services	https://findtreatment.samhsa.gov

Validated Screening Tools

Name	Description	Primary Population	Links
Parents, Partners, Past, and Pregnancy (The 4Ps)	Screening tool developed to detect drug, alcohol, and tobacco use among pregnant women and women of childbearing age. The 4Ps Plus includes additional questions about depression and domestic violence <i>Focus: Drug, alcohol, and tobacco use</i>	Pregnant women	More information
NIDA Quick Screen Alcohol, Smoking and Substance Involvement Screening Test (NIDA-Modified ASSIST)	Screening tools that detect alcohol, tobacco, and drug use; tools can be used sequentially based on the individual's substance involvement score. <i>Focus: Drug, alcohol, and tobacco use</i>	Adults including pregnant women	More Information Screening Tool
Car, Relax, Alone, Forget, Friends, Trouble (CRAFFT)	Screening tool that identifies alcohol, drug use and substance-related driving risk among adolescents and young adults <i>Focus: Drug and alcohol use; driving risk</i>	Women 26 years or younger	More information & Screening Tool
Parents, Peers, Partner, Pregnancy, and Past (The 5Ps)	Screening tool that detects tobacco, alcohol, and drug use, as well as domestic violence among pregnant women and women of reproductive age <i>Focus: Drug, alcohol, and tobacco use</i>	Pregnant Women	More information & Screening Tool
Tolerance, Anger/Annoyance, Cut Down, Eye-opener (T-ACE)	Four-item screening tool that identifies risk-drinking in pregnant women <i>Focus: Alcohol use</i>	Pregnant women	More information Screening Tool
Tolerance, Worried, Eye-opener, Amnesia, Cut Down (TWEAK)	Five-item instrument that screens for risk drinking among obstetric patients <i>Focus: Alcohol use</i>	Pregnant women	More information & Screening Tool
Alcohol Use Disorders Identification Test (AUDIT)	10-item questionnaire that screens for alcohol consumption and alcohol-related problems <i>Focus: Alcohol use</i>	Adults including pregnant women	More information Screening Tool
Drug Abuse Screening Test (DAST)	Self-administered instrument that detects substance use or substance use disorders <i>Focus: Drug use</i>	Adults and older youth	More information Screening Tool
Reference Sheets for Patients and Providers	Double-sided sheets are designed as a visual aid for the patient, while the back provides guidance to the health care provider including AUDIT and DAST guidance. <i>Focus: Alcohol and drug use</i>	Adults, adolescents, and pregnant women	More information

Acknowledgments

AMCHP and NASADAD appreciate the valuable input of staff from states featured in this issue brief.

Funding

This project is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS), under grant number U1XMC31656 “Supporting Maternal and Child Health Innovation in States” (award totaling \$2,000,000). The content and conclusions are those of the author and should not be construed as the official position or policy of, nor are they an endorsement of HRSA, HHS, or the U.S. Government.

About AMCHP

The Association of Maternal & Child Health Programs is a national resource, partner, and advocate for state public health leaders and others working to improve the health of women, children, youth, and families, including those with special health care needs. AMCHP’s members come from the highest levels of state government and include directors of maternal and child health programs, directors of programs for children with special health care needs, and other public health leaders who work with and support state maternal and child health programs.

About NASADAD

The National Association of State Alcohol and Drug Abuse Directors (NASADAD) is an educational, scientific, and informational organization serving State Alcohol and Drug Agency Directors. NASADAD’s mission is to promote effective and efficient substance use disorder prevention, treatment and recovery systems in the states and territories. NASADAD serves as a national resource for the examination of alcohol and other drug related issues of common interest to both other national organizations and federal agencies.

