

Maryland  
Substance Exposed  
Newborn  
Tool Kit

*This toolkit was a collaborative project of Maryland Department of Human Services, Social Services Administration (SSA) and Maryland Department of Health, Behavioral Health Administration, with in-depth technical assistance from the National Center on Substance Abuse and Child Welfare (NCSACW).*

*The purpose of the toolkit is to educate the public, including, community service providers, local agencies, and health professionals, as to best practices for supporting substance exposed newborns and families impacted by substance use. This toolkit provides information and concrete suggestions to support decision making, development of local tools (such as a Plan of Safe Care), and help to inform the development of new practices and procedures to support the overall well-being of pregnant women with substance use disorders and newborns affected by prenatal exposure to substances along with families impacted by parental substance use as agencies and providers implement Family Law Article § 5-704.2.*

*This toolkit is not a substitute for or amendment of any SSA policy or an endorsement of the resources provided.*

## Table of Contents

Medical and Behavioral Health Providers Considerations in Prenatal care	page 4
What is a Plan of Safe Care (POSC)?	page 6
How Treatment Providers Support the POSC	page 7
Guiding Principles for a Plan of Safe Care	page 8
Maryland Reporting Requirement for Substance-Exposed Newborn (SEN)	page 9
Maryland Substance Exposed Newborn Assessment Process	page 11
Tools:	
• Prenatal Plan of Safe Care Template	page 13
• Substance Use and Mental Health Screening Tools	page 19

### [APPENDIX A: Example Consent: 42 CFR Part 2 and Hipaa](#)

## Medical and Behavioral Health Providers Considerations in Prenatal care

### **Screening for Substance Use<sup>1</sup>:**

Prenatal screening, when the outcome of the pregnancy can still be affected, is critical. A verbal screening tool for substance use is an easy-to-administer, evidence-based tool that will identify most people at risk of a substance use disorder. Individuals who appear at risk can then be further assessed for actual substance use disorders. Several examples of standardized questions and/or questionnaires for conducting substance use screenings utilizing best practices are included in the Tools section of this toolkit.

Screening for any substance use, as well as for alcohol and tobacco use, is crucial and should occur at every woman's initial prenatal visit, at least once during every trimester, and at the postpartum visit. Screening based on selective risk factors may lead to missed cases and can exacerbate stigma and stereotyping<sup>2</sup>.

Counseling about the risks of using substances during pregnancy, both lawful (prescribed) and unlawful (not-prescribed/not as prescribed), even if the screening is negative, is important since the first screen may not identify everyone.

Counseling educates a woman to prevent her from engaging in behavior risky to her newborn. Early intervention involves discussing concerns with a pregnant woman and beginning the process of further evaluation and/or treatment if appropriate.

### **Toxicology Testing:**

Policies and practices vary regarding the testing of pregnant women and newborns for evidence of substance exposure. Currently, there are no federal or state mandates for universal testing of pregnant women and newborns; however, universal testing with a set panel of substances including marijuana, methadone, and Buprenorphine could ensure that health care professionals (HCPs) identify prenatally exposed newborns. The American College of Obstetricians and Gynecologists (ACOG) recommends the universal use of verbal screening and testing tools only with the patient's consent and only to confirm suspected or reported substance use. Hospitals might also consider implementing policies to aid in defining criteria for "suspected substance use." ACOG also recommends all positive urine tests be followed by with a definitive drug assay<sup>3</sup>. Hospitals are encouraged to develop universal screening and testing policies with criteria driving the decision and procedures clearly outlined in policy, i.e., lack of prenatal care, history of births with substance use exposure.

---

<sup>1</sup> Adapted from: *Substance Use In Pregnancy, A clinician's Toolkit for Screening, Counseling, Referral and Care* developed by the Regional Perinatal Advisory Group in Baltimore County, MD (June 2014)

<sup>2</sup> Wright TE, Terplan M, Ondersma SJ, et al. The role of screening, brief intervention and referral to treatment in the perinatal period. *American Journal of Obstetrics and Gynecology* 2016; 215:539-547

<sup>3</sup> <https://www.acog.org/-/media/Departments/Government-Relations-and-Outreach/NASToolkit.pdf>

### **Maternal Engagement in Treatment and Recovery:**

Understanding a mother's current engagement and progress in substance use recovery can support HCPs in their understanding of the risks posed to a newborn. A mother who has no substance use issues or who is fully engaged in appropriate treatment and in documented compliance with medical and/or behavioral health treatment does not pose the same risk as a mother who is not in effective treatment for a substance use disorder or whose treatment provider has expressed concerns about progress in care.

