Building Bridges: Prioritizing Patients in Substance Use Policy Design

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Objectives

- Identify policy ideas that support patients with SUD during the peripartum period and lactation
- Discuss strategies to implement patient supportive policy in hospital systems and healthcare settings
- Review successes with toxicology testing and lactation support policy changes for patients with substance exposure at local Denver hospitals

Current state: How did we get here?

- Literature published on criteria for toxicology testing is limited and conflicting
- Application of toxicology testing criteria/practices is HIGHLY VARIABLE
- Historical legislation included toxicology testing results (i.e. positives) in the definition of abuse and neglect
  - Punitive approaches have historically been leveraged
- Toxicology test results are often (inappropriately) regarded as indisputable
- Patients with lived experience have not always been included in discussions and decisions for policy development

Indications for Toxicology Testing

Guidance for CO Birthing Facilities

SuPPoRT Colorado
Supporting Perinatal substance use Prevention, Recovery, and Treatment in Colorado

How to use this document:

The following document is intended to serve as best practice guidance for Colorado birthing facilities on clinical best practice principles related to toxicology testing. This template should be used to inform development of a clear and transparent toxicology testing policy at a birthing facility or health system, and can be adopted and/or adapted to meet an individual facility's needs.

Purpose of Best Practice Guidance

1. Through standardization of criteria, this guidance is intended to minimize bias, discrimination, and variability in the use of toxicology testing for pregnant/birthing persons and their infants.
2. Describe limitations of and appropriate clinical indications for toxicology testing in the care of birthing people and infants affected by substance use during pregnancy.
3. This policy is not intended to be overly prescriptive or replace the clinical judgment of providers or the multidisciplinary care team.

Statement of Policy

Systemic social, economic and environmental inequities impact experiences and outcomes related to substance use, pregnancy and/or parenting. Substance use is strongly correlated with individual, historical, and intergenerational trauma, as well as mental health conditions, toxic stress, sexual violence and/or intimate partner violence. Thus, substance use during pregnancy and/or parenting must be understood in this broader context. To decrease inequities, the systems, services, and policies that shape perinatal care must be trauma-informed, culturally-responsive, and serve individuals and families with dignity and respect.

Because of generational anti-Black racism and other forms of bias and discrimination, toxicology testing has criminalized people cared for by our healthcare institutions, and regardless of intention, has resulted in structural and social stigma that has influenced toxicology testing policies. Toxicology policies that are punitive, non-transparent, "risk" based, or rely on indications for testing that are conflated with poverty, have caused harm and have been shown to disincentivize pregnant people from seeking prenatal care and/or substance use treatment, even when desired. Concerning examples of risk-based indications for automatic toxicology testing include: Medicaid insurance, late entry to prenatal care, teen pregnancy, previous child welfare involvement, person in recovery from substance use disorder, history of incarceration, medical conditions that are more prevalent among minoritized birthing individuals such as preterm birth or low birthweight, etc.

The medical care team, administrators, and policy makers, must be educated on how such policies, as well

Concepts in policy that support patients

- Substance use during pregnancy/while parenting must be understood in the broad context of individual, historical, and intergenerational trauma as well as mental health conditions
- Policies for toxicology testing that are punitive, non-transparent, or "risk-based" cause harm
- Multidisciplinary teams should be convened to generate policy and identify individualized care plans for patients impacted by substance use
  - This needs to include patients with lived experience!

Concepts in policy that support patients (continued)

- Toxicology testing has many limitations, and is only one of many tools to identify substance use and guide care
- Leveraging appropriate screening tools universally is best practice
- Positive or negative toxicology tests do not automatically mean the presence or absence of substance use
- Automatic CPS reports for child abuse and neglect are not indicated based on toxicology test results alone!

