

 <b>GREENBRIER VALLEY</b> MEDICAL CENTER	<b>Policy No.: OB S-11</b>  <b>POLICY: Substance Abuse Evaluation and Management</b>
<b>Date of Original: 1/04</b>	<b>Department: Obstetrics/Labor and Delivery</b>
<b>Revision Dates: 2/04; 2/09; 1/2010</b>	<b>Review Dates: 12/05; 2/09; 1/2010</b>

**PURPOSE:**

To provide criteria for newborns of mothers for suspected substance abuse to be evaluated/tested.

**POLICY:**

To ensure evaluation/testing of maternal substance abuse for a safe, positive neonatal outcome.

**PROCEDURE:**

1. Newborns are considered at risk if any of the Mother meets the following criteria apply:
  - a. No prenatal care;
  - b. Intermittent or inconsistent prenatal care (or less than 5 visits);
  - c. Maternal history indicative of substance abuse (use direct questioning about legal and illicit drug and/or alcohol use);
  - d. Maternal history of substance abuse;
  - e. Maternal history of participation in substance abuse treatment program;
  - f. Observation of unusual behavior in mother and/or infant.
  - g. Unanticipated delivery outside of the hospital.
  - h. Drop in delivery (hospital/doctor hopping)
  - i. Abruptio placenta
  - j. Maternal admission to drug or alcohol use during pregnancy
  - k. Positive drug screen anytime during previous admissions or prenatal office.
  - l. Unexplained preterm labor

Or if Infant meets the following criteria:

- a. Unexplained premature delivery
  - b. Unexplained small for gestational age
  - c. Unexplained small head circumference
  - d. Unexplained seizures, intracranial bleeds, or strokes.
  - e. Unexplained symptoms that might suggest drug withdrawal
  - f. Unexplained congenital malformations involving genitourinary tract, abdominal wall or gastrointestinal systems.
2. If a mother or newborn meets any of the above criteria, the mother's physician will be contacted and the mother will be considered for a substance abuse screen.
  3. The mother's physician will inform the mother of the drug screening procedure, and obtain a informed consent. If further screening is needed on the newborn, the Pediatrician will inform the mother of the need to perform further screenings. .
  4. If the infant is suspected of active withdrawal due to the mother's history, positive substance abuse screen or by newborn's symptoms: Nursing interventions to support the newborn experiencing withdrawal will be implemented; the infant will be monitored by use of the Modified Finnegan's Scoring System for Neonatal Withdrawal, (see the Neonatal Abstinence syndrome (NAS) Policy). Notify the physician of any signs and symptoms and report scoring system, or of the mother's positive substance abuse screen and request an order for substance abuse screen on baby.
  5. Notify the Case Manager and Department Nurse Manager if the newborn is suspected at risk based on criteria above.
  6. If substance abuse screen is positive:
    - a. Make sure lab sends substance abuse screen out for "confirmation" (call Lab).



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- b. Notify physicians involved and designated Case Manager and Department Nurse Manager of positive screen.
  - c. Case Manager will notify the Department of Human Services, Child Protection Services of the positive substance abuse screen on newborn.
  - d. Encourage mother-baby interaction, i.e., facilitate the mother's caring of the baby as much as possible. Consideration should be given to having the mother provide 24-hour TOTAL CARE of the infant under the hospital nursing supervision.
7. **The mother should not breast-feed the baby if either of them have a positive substance abuse screen. Educate the mother about this policy and the risks associated with breast-feeding under these circumstances. Encourage the mother to bottle-feed the infant. If the mother refuses and attempts to breast-feed the baby, notify the Case Manager and Department Nurse Manager immediately.**
8. Clear and factual nursing documentation will be entered in the patient notes, i.e., time physician was called and what was reported, orders given, etc. Case managers will document in chart the reporting of positive screen and follow up progress.
9. Ensure that all members of the health team (pediatrician, primary nurse, Case Manager, and Department Nurse Manager) document and communicate status on an ongoing basis. If the situation warrants, a team meeting may be initiated.
10. The preferred method of drug testing in the newborn is sending a segment of the cord for Toxicology. Using gloves cut a 6- 8 inch segment of the cord and wash under tap water to remove all blood. Use the Medtox provided specimen cups and apply provided seal to the edge of the lid. Apply ID label to the cup. Fill out the Chain of Custody form from Medtox and sign. Put specimen and the Custody form into the provided bio-bag. Put this bag into the shipping Bag that is provided by Medtox and take to the lab for shipping, do not seal shipping bag. After obtaining an order from the pediatrician, enter order for the cord segment on the newborn in the computer system and document in the nurses notes the cord segment was sent to the lab with the chain of custody form.
11. If the cord cannot be salvaged the second preferred test is the meconium. All of the meconium should be sent. Collect the meconium in the Medtox provided cup and close lid and label correctly. Keep the specimen container in the specimen refrigerator until all meconium has passed. Add meconium as needed until the transitional stool appears. Educate the mother to call the nurse if the infant passes meconium stool. Fill out the chain of custody form and seal the lid when specimen is complete. Put the specimen and forms in provided bag and put all inside the provided shipping bag. Send to the lab in the provided mail bag with a shipping label inside bag, and do not seal shipping bag. Obtain the order for the meconium testing and enter into the computer system and make note of specimen sent in the nurses notes.
12. The lab staff will send reports of the test to the OB Director, Pediatrician and Medical Records on receiving the drug test results of patients that have been discharged.



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References: The West Virginia Code 49-1-3 (a), states, " Abused child" means a child: (A) Whose health or welfare is harmed or threatened by: (1) A parent, guardian or custodian who knowingly or intentionally inflicts, attempts to inflict or knowingly allows another person to inflict, physical injury or mental or emotional injury, upon the child or another child in the home.

The West Virginia code 49-1-3- (h) (1), states, "Neglected child" means a child: (A) Whose physical or mental health is harmed or threatened by a present refusal, failure or inability of the child's parent, guardian or custodian to supply the child with necessary food, clothing, shelter, supervision, medical care of education, when such refusal, failure or inability is not due primarily to lack of financial means of the part of the parent, guardian, or custodian.

**APPROVALS:**

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**OB/NBN Director**

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**Chief Nursing Officer**

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**Chair of Obstetrics/Gynecology**  
**Robert L. Wheeler, M.D.**

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