End Notes

- ¹Center for Substance Abuse Treatment (SAMHSA). (2009). *Substance Abuse Treatment: Addressing the Specific Needs of Women*. (A Treatment Improvement Protocol TIP Report 51). <https://store.samhsa.gov/sites/default/files/d7/priv/sma15-4426.pdf>
- ²Jessup, M. A., & Brindis, C. D. (2005). Issues in Reproductive Health and Empowerment in Perinatal Women with Substance Use Disorders. *Journal of Addictions Nursing*, 16(3), 97-105. <http://doi.org/10.1080/10884500500196693>
- ³Higgins, P. G., Clough, D. H., Frank, B., & Wallerstedt, C. (1995). Changes in Health Behaviors Made by Pregnant Substance Users. *International Journal of Addiction*, 30(10): 1323-1333. <https://doi.org/10.3109/10826089509105137>
- ⁴Chapman, S. L. & Wu, L. T. (2013). Postpartum Substance Use and Depressive Symptoms: A Review. *Women & Health*, 53(5): 479-503. <https://doi.org/10.1080/03630242.2013.804025>
- ⁵Ino, A. & Cho, T. (2013). Significance of SBIRT and Countermeasures for its Dissemination. *Japanese Journal of Alcohol Studies & Drug Dependence*, 48(2): 105-117.
- ⁶Soderstrom, C.A., DiClemente, C.C., Dischinger, P.C., Hebel, J.R., McDuff, D.R., Auman, K.M., Kufera, J.A. (2007). A controlled trial of brief intervention versus brief advice for at-risk drinking trauma center patients. *Journal of Trauma-Injury Infection & Critical Care* 62(5):1102-1112. doi: 10.1097/TA.0b013e31804b4b26
- ⁷Babor, T. F., McRee, B. G., Kassebaum, P. A., Grimaldi, K. A., Bray, J. (2007). Screening, Brief Intervention, and Referral to Treatment (SBIRT): Toward a public health approach to the management of substance abuse. *Substance Abuse: Journal of the Association for Medical Education and Research in Substance Abuse (AMERSA)*, 28(3): 7-30. https://doi.org/10.1300/J465v28n03_03
- ⁸Wright, T. E., Terplan, M., Odersma, C. B., Yonkers, K., Chang, G., & Creanga, A. A. (2016). The Role of Screening, Brief Intervention, and Referral to Treatment in the Perinatal Period. *American Journal of Obstetrics and Gynecology*, 215(5): 539-547. <https://doi.org/10.1016/j.ajog.2016.06.038>
- ⁹Whiteman, V. E., Salemi, J. L., Mogos, M. F., Cain, M. A., Aliyu, M. H., & Salihu, H. M. (2014). Maternal Opioid Drug Use During Pregnancy and Its Impact on Perinatal Morbidity, Mortality, and the Costs of Medical Care in the United States. *Journal of Pregnancy*, 2014. <https://doi.org/10.1155/2014/906723>
- ¹⁰Furray, A. (2016). Substance Use During Pregnancy. *F1000Research*, 5, F1000 Faculty Rev-887. <https://doi.org/10.12688/f1000research.7645.1>
- ¹¹Lander, L., Howsare, J., & Byrne, M. (2013). The Impact of Substance Use Disorders on Families and Children: From Theory to Practice. *Social Work in Public Health*, 28(3-4), 194-205. <https://doi.org/10.1080/19371918.2013.759005>
- ¹²Substance Abuse and Mental Health Services Administration. (2003) National Survey on Drug Use and Health. <https://www.datafiles.samhsa.gov/study-dataset/national-survey-drug-use-and-health-2003-nsduh-2003-ds0001-nid13724>
- ¹³Substance Abuse and Mental Health Services Administration.(2018). <https://datafiles.samhsa.gov/study/national-survey-drug-use-and-health-nsduh-2018-nid18757>
- ¹⁴Substance Abuse and Mental Health Services Administration (2020). Preventing the Use of Marijuana: Focus on Women and Pregnancy. SAMHSA Publication No. PEP19-PL-Guide-2 Rockville, MD: National Mental Health and Substance Use Policy Laboratory. <https://www.samhsa.gov/marijuana/marijuana-pregnancy>
- ¹⁵Haight, S. C., Ko, J. Y., Tong, V. T., Bohn, M. K., & Callaghan, M. D. (2018). Opioid use disorder documented at delivery hospitalization - United States 1999-2014. *Morbidity and Mortality Weekly Report*, 67(31), 845-849. Centers for Disease Control and Prevention. <http://dx.doi.org/10.15585/mmwr.mm6731a1>
- ¹⁶Jilani, S.M., Frey, M.T., Pepin, D., et al. (2019). Evaluation of State-Mandated Reporting of Neonatal Abstinence Syndrome – Six States, 2013-2017. *MMWR Morbidity and Mortality Weekly Report*. Center for Disease Control and Prevention. <http://dx.doi.org/10.15585/mmwr.mm6801a2>
- ¹⁷Furray, A., Merry, B., Lin, H., Ruger, J. P., Yonkers, K. A. (2015) Perinatal Substance Use: A Prospective Evaluation of Abstinence and Relapse. *Drug and Alcohol Dependence*, 150: 147-155. <https://doi.org/10.1016/j.drugalcdep.2015.02.027>
- ¹⁸Substance Abuse and Mental Health Services Administration. *SBIRT: Screening, Brief Intervention, and Referral to Treatment*. SAMHSA-HRSA Center for Integrated Health Solutions. (2020). <https://www.integration.samhsa.gov/clinical-practice/sbirt>
- ¹⁹Fleming, M. F., Lund, M. R., Wilton, G., Landry, M., & Scheets, D. (2008). The healthy moms study: The efficacy of brief alcohol intervention in postpartum women. *Alcoholism, Clinical & Experimental Research*, 32(9), 1600-1606. <https://doi.org/10.1111/j.1530-0277.2008.00738.x>
- ²⁰Aldridge, A., Linford, R., & Bray, J. (2017). Substance use outcomes of patients served by a large U.S. implementation of Screening, Brief Intervention, and Referral to Treatment. *Addiction*, 112(s2), 43-53. <https://doi.org/10.1111/add.13651>
- ²¹American College of Obstetricians and Gynecologists. (2017). Opioid use and opioid use disorder in pregnancy. <https://www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2017/08/opioid-use-and-opioid-use-disorder-in-pregnancy>
- ²²U. S. Preventive Services Task Force. (2018). Unhealthy Alcohol Use in Adolescents and Adults: Screening and Behavioral Counseling Interventions. <https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/unhealthy-alcohol-use-in-adolescents-and-adults-screening-and-behavioral-counseling-interventions>
- ²³U. S. Preventive Services Task Force (2020). A and B Grade Recommendations. <https://www.uspreventiveservicestaskforce.org/uspstf/recommendation-topics/uspstf-and-b-recommendations?PAGE=3>
- ²⁴SBIRT Colorado. (2020). Why SBIRT? https://www.integration.samhsa.gov/clinical-practice/sbirt/SBIRT_Colorado_WhySBIRT.pdf
- ²⁵Centers for Disease Control and Prevention. (2020). COVID-19 Questions and Answers: For People Who Use Drugs or Have Substance Use Disorder. <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/other-at-risk-populations/people-who-use-drugs/QA.html>
- ²⁶Substance Abuse and Mental Health Services Administration.(2020). Substance Use Disorder and Pregnancy. SAMHSA-HRSA Center for Integrated Health Solutions. <https://www.integration.samhsa.gov/about-us/integration-edge/substance-use-disorder-and-pregnancy>
- ²⁷Guard, A. & Rosenblum, L. (2008). Alcohol screening and brief intervention. American Public Health Association. <https://www.integration.samhsa.gov/clinical-practice/alcohol-screening-and-brief-interventions-a-guide-for-public-health-practitioners.pdf>

- ²⁸Northern New England Perinatal Quality Improvement Network. (2018). Screening for substance use during pregnancy using an SBIRT framework. <http://www.nnepqin.org/wp-content/uploads/2018/03/03.-SBIRT-for-Substance-Use-During-Pregnancy-REV-03.15.18.pdf>
- ²⁹Substance Abuse and Mental Health Services Administration. (2020). About Screening, Brief Intervention, and Referral to Treatment (SBIRT). <https://www.samhsa.gov/sbirt/about>
- ³⁰Substance Abuse and Mental Health Services Administration/Health Resources and Services Administration. Center for Integrated Health Solutions. (2020). SBIRT: Referral to treatment. <https://www.integration.samhsa.gov/clinical-practice/sbirt/referral-to-treatment>
- ³¹Goodman, D. (2016). Screening, Brief Intervention, and Referral to Treatment in Maternity Care. [Powerpoint presentation] <http://sbirtnh.org/wp-content/uploads/2014/09/Goodman-2016-SBIRT-in-Maternity-Care-NHSummit-1.pdf>
- ³²Substance Abuse and Mental Health Services Administration. (2020). Coding for screening and brief intervention reimbursement. [https://www.integration.samhsa.gov/sbirt/Reimbursement for SBIRT.pdf](https://www.integration.samhsa.gov/sbirt/Reimbursement%20for%20SBIRT.pdf)
- ³³Guttmacher Institute. (2020). Substance use during pregnancy. <https://www.guttmacher.org/state-policy/explore/substance-use-during-pregnancy#>
- ³⁴Poland, M. L., Dombrowski, M. P., Ager, J. W., & Sokol, R. J. (1993). Punishing pregnancy drug users: Enhancing flight from care. *Drug and Alcohol Dependence*, 31(3), 199-203. [https://doi.org/10.1016/0376-8716\(93\)90001-7](https://doi.org/10.1016/0376-8716(93)90001-7)
- ³⁵Chavkin, W. (1990). Drug addiction and pregnancy: Policy crossroads. *American Journal of Public Health*, 80, 483-487. <https://ajph.aphapublications.org/doi/10.2105/AJPH.80.4.483>
- ³⁶Schempf, A. H. & Strobino, D. M. (2009). Drug use and limited prenatal care: An examination of responsible barriers. *American Journal of Obstetrics and Gynecology*, 200(4), 412.E1-412.E10 <https://doi.org/10.1016/j.ajog.2008.10.055>
- ³⁷American College of Obstetricians and Gynecologists. (2011). Substance abuse reporting and pregnancy: The role of the obstetrician-gynecologist. <https://www.acog.org/Clinical-Guidance-and-Publications/Committee-Opinions/Committee-on-Health-Care-for-Underserved-Women/Substance-Abuse-Reporting-and-Pregnancy-The-Role-of-the-Obstetrician-Gynecologist?IsMobileSet=false>
- ³⁸National Institute on Drug Abuse. (2005). Drug Abuse and Addiction: One of America's Most Challenging Public Health Problems. <https://archives.drugabuse.gov/publications/drug-abuse-addiction-one-americas-most-challenging-public-health-problems/addiction-chronic-disease>
- ³⁹Health Resources and Services Administration. (2018). <https://www.hrsa.gov/about/news/press-releases/hrsa-awards-12-million-maternal-child-mental-health-programs>



Association of Maternal & Child Health Programs
1825 K Street NW | Suite 250 | Washington, DC 20006
amchp.org