Understanding a woman's current engagement in treatment requires that healthcare staff or hospital social workers obtain the proper consent and communicate with external treatment professionals (e.g. OBGYNs, primary care physicians, behavioral health professionals). A sample consent form is included in the Tools section of this Toolkit.

Some questions HCPs may consider asking about a mother's substance use and mental health treatment:

- ✓ How long has the mother or caregiver been in treatment?
- ✓ Has the mother or caregiver experienced any recent relapses?
- ✓ Is the mother or caregiver progressing in treatment or are there any concerns?
- ✓ Does the mother or caregiver intend to continue treatment after the birth of the child?
- ✓ Does the counselor have any concerns about the mother's or caregiver's ability to parent, including whether the mother might:
  - React unreasonably to the newborn;
  - Withhold affection for or attention to the newborn;
  - Be unable to respond to the newborn in manner consistent with the newborn's development;
  - Lack parenting knowledge, skills, or decision-making necessary to assure newborn's safety that have long term consequences or place the newborn at imminent risk of danger;
  - Have an inability to care for and meet the basic needs of the newborn including medical care, food, clothing, shelter, supervision, and a safe functional environment;
  - Have an inability to control own emotional or physical behavior due to impaired functioning that may be influenced by or associated with, substance use;
  - Not receive ongoing psychiatric intervention when indicated; or
  - Be unable to undergo treatment for a substance use disorder while managing the needs of a substance-exposed newborn.

## What is a Plan of Safe Care (POSC)?

All substance exposed newborns, as defined above, must have a POSC. The POSC is a multidisciplinary family plan that addresses the needs of the infant and the infant's affected family members or caregivers. The POSC is ideally based on a comprehensive and multidisciplinary assessment that is coordinated across different organizations. The POSC is intended to be a living document to address the needs of the family, ensure family supports, and facilitate ongoing medical and behavioral health care services.

The law requires that a POSC be implemented when a newborn's substance exposure is detected at birth; however, ideally, treatment providers (e.g. behavioral health, HCPs, etc.), or others working with a pregnant woman, could begin to implement a prenatal POSC during pregnancy when a woman's use of a controlled substance is detected. For example, a prenatal POSC could be used to support a pregnant woman receiving Medication Assisted Therapy (MAT) to address a substance use disorder or receiving a medication to manage a need unrelated to the pregnancy (e.g. mental health issue, seizures, or palliative care). A MAT counselor or prescribing HCP could develop and implement the POSC. Other providers such as home visitors, behavioral health professionals, primary care physicians, or OBGYNs could also develop and oversee a POSC.

## How Treatment Providers Support the POSC

As discussed throughout this document, the POSC is a multidisciplinary tool to support families of newborns who have been prenatally exposed to substances. While not required by legislation, providers can implement a POSC during the prenatal period. Substance use disorder treatment providers, home visitors, OBGYNs and others working with mothers during the prenatal period can oversee the POSC until it is passed off to child welfare at birth. Similarly, the POSC developed by child welfare during SEN assessment can be handed back to the provider after their assessment and/or services provided by child welfare ends.

Following is a list of considerations for working with pregnant women and affected family and caregivers in the POSC:

**Develop and Coordinate a prenatal POSC:** Whenever possible, health care, behavioral health or other treatment providers should initiate and begin developing a **POSC prior to the birth of the newborn** in order to encourage parental engagement and facilitate communication among providers. If you are working with a pregnant woman with a substance use disorder, develop and implement a POSC. The POSC can cover the woman's substance use disorder treatment needs, mental health treatment needs, the need for safe housing, and the need for assistance in preparing for having a newborn. The plan can be shared with all providers working with the woman during pregnancy including medical team. Substance use disorder providers may be the best choice for overseeing the prenatal POSC. In building on a collaborative approach, the prenatal POSC should be shared with the LDSS caseworker who can build on that plan. Services and supports put in place during pregnancy may improve birth outcomes and diffuse a crisis-oriented response at the time of birth.

