

SCREENING FOR DRUG AND ALCOHOL USE: A SURVEY OF WISCONSIN OBSTETRICAL AND FAMILY MEDICINE GROUPS

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Background



Substance use continues to disrupts today's society. This is being reflected in increased use of alcohol and/or drug use in pregnancy. The prevalence of drug use has increased since a study in Wisconsin in 1998 demonstrated at a rate of 3.1% (1). The latest survey completed in 2016 by the National Survey of Drug Use and Health (NSDUH) demonstrated a rate of closer to 6.3% in pregnancy in the United States (2). A recent prevalence study conducted at Gundersen Health System in 2012 showed a rate double that, close to 13% (3). While the prevalence of alcohol or drug use in pregnancy has increased, screening for use continues to be variable.

The American College of Obstetricians and Gynecologists (ACOG) and the American Society of Addiction Medicine (ASAM) have released a joint document calling for screening of all pregnant patients with validated screening questionnaires instead of universal urine drug screening. This list includes, but is not limited to, the 4 P's and 4 P's Plus, NIDA Quick Screen, CAGE questionnaire, SURP-P, and CRAFFT questionnaires.



Research Objectives

This project aimed to better understand the drug and alcohol screening techniques used for pregnant patients by obstetric and family medicine practices in the state of Wisconsin. Information from this survey will be used to develop educational materials and programs regarding the screening tools which may help broaden implementation of these surveys in the state of Wisconsin and beyond, ideally leading to better screening techniques for drugs and alcohol use during pregnancy.

Methods

A survey of limited size was created by the research team to address our research question. This survey was to be directed at nurse leaders of obstetrical practices throughout the state of Wisconsin to identify the screening tools used in their practices. The survey consisted of four questions with one pop-up question. Participants were asked how their provider group screens patients for drug and/or alcohol use during pregnancy. If they do not screen, they were asked to explain why in a free-text box. This survey was created via the Wisconsin Perinatal Quality Collaborative and distributed via email to obstetrical practices through the Wisconsin Associated of Perinatal Care (WAPC). It was also provided in written format at the annual conference of WAPC in April 2019.



Survey results were routed to our colleagues at WAPC who tracked responders and deidentified the results before they were sent to the research team. Survey results were then gathered and organized by the research team over the course of 10 weeks until nearly half of the surveys were returned and response to follow-up emails had ceased.

Results

A total of 37 responses were recorded of the 75 surveys sent to obstetrical practices, which resulted in a 49.7% response rate. Based on survey responses, the following provider demographics are represented in our survey results; 255 obstetricians, 173 family medicine physicians, 98 certified nurse midwives, 20 physician assistants, and 3 psychiatrists.

Screening Tool Used	Number of Group (of 30)
4 P's	1
4P's Plus	6
AUDIT-C	2
CAGE	4
NIDA Quick Screen	3
TWEAK	1
NAS Policy	1
Boden	1
US AUDIT 1-3	1
Other	10

Table 1. Types of screening tools used by obstetrical groups

Discussion & Future Work

The results demonstrate the majority of providers responding to our survey are screening their patients (81.1%). Even though 8 in 10 are screening their patients, there is a discrepancy between the types of screening methods used. The screening methods listed in Table 1 reflect the validated tools available that have been published in obstetrical literature, however one-third of responders are not using one of these validated tool.

The authors hope to educate the state of Wisconsin and beyond of this data regarding validated screening tools for drug and alcohol use in pregnancy and allow this survey to be a spark for health systems throughout the state to begin and implement a validated tool in their obstetrical practice.

References

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Acknowledgements

Thank you to Dr. Schaubberger and staff at Gundersen Health System for their help with this project. I'd also like to thank Kyle Mounts from WAPC for his expertise and support during this project as well.