Trauma-informed care

- Principles
  - Recognize trauma's prevalence and impact
  - Treat all patients as potential trauma survivors
- Approach
  - Strengths-based, emphasizing patient empowerment
  - Prioritize physical, emotional, and psychological safety
  - Offer choice and involve patients in decision-making
- Patient-centered practices
  - Partnership between patient and provider
  - Informed consent and continuous communication
  - Respect patient autonomy and seek permission
- Benefits
  - Minimizes re-traumatization and distrust in healthcare
  - Improves outcomes and experiences
  - Fosters collaboration and empowerment in care

Future state: Where are we going?

- Support, not punishment!
- Foster collaboration between patient and provider
- Resource identification
- Warm hand-off/transitions of care for birthing person and newborn
- Plans of Safe Care

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Institutional Policy- Where to Begin

- Understand your system/facility policy definition – not everything belongs in a policy!
- Does your system/facility have a standard policy development process/committee?
- Do you have a current policy that covers the specific topic or will you be developing from scratch?
- Once you have your topic identified and if you are revising a current policy or writing from scratch:
    - Search local/state/national organizations for best practice recommendations
    - Is there a state organization with an active QI project on the subject that your facility might be able to join to share resources, ideas and best practices?

Strategies for policy implementation- Draft

- Identify Stakeholders
- Draft updated/new policy
    - Does the policy need legal or regulatory review prior to implementation?
    - Can a SME (subject matter expert) be identified outside of the stakeholder group?
    - Depending on the patient population the policy is meant to support, can a patient with a similar lived experience be available to review and provide input?
    - Will this new policy require EMR changes?
    - Identify a process of escalation if there is content the group can't come to consensus on

Strategies for policy roll-out

- Develop education and implementation plan once content is finalized
    - Are all areas/roles impacted by the policy represented in the education/implementation plan?
    - Who/what role will develop education for each area/role impacted?
    - What format will the education be in?
    - Discuss details of new/updated policy and education with unit leaders prior to education roll out

Strategies for policy implementation (continued)

- Set Education Rollout Timeline
- Go Live/Implementation Date
- Things to Consider/Keep in Mind
- Be prepared for feedback, opinions, challenges after implementation!
- Be persistent!