**Prepare pregnant women engaged in behavior health treatment for the birth of newborn:** For those providers working with pregnant women, consider developing a birth package that mother can take with them to the hospital. The package can include information about substance use disorder treatment engagement, signed consents for release of protected substance use disorder treatment information, and a copy of the prenatal POSC. Additionally, providers are encouraged to discuss with pregnant women Maryland's child welfare reporting requirements and SEN assessment. SSA's brochure, "What You Should Know: Services for Substance Exposed Newborns and Families" can guide providers during this discussion. The brochure available on DHS's website.

**Share the POSC with the local department of social services (LDSS) at the birth event:** the LDSS will be developing a POSC after the birth. To support LDSS and to provide the most important information, obtain the appropriate consent and share any prenatal POSCs with the LDSS.

**Continue to support the family after the assessment period ends:** The SEN assessment period may wrap up before the family completes the goals of the POSC. With written consent, providers can receive the POSC from LDSS and continue working with the family towards the established goals.

## Guiding Principles of POSC

- The POSC should be based on a comprehensive multidisciplinary assessment and be coordinated across the multiple agencies and providers involved in caring for the mother and newborn. The POSC should address the needs of the family, ensure family supports, facilitate ongoing and follow up medical and behavioral health services, and address safety needs.
- The child's parents and/or caregivers should be actively engaged in developing the POSC.
- Services should be family-focused to assess the needs of each family member as well as the family's overall functioning and well-being. The POSC should build on an understanding of individual family members' strengths, challenges, and parenting capacity.
- The prenatal POSC should ensure that parents, family members, or other caregivers are capable of safely caring for the infant and specify with whom the newborn will be discharged from the hospital.
- In order to ensure that POSCs are living documents, provide a "warm-handoff" between the LDSS caseworker, behavioral health providers, and other health and social supports so there is no lapse in services and family members can continue to be engaged and able to participate in services.
- The LDSS is required to complete a POSC for every SEN assessment and to monitor the Plan throughout the life of the case.
- The POSC should include plans to follow up with and monitor the family following the birth of the child and identify who will provide that follow-up, along with the form and timing of the follow-up. Follow up plans can include home visitation, indicated behavioral health services (including MAT), or medical care. Follow up plans should always be individualized to a specific family.
- The POSC should include an assessment of the newborn's developmental needs, if applicable, along with specific direction regarding referral for services including early intervention services.
- The POSC should comply with applicable confidentiality statutes and regulations regarding medical, substance use treatment, mental health treatment, and social services records, and to the extent possible, be accessible to participating agencies and providers with the appropriate privacy safeguards. Professionals working with the mother, family, and other caregivers should routinely request that parents, family members and other adults involved in providing care to a newborn sign releases of information so that providers are able to share information.



## Maryland Reporting Requirement for Substance-Exposed Newborns

The Comprehensive Addiction and Recovery Act of 2016 (CARA) (P.L. 114-198) amended the Child Abuse Prevention and Treatment Act (CAPTA) to require States to develop a Plan of Safe Care (POSC) for all newborns that are: a) affected by their mother's use of a controlled substance, lawful or unlawful; b) experiencing withdrawal from a controlled substance; or c) showing signs of a Fetal Alcohol Spectrum Disorder (FASD). The law requires that the POSC address not only the treatment needs of the infant but also the needs of the affected caregivers and families, including the need for substance use disorder treatment.

In compliance with this federal law, Maryland law (Annotated Code of Maryland, Family Law Article § 5-704.2) requires that healthcare providers (HCP) involved in the delivery or care of a newborn notify the LDSS both verbally and in writing, if a newborn is substance exposed. Verbal reports must be made as soon as possible; written reports must be made no later than 48 hours after the contact, examination, attention, treatment, or testing that prompted the report. In addition to these notification requirements, the statute requires that these affected infants receive a Plan of Safe Care.

Maryland defines a substance exposed newborn as a child under the age of 30 days who:

- Displays a positive toxicology screen for a controlled substance as evidenced by any appropriate test after birth;
- Displays the effects of controlled drug use or symptoms of withdrawal resulting from prenatal controlled drug exposure as determined by medical personnel; or
- Displays the effects of FASD.

In recent amendments, the statute was modified to provide that HCPs are **not** required to notify a LDSS about a substance exposed newborn if:

- The healthcare provider (HCP) has knowledge that another individual at the institution has reported the substance exposed newborn;

OR

- The HCP has verified at the time of delivery that the newborn's mother was using a controlled substance as currently prescribed for the mother by a licensed health practitioner; AND
- The newborn does not:
  - appear to be affected by substance abuse;
  - display the effects of withdrawal from the controlled substance as determined by medical personnel; or
  - display the effects of Fetal Alcohol Spectrum Disorder.

The terms, "affected by substance abuse" and "displays the effects of controlled drug use" are not defined in statute. As a result, medical personnel are responsible for making these determinations based on their expertise. Medical personnel would likely make a determination after observing or otherwise detecting signs in a newborn that are more likely than not attributable to maternal prenatal use of a controlled substance. This determination may be informed by the results of maternal toxicology testing at birth.

The Department developed a resource, Health Care Providers' [Substance Exposed Newborn Referral Guide](#), for HCP's working with newborns and their caregivers. The guide provides a visual representation of the sequence of steps and decisions needed to determine whether a HCP should make a SEN notification to the LDSS. The guide includes the updates to the law made in 2018, altering the reporting requirements. The guide available on DHS' website.

## Maryland SEN Assessment Process

In making the mandatory report of a SEN, HCPs are encouraged to utilize the [State of Maryland-Child Protective Services Report of Substance Exposed Newborn form \(DHR/SSA2079\)](#) available on DHS' website and, to the extent known, include the following information:

- Name and home address of the newborn's parents or caregivers
- Results of any toxicology screening of the newborn
- Any information regarding the mother's use of a prescribed drug and whether the mother's use appeared to be consistent with any known treatment or prescription
- The nature and extent of any impact alcohol or substance use appears to have had on the mother's ability to provide proper care and attention to the newborn
- The nature and extent of the risk of harm to the newborn
- Any other information that would support a need for prompt assessment of risk and safety, the development of a POSC for the newborn, and referral of the family to appropriate services.

### ***LDSS Assessments***

The LDSS must conduct an assessment on all notifications of Substance Exposed Newborns that are screened in as meeting the criteria for notification and will:

- Make an initial contact with the mother and assess the newborn and mother within 48 hours to complete Safety Assessment for Every Child (SAFE-C) and complete an Alcohol and Other Drug (AOD) Assessment
- Assess all other children in the home and any individual responsible for the care of the newborn within 5 calendar days of case acceptance
- Make a home visit prior to or at the time of the newborn's hospital discharge
- Complete the MD Family Risk Assessment and the Child and Adolescent Needs and Strengths – Family Version (CANS-F) within 30 days of case acceptance
- Address safety concerns and discuss with the parents or caregivers what services would support the family
- Engage the parents in a discussion of treatment needs and in the development of a preliminary plan of required services and treatment and how those services can be obtained.

### ***The LDSS must develop a POSC for the newborn and affected caregiver(s):***

- The LDSS should complete an assessment within 30 days or, if not possible, within 60 days, to determine the safety and risk to the newborn; identify and provide the newborn, parent, caregivers or other family members support services; specify what, if any, continued services with the agency will be recommended.
- The LDSS will continue to monitor safety and service needs of the infant, caregiver(s), and family throughout the life of the case with the agency.

# Tools

## Prenatal Plan of Safe Care

**INTRODUCTION:** This Plan of Safe Care (POSC) is being developed to ensure that necessary services and supports are in place for the mother, newborn, family, and other caregivers of the newborn. The POSC is developed by gathering information from the mother and her family, from the birthing hospital medical record and social worker notes, as well as input from community partners involved in supporting the mother and infant. A copy of this POSC will be shared with the identified “Plan Participants” in this document with the consent of the family.

Family Member	Name	DOB	Contact Number	Address:
Infant			<u>N/A</u>	<u>Discharged To:</u>
Substances Exposed to:				<u>Discharge Date:</u>
Mother				
Father				
Other Primary Caretaker				

The POSC Coordinator will be the primary point of contact for the family and Plan Participants during the development and implementation period. -The POSC Coordinator will share information, with informed consent, with the Plan Participants. In most cases, the **POSC Coordinator after birth will be the LDSS worker**. During the prenatal period, the coordinator may be a substance use disorder treatment counselor or other provider

<b>POSC Coordinator</b>
Name and Agency:
Phone:
Email:

**PLAN OF SAFE CARE Participants**

Plan Participants for Infant and Family Care: The Plan Participants are the partners involved in the development and implementation of the POSC. All identified Plan Participants below will receive a copy of this POSC from the POSC Coordinator. Not all families will need all listed participants.

Role:	Name & Org	Phone	Email
POSC Developer (if different from Coordinator)			
Hospital Social Worker/Nurse			
LDSS Child Welfare Worker			
Infant's Primary Care Doctor			
Infant Specialty Care Doctor			
Infant's MCO Coordinator			
Home Visitor			
Mother's SUD or MAT Provider			
Father/Primary Caregiver SUD or MAT Provider			
Mental Health Provider			
Other:			

**Child Health Needs and Referrals**

<b>Health Needs</b>	<b>Referral Agency Information:</b>	<b>Outcome:</b>
<input type="checkbox"/> Exposure and Withdrawal	Agency Referred to: Date Referred:	<input type="checkbox"/> Attended Appt <input type="checkbox"/> Did Not Attend Appt <input type="checkbox"/> Ongoing Services Indicated: Describe:
<input type="checkbox"/> Developmental Needs:	Agency Referred to: Date Referred:	<input type="checkbox"/> Attended Appt <input type="checkbox"/> Did Not Attend Appt <input type="checkbox"/> Ongoing Services Indicated: Describe:
<input type="checkbox"/> Other Medical Conditions	Agency Referred to: Date Referred:	<input type="checkbox"/> Attended Appt <input type="checkbox"/> Did Not Attend Appt <input type="checkbox"/> Ongoing Services Indicated: Describe:
<input type="checkbox"/> Other Infant Needs	Agency Referred to: Date of Referral	<input type="checkbox"/> Attended Appt <input type="checkbox"/> Did Not Attend Appt <input type="checkbox"/> Ongoing Services Indicated: Describe:

**Multiple Births (if applicable): Health Needs and Referrals**

<input type="checkbox"/> Exposure and Withdrawal	Agency Referred to: Date Referred:	<input type="checkbox"/> Attended Appt <input type="checkbox"/> Did Not Attend Appt <input type="checkbox"/> Ongoing Services Indicated: Describe:
<input type="checkbox"/> Developmental Needs:	Agency Referred to: Date Referred:	<input type="checkbox"/> Attended Appt <input type="checkbox"/> Did Not Attend Appt <input type="checkbox"/> Ongoing Services Indicated: Describe:
<input type="checkbox"/> Other Medical Conditions	Agency Referred to: Date Referred:	<input type="checkbox"/> Attended Appt <input type="checkbox"/> Did Not Attend Appt <input type="checkbox"/> Ongoing Services Indicated: Describe:

<input type="checkbox"/> Other Infant Needs	Agency Referred to: Date of Referral:	<input type="checkbox"/> Attended Appt <input type="checkbox"/> Did Not Attend Appt <input type="checkbox"/> Ongoing Services Indicated: Describe:
---	--	--

**Caregiver Needs and Referrals (Identify Caregiver):**

Check Needs:	Referral Agency Information	Outcome
<input type="checkbox"/> Recovery Coach/Peer Mentor	Agency Referred to: Date of Referral:	<input type="checkbox"/> Attended Appt <input type="checkbox"/> Did Not Attend Appt <input type="checkbox"/> Ongoing Services Indicated: Describe:
<input type="checkbox"/> Substance Use Disorder Treatment Services	Reason for Referral: Agency Referred to: Date of Referral: <input type="checkbox"/> Consents obtained	<input type="checkbox"/> Attended Appt <input type="checkbox"/> Did Not Attend Appt <input type="checkbox"/> Ongoing Services Indicated: Describe:
<input type="checkbox"/> Mental Health Services	Agency Referred to: Date of Referral:	<input type="checkbox"/> Attended Appt <input type="checkbox"/> Did Not Attend Appt <input type="checkbox"/> Ongoing Services Indicated: Describe:
<input type="checkbox"/> Parenting Skills/ Attachment/ Bonding	Agency Referred to: Date of Referral:	<input type="checkbox"/> Attended Appt <input type="checkbox"/> Did Not Attend Appt <input type="checkbox"/> Ongoing Services Indicated: Describe:
<input type="checkbox"/> AOD Assessment	Agency Referred to: Date of Referral:	<input type="checkbox"/> Attended Appt <input type="checkbox"/> Did Not Attend Appt <input type="checkbox"/> Ongoing Services Indicated: Describe:

**Caregiver Needs and Referrals (Identify Second Caregiver):**

Check Needs:	Referral Agency Information	Outcome
<input type="checkbox"/> Recovery Coach/Peer Mentor	Agency Referred to: Date of Referral:	<input type="checkbox"/> Attended Appt <input type="checkbox"/> Did Not Attend Appt <input type="checkbox"/> Ongoing Services Indicated: Describe:
<input type="checkbox"/> Substance Use Disorder	Reason for Referral: Agency Referred to:	<input type="checkbox"/> Attended Appt <input type="checkbox"/> Did Not Attend Appt



Treatment Services	Date of Referral: <input type="checkbox"/> Consents obtained	<input type="checkbox"/> Ongoing Services Indicated: Describe:
<input type="checkbox"/> Mental Health Services	Agency Referred to: Date of Referral:	<input type="checkbox"/> Attended Appt <input type="checkbox"/> Did Not Attend Appt <input type="checkbox"/> Ongoing Services Indicated: Describe:
<input type="checkbox"/> Parenting Skills/ Attachment/ Bonding	Agency Referred to: Date of Referral:	<input type="checkbox"/> Attended Appt <input type="checkbox"/> Did Not Attend Appt <input type="checkbox"/> Ongoing Services Indicated: Describe:
<input type="checkbox"/> AOD Assessment	Agency Referred: Date of Referral:	<input type="checkbox"/> Attended Appt <input type="checkbox"/> Did Not Attend Appt <input type="checkbox"/> Ongoing Services Indicated: Describe:

**OTHER SERVICES: Indicate which referrals were made for the family:**

<input type="checkbox"/> Breastfeeding Support/WIC	<input type="checkbox"/> Child Care/Respite Care	<input type="checkbox"/> Healthy Families
<input type="checkbox"/> Contraception and Pregnancy Prevention	<input type="checkbox"/> Intervention for Domestic Violence	<input type="checkbox"/> Nurse Home Visiting
<input type="checkbox"/> Birth to Five	<input type="checkbox"/> Public Assistance (including transportation)	<input type="checkbox"/> Healthy Start
<input type="checkbox"/> Parenting Education (infant care, bonding, safe sleep, nurturing, infant development, etc)	<input type="checkbox"/> Infant and Toddler	<input type="checkbox"/> Other:

**ESTABLISHED COMMUNITY SUPPORTS**

	YES	NO	Next Steps/Appointment Date:	Yes	No	Next Steps/Appointment Date:
Family/Friends/Co workers						Parole and Probation
Housing						Early Head Start
United Way						Other:

**MONITORING OF THE PLAN AND FOLLOW UP**

Plan of Safe Care Coordinator (POSC Coordinator) \_\_\_\_\_ hereby confirms that this Plan of Safe Care has been prepared for the newborn and family and a copy of the Plan has been provided to the “Identified Providers Involved with the Family Care.”

- Consent for release of substance use disorder treatment information (42 CFR compliant) completed for parent(s)
- Consent for release of information was not completed (explain): \_\_\_\_\_

**DISCLAIMER AND CONSENT FOR SHARING OF POSC AND OTHER INFORMATION**

By signing this form, the POSC Coordinator agrees that he or she has reviewed and discussed the POSC with the parents and/or caregivers (if applicable).

Parent Signature :

Date :

Parent Signature :

Date :

Other Caregiver Signature:

Date :

Plan of Safe Care Coordinator Signature:

Date :

POSC Developer (if different) Signature:

Date :

-----To be completed to POSC  
Coordinator:  
Next review date for Plan of Safe Care: \_\_\_\_\_

# Substance Use & Mental Health Screening Tools

## TAD (Tobacco, Alcohol and Drug) Questionnaire

This was developed by the Regional Perinatal Advisory Group in order to address a wide range of substances that might affect the woman’s pregnancy and the development of the fetus. It can be completed by the patient while waiting for the provider, or office staff may ask the questions and record the answers. Be careful about asking the patient to complete this in the waiting room, as that may not afford adequate privacy for answering truthfully.

- If the patient reports never using in a category, it is unlikely that they are using during their pregnancy or will start during the pregnancy. These would be low risk patients. If the patient reported use prior to getting pregnant but not since, it is likely the patient has stopped. However, the clinician should use judgment about how often to ask these questions again as some will restart.
- If the person reports any use during pregnancy, ask further questions to delineate extent of use and provide counseling about the dangers of tobacco, alcohol, and substance use during pregnancy, including use of over the counter and prescribed drugs not specifically approved by the obstetric care provider.
- If the patient feels they may be unable to stop use without assistance, they should be referred to a substance use disorder treatment program for further evaluation and intervention.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

*Please check the appropriate box for any of the following that you have ever used, used prior to getting pregnant and/or used within the last month (even once). Your answers will help your health care provider work with you to make your pregnancy as safe as possible and to protect the health of your baby.*

	<b>Ever Used</b>	<b>Used During the Three Months Before Getting Pregnant</b>	<b>Used Even once during the last month</b>
<b>Vitamins</b> other than a multivitamin/prenatal vitamin			
<b>Herbal</b> products			
<b>Tobacco Products</b> (cigarettes, cigars, chewing tobacco, snuff, etc)			
<b>Alcohol</b> (including beer, wine, wine coolers, as well as hard alcohol such as gin, vodka, scotch, etc.)			
<b>Prescription Drugs</b> other than ones prescribed by the doctor or nurse practitioner caring for you during your pregnancy			
<b>Controlled substances not prescribed</b> (taken by mouth, snorted, inhaled, or injected)			

**4 Ps Patient Questionnaire**

This tool was described by H. Ewing from the Born Free Project in Martinez, California. It can be given to the patient to complete and then the clinician should follow up on any positive responses with further questions or the clinician can just ask these questions and document the response. Of concern is that it does not cover tobacco. See below for one possible solution to this.

**4 Ps Plus T Questionnaire**

The Regional Perinatal Advisory Group adapted the 4Ps by adding tobacco since recent evidence suggests that this has substantial impact on the pregnancy as well as impact on the developing fetus. This tool can be given to the client to complete. Alternatively, either the support staff, once the patient is in the exam room, or the obstetric provider can ask these questions and document the answer. The clinician should follow up any positive responses with additional questions to clarify use and answers should be documented in writing. Again, the patient admitting to substance use (tobacco, alcohol or drugs) during the pregnancy warrants counseling (brief intervention) and possible referral for further assessment and/or formal substance use treatment. If the patient reports parental or partner misuse or personal use prior to getting pregnant, a question about current use should be asked again at subsequent visits.

Name \_\_\_\_\_ Date \_\_\_\_\_

*Please answer each question below.*

	YES	NO
Have you ever used drugs or alcohol during this pregnancy?		
Have you had a problem with drugs or alcohol in the past?		
Does your partner have a problem with drugs or alcohol?		
Do you consider one of your parents to be an addict or an alcoholic		

*\*Adapted by the Regional Perinatal Advisory Group from the 4Ps Questionnaire described by H. Ewing of the Born Free Project, Martinez, CA*

## CAGE-AID Questionnaire

This questionnaire was developed by Dr. Richard Brown and asks questions in a structured format about alcohol and drug use. It was developed to identify those addicted to alcohol or drugs, not merely those who use them and does not address tobacco use at all. It also may not identify those misusing prescription drugs. Any positive answer warrants further questions. A single positive answer has a sensitivity of 0.79 and a specificity of 0.77 for identifying those addicted. Two or more positive answers make it highly likely that the person is addicted and needs formal treatment to stop. This questionnaire would need to be supplemented with questions about prescription drug use and tobacco use for optimal care of the pregnant woman.

Name \_\_\_\_\_ Date \_\_\_\_\_

*Please answer each question below.*

*When thinking about drug use, including illegal drugs and the use of prescription drugs other than prescribed:*

Questions:	Yes	No
1. Have you ever felt that you ought to cut down on your drinking or drug use?		
2. Have people annoyed you by criticizing your drinking or drug use?		
3. Have you ever felt bad or guilty about your drinking or drug use?		
4. Have you ever had a drink or used drugs first thing in the morning to steady your nerves or get rid of a hangover?		

*Permission for use granted by Richard Brown, M.D.*

## Edinburgh Postnatal Depression Scale 1 (EPDS)

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Your Date of Birth: \_\_\_\_\_

Baby's Date of Birth: \_\_\_\_\_ Phone: \_\_\_\_\_

As you are pregnant or have recently had a baby, we would like to know how you are feeling. Please check the answer that comes closest to how you have felt **IN THE PAST 7 DAYS**, not just how you feel today.

Here is an example, already completed.

I have felt happy:

- Yes, all the time
- Yes, most of the time week.
- No, not very often
- No, not at all

This would mean: "I have felt happy most of the time" during the past 7 days. Please complete the other questions in the same way.

In the past 7 days:

1. I have been able to laugh and see the funny side of things

- As much as I always could
- Not Quite So Much Now
- Definitely not so much now
- Not at all

6. Things have been getting on top of me

- Yes, most of the time I haven't been able to cope at all
- Yes, sometimes I haven't been coping as well as usual
- No, most of the time I have coped well
- No, I have been coping as well as ever

2. I have looked forward with enjoyment to things

- As much as I ever did
- Rather less than I used to
- Definitely less than I used to Yes, most of the time
- Hardly at all Yes, sometimes
- Not very often

7. I have been so unhappy that I have had difficulty sleeping

- Yes, most of the time
- Yes, sometimes
- Not very often
- No, not at all

3. I have blamed myself unnecessarily when things No, not at all went wrong

- Yes, most of the time
- Yes, some of the time
- Not very often
- No, never

8. I have felt sad or miserable

- Yes, most of the time
- Yes, quite often
- Not very often
- No, not at all

4. I have been anxious or worried for no good reason

- No, not at all
- Hardly ever
- Yes, sometimes
- Yes, very often

9. I have been so unhappy that I have been crying

- Yes, most of the time
- Yes, quite often
- Not very often
- No, not at all

\*5. I have felt scared or panicky for no good reason

- Yes, quite a lot
- Yes, sometimes
- No, not much
- No, Not at all

10. The thought of harming myself occurred to me

- Yes, quite often
- Sometimes
- Hardly ever
- Never

Administered/Reviewed by \_\_\_\_\_ Date \_\_\_\_\_

1 Source: Cox, J.L., Holden, J.M., and Sagovsky, R. 1987. Detection of postnatal depression: Development of the 10-item

Edinburgh Postnatal Depression Scale. *British Journal of Psychiatry* 150:782-786 .

2 Source: K. L. Wisner, B. L. Parry, C. M. Piontek, Postpartum Depression N Engl J Med vol. 347, No 3, July 18, 2002,

194-199 Users may reproduce the scale without further permission providing they respect copyright by quoting the names of the authors, the title and the source of the paper in all reproduced copies



## AUTHORIZATION FOR THE RELEASE OF HEALTH INFORMATION

Medical Record Number \_\_\_\_\_

This Authorization form is designed to meet the requirements of federal privacy regulations issued by the Department of Health and Human Services at 42 CFR § 164.508 and the Annotated Code of Maryland, Title 10 Health General Article §§ 4-301 – 4-307.

**All items on this authorization must be completed in full, or the request will not be honored.**

I hereby authorize **{covered entity name}** to release the protected health information of:

PATIENT: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ PHONE #: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

The information is to be released to:

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE #: \_\_\_\_\_

The information I wish to have released is (include dates of service):

\_\_\_\_\_

- |  |  |
|--|--|
| <input type="checkbox"/> Discharge summary         | <input type="checkbox"/> Imaging reports               |
| <input type="checkbox"/> History and physical exam | <input type="checkbox"/> Diagnostic cardiology reports |
| <input type="checkbox"/> Consultation reports      | <input type="checkbox"/> Laboratory reports            |
| <input type="checkbox"/> Reports of operations     | <input type="checkbox"/> Other _____                   |

I do \_\_\_ I do not \_\_\_ wish to have information about HIV/AIDS released under this authorization.

I do \_\_\_ I do not \_\_\_ wish to have mental health records released under this authorization.

I do \_\_\_ I do not \_\_\_ wish to have information about drug/alcohol abuse treatment released under this authorization.

If **{covered entity name}** is in possession of records from another provider, I do \_\_\_ I do not \_\_\_ wish to have those records released under this authorization.

The purpose for such disclosure is:

- |   |  |
|---|--|
| <input type="checkbox"/> At my request (only patient may check) | <input type="checkbox"/> Payment / