Indian Perinatal Substance Use

Location: Indiana
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Category: Cutting Edge Practice

BACKGROUND
The incidence of Perinatal Substance Use and resulting Neonatal Abstinence Syndrome has risen at an alarming rate since 2000. In a report by the Centers for Disease Control and Prevention (CDC) released in 2012, Indiana ranked among the highest states in both opioid and benzodiazepine prescriptions per 100 persons.¹ In 2014, the Indiana General Assembly charged the Indiana State Department of Health (ISDH) to
- develop a standard clinical definition of Neonatal Abstinence Syndrome and a uniform process of identifying it;
- identify resources needed to educate hospital personnel in implementing an appropriate and uniform process for identifying NAS;
- establish a voluntary pilot program with hospitals to implement appropriate and effective identification, data collection, and reporting related to NAS;
- identify whether payment methodologies for identifying and reporting NAS are currently available or needed.

¹ http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6326a2.htm?s_cid=mm6326a2

PROGRAM OBJECTIVES
In order to best assess and address perinatal substance use in Indiana, accurate data regarding incidence must be collected. This data may be utilized to establish a baseline in quality improvement measures when policies and protocols are implemented. Uniform processes for the identification of, education on, and reporting of Perinatal Substance Use (PSU) and Neonatal Abstinence Syndrome (NAS) is essential for standardization across the state. Rapidly increasing cases of substance use, particularly in the maternal population in Indiana indicate a need for immediate attention to this issue.
Indiana and includes criteria for NAS diagnosis. The infant must:

- Be symptomatic;
- Have two or three consecutive modified Finnegan scores equal to or greater than a total of 24; and
- Have one of the following:
  ✓ A positive toxicity test
  ✓ A maternal history with a positive verbal screen or toxicity test

The NAS Task Force has also succeeded in gathering data for PSU and NAS. From January 1, 2016 through December 31, 2016 a total of 635 umbilical cords were tested for substances throughout the four pilot hospitals. The highest substance detected was opiates at a rate of 22.1%, compared to the national sample rate of 9%. The type of drug being utilized varies geographically. Because we are not conducting universal screening of all babies, we believe this is an underrepresentation of true prevalence. Future discussion among the PSU taskforce may include possible universal screening in a non-punitive environment in order to collect true prevalence of PSU and NAS.

PROGRAM COST
Participation in the pilot program has been entirely voluntary. The only cost resides at each hospital in processing the appropriate drug screens.

ASSETS & CHALLENGES
Support from ISDH as well as collaboration among pilot facilities have been assets throughout the pilot program. Each hospital has shown willingness to share experiences and offer suggestions on moving forward. Consistency in screening methods has been challenging. The current verbal screening tool used by most facilities is the 5 P’s Substance Abuse Screening Tool. All pilot facilities are required to utilize umbilical cord testing as opposed to meconium drug screening.

FUTURE STEPS
The PSU Taskforce plans to continue with data collection through 2017 to establish a view of prevalence of PSU and NAS. The team will also work to establish recommendations for protocols, testing methods, and a PSU/NAS toolkit for use across the state.

COLLABORATIONS
The initial group gathered in response to the request by the General Assembly included representatives from the Indiana Hospital Association, the Indiana State Medical Association, the Indiana Perinatal Network, the Indiana Section of the American Congress of Obstetricians and Gynecologists, the Indiana Chapter of the American Academy of Pediatrics, and the Indiana Chapter of the March of Dimes. This group responded with all deliverables to the Indiana General Assembly, and initiated the Perinatal Substance Use Taskforce. Interdisciplinary teams from four Indiana hospitals collaborated on the initial pilot of programs for screening for PSU/NAS and collecting data on incidence.

PEER REVIEW & REPLICATION
N/A

RESOURCES PROVIDED


**For more information about this program please contact:**
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