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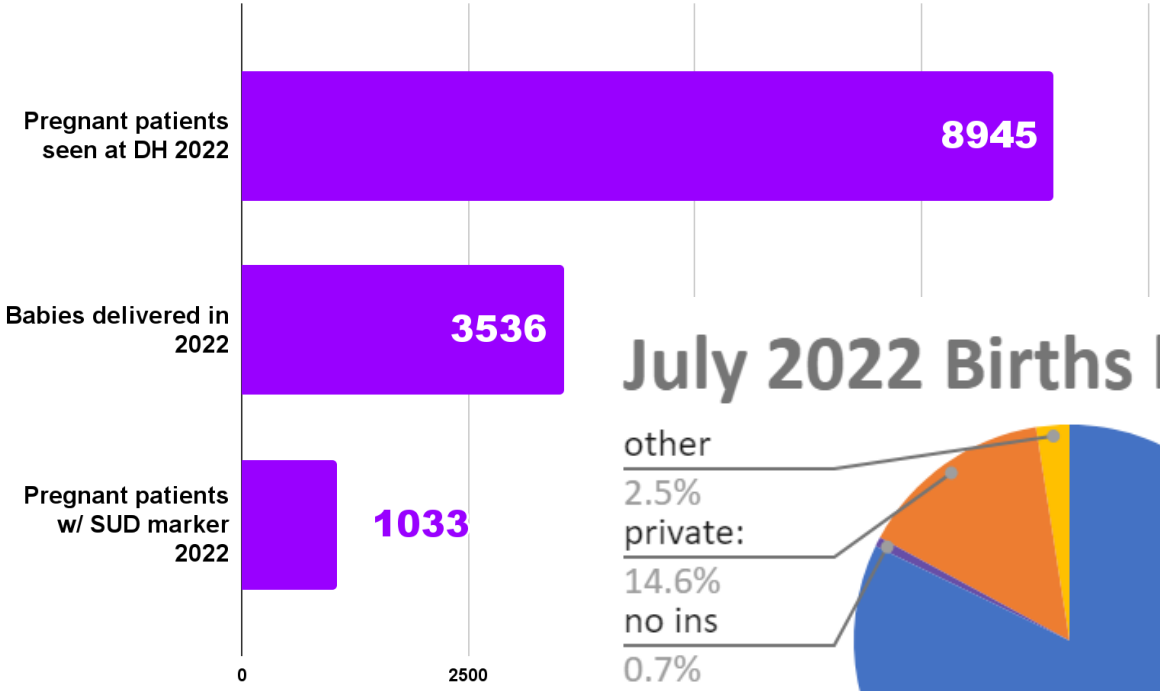
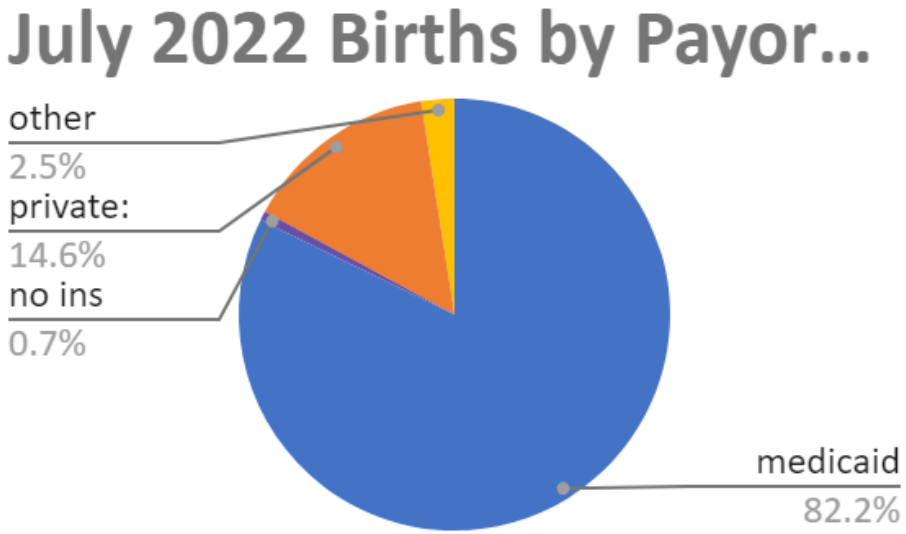
Background

Denver Health





Standardized policy database

PolicyStat

Multidisciplinary Labor and Delivery Unit

MOMS+ and CPCQC initiatives

Why did we make these changes?

1. New guidelines from Academy of Breastfeeding Medicine: Protocol #21 Breastfeeding in the Setting of Substance Use and Substance Use Disorder
2. Updated guidance from CHOSeN and work with Substance Use in Pregnancy QI groups
3. New Data: SUD who are abstaining from SUD or engaged in SUD treatment at presentation are much less likely to resume substance use if able to breastfeed
4. Eliminate stigmatizing language with goal to form therapeutic alliances w/ lactating parents with aim of harm reduction
5. Gender inclusive language

Who was involved in making the changes?
How did we do it?

Multidisciplinary grou

-OB

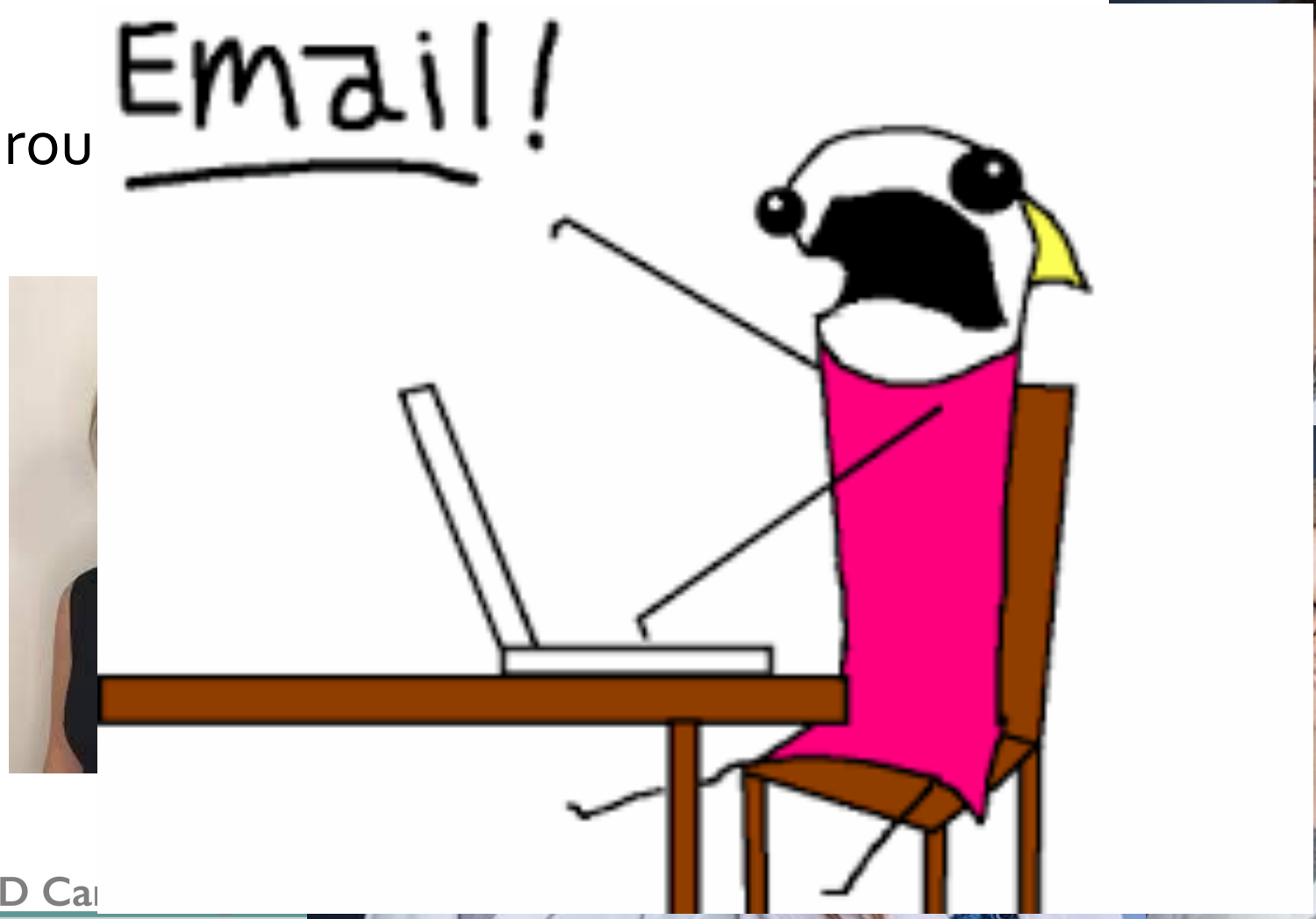
-Nursery/Peds

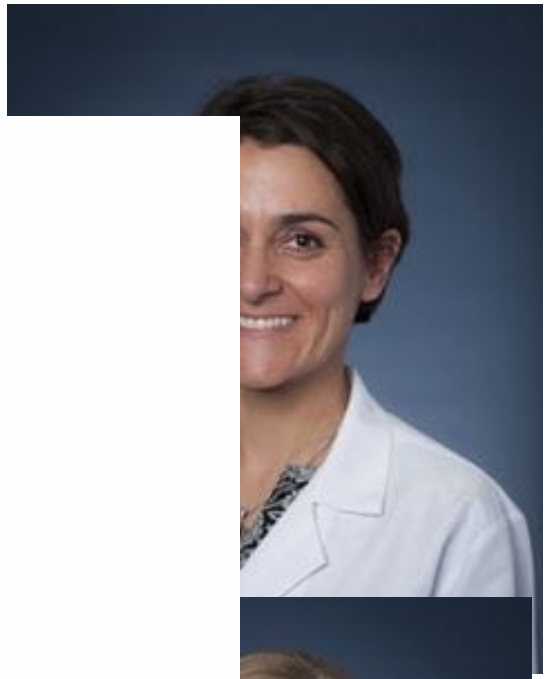
-NICU

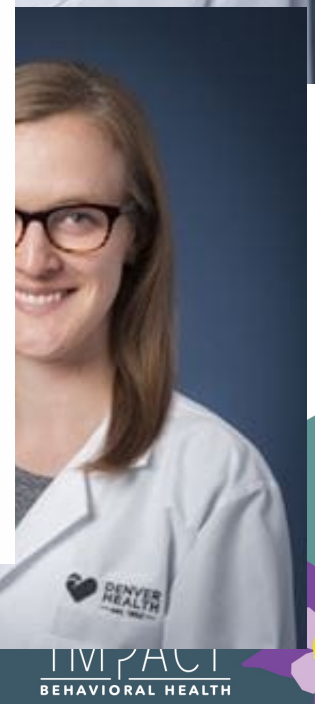
-FM

-Lactation

-SUD experts

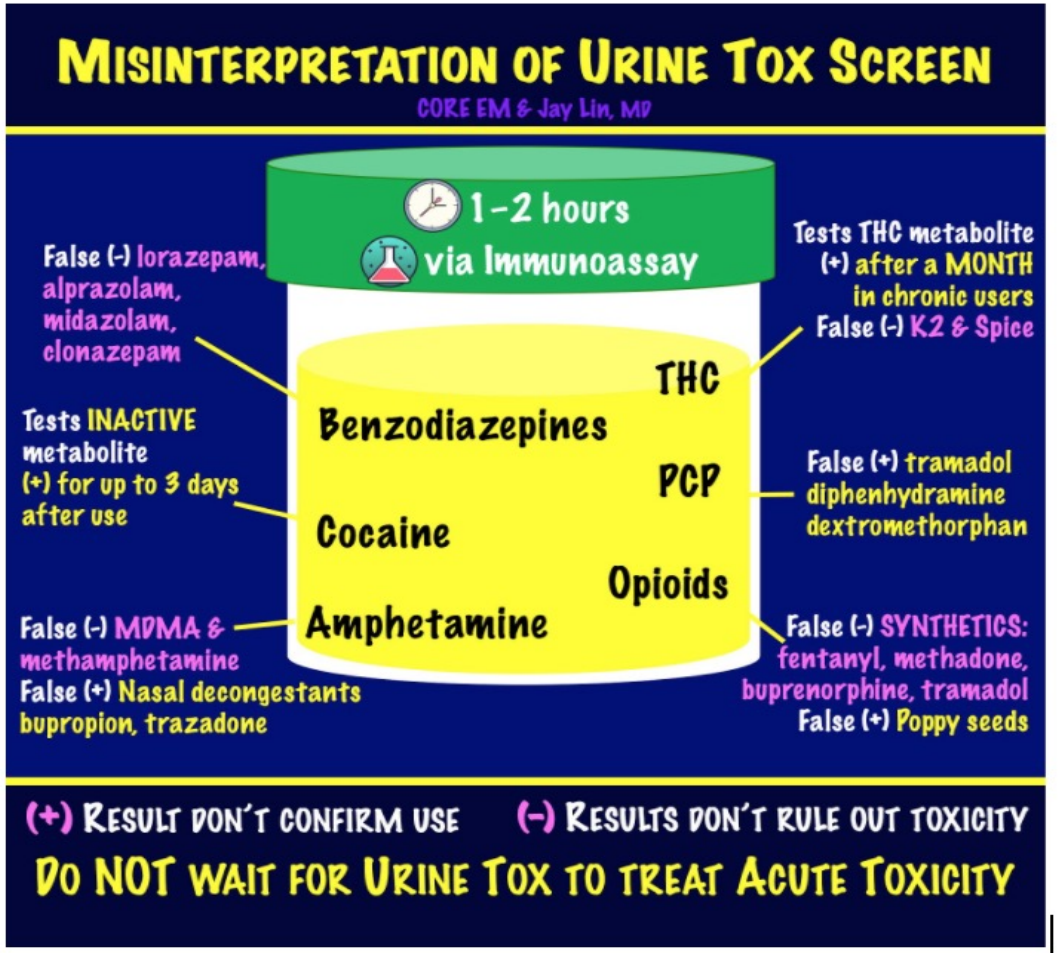






What changed from the old policy?

1. **No tox testing**
   infants or parents recommended or required to breastfeed*
   a. ** unless parent appeared intoxicated or was otherwise required to provide sample at presentation*



https://coreem.net/podcast/episode-180-0-urine-tox-screens/

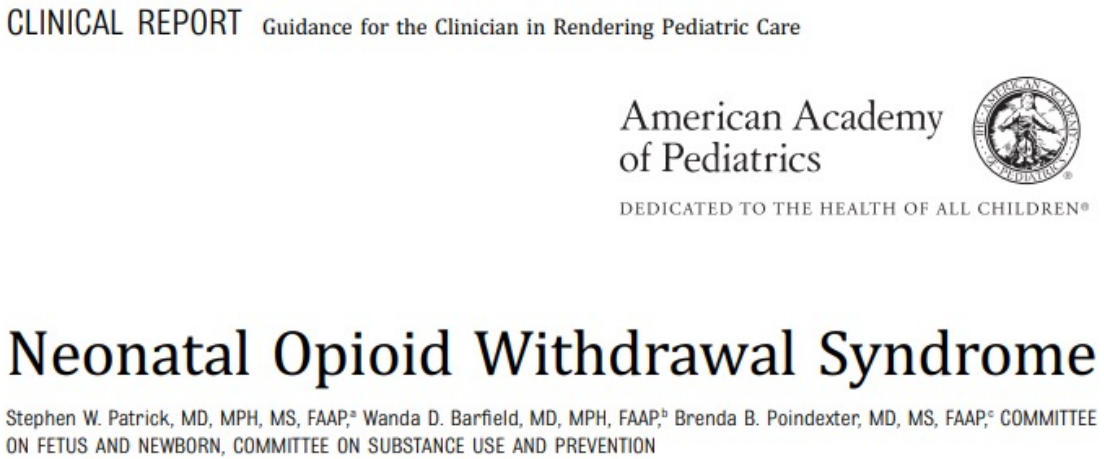
What changed from the old policy?

1. No longer recommends/requires tox testing for infants or parents*
   a. * *unless parent appeared intoxicated or was otherwise required to provide sample at presentation*
2. No reporting to CPS required
   a. **unless concern for harm to infant's health or welfare* (Colorado Statute)

https://www.cpr.org/show-segment/colorado-hospitals-dont-have-to-report-newborns-who-test-positive-for-drugs-as-child-abuse-is-the-law-doing-what-it-intended/

What changed from the old policy?

1. No longer recommends/requires tox testing for infants or parents*
   a. * *unless parent appeared intoxicated or was otherwise required to provide sample at presentation*
2. No longer requires reporting unless concern for harm to infant's health or welfare (Colorado Statute)
3. Encourages breastfeeding to decrease NOWS in parents engaged in SUD programs


CLINICAL REPORT Guidance for the Clinician in Rendering Pediatric Care

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN®

Neonatal Opioid Withdrawal Syndrome

Stephen W. Patrick, MD, MPH, MS, FAAP,[a] Wanda D. Barfield, MD, MPH, FAAP,[b] Brenda B. Poindexter, MD, MS, FAAP,[c] COMMITTEE ON FETUS AND NEWBORN, COMMITTEE ON SUBSTANCE USE AND PREVENTION

[AAP NOWS Recommendations 2020]

What changed from the old policy?

1. No longer recommends/requires tox testing for infants or parents*
    a. * *unless parent appeared intoxicated or was otherwise required to provide sample at presentation*
2. No longer requires reporting unless concern for harm to infant's health or welfare (Colorado Statute)
3. Continues to encourage breastfeeding to decrease NOWS in parents engaged in SUD programs
4. No specific period of abstinence prior to birth to be eligible to provide birth parent milk

21. Substance Use and Breastfeeding (Revised 2023)

[Academy of Breastfeeding Medicine Protocol on SUD #21]

What changed from the old policy?

1. No longer recommends/requires tox testing for infants or parents*
    a. * *unless parent appeared intoxicated or was otherwise required to provide sample at presentation*
2. No longer requires reporting unless concern for harm to infant's health or welfare (Colorado Statute)
3. Continues to encourage breastfeeding to decrease NOWS in parents engaged in SUD programs
4. No longer requires a specific period of abstinence prior to birth to be eligible to provide birth parent milk

5. Encourages decrease of MJ use but does not require complete cessation to receive lactation support

CHOSEN QIC

REVIEW Open Access

Patient caught breastfeeding and instructed to stop: an empirical ethics study on marijuana and lactation

Marielle S. Gross[1], Margot Le Neveu[2], Kara A. Milliken[3*] and Mary Catherine Beach[4]

https://jcannabisresearch.biomedcentral.com/articles/10.1186/s42238-022-00127-y

Abstract

Background: The US guidelines recommend avoiding marijuana during breastfeeding given concerns about infant's neurodevelopment. In this setting, some physicians and hospitals recommend against or prohibit breastfeeding when marijuana use is detected during pregnancy. However, breastfeeding is beneficial for infants and women, and

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2. No longer requires reporting unless concern for harm to infant's health or welfare (Colorado Statute)
3. Continues to encourage breastfeeding to decrease NOWS in parents engaged in SUD programs
4. No longer requires a specific period of abstinence prior to birth to be eligible to provide birth parent milk
5. Encourages decrease of MJ use but does not require complete cessation to receive lactation support
6. Recommends against breastfeeding if active illicit substance use or frequent/heavy MJ or alcohol use

No person denied lactation support

What changed from the old policy?

1. No longer recommends/requires tox testing for infants or parents*
   a. * *unless parent appeared intoxicated or was otherwise required to provide sample at present*
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4. No longer requires a specific period of abstinence prior to birth to
5. Encourages decrease of MJ use but does not require complete ces
6. Continues to recommend against breastfeeding if active illicit subs use
7. Does not deny any person the opportunity to have lactation suppo

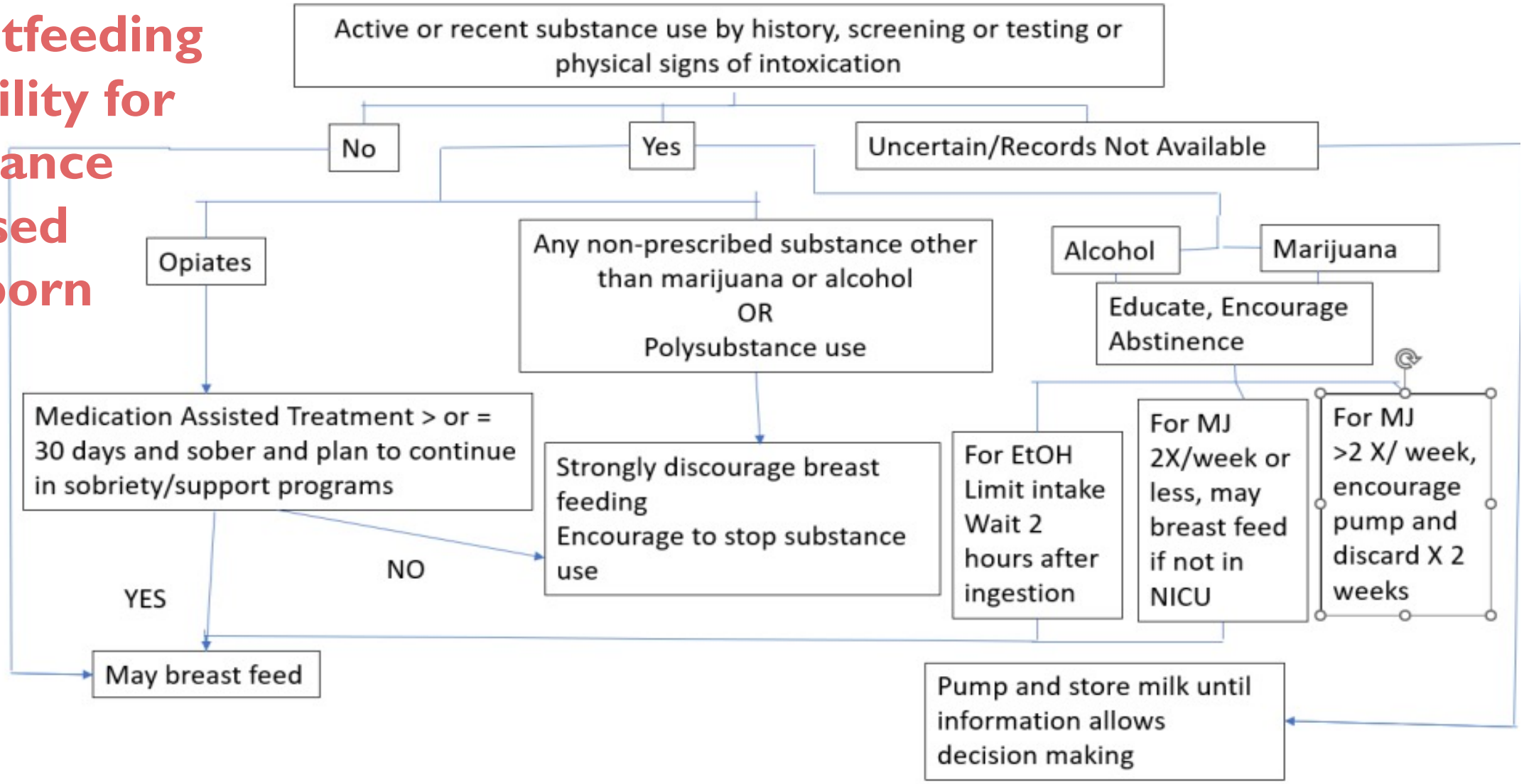
8. Gender inclusive language (birth parent, lactating parent)

ABM Clinical Protocol #33:
Lactation Care for Lesbian, Gay, Bisexual, Transgender, Queer, Questioning, Plus Patients

Rita Lynne Ferri,[1] Casey Braitsch Rosen-Carole,[1–3] Jason Jackson,[1,2] Elizabeth Carreno-Rijo,[1,2] Katherine Blumoff Greenberg,[1–3] and the Academy of Breastfeeding Medicine

ABM Protocol #33 Link

Breastfeeding Eligibility for Substance Exposed Newborn



Revised, October 2023

Summary points

- Policies should be created with the goal of supporting patients.
- Policy implementation at the institutional level requires planning and strategies for success but can be done even at a large scale!
- Thoughtful patient supportive policies can be created using multidisciplinary team input and following guidance from national and local expert organizations.

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References

- SuPPORT Colorado. Indications for Toxicology Testing in Colorado Birthing Facilities. https://illuminatecolorado.org/wp-content/uploads/2024/03/FINAL-Indications-for-Toxicology-Testing_-Best-Practice-Guidance-5.pdf
- Colorado Toxicology Reporting Law Update from MOMs+
- Academy of Breastfeeding Medicine: Protocol #21 Breastfeeding in the Setting of Substance Use and Substance Use Disorder
- Academy of Breastfeeding Medicine: Protocol #33 Recommendations for Care of LGBTQ+ People
- AAP NOWS Recommendations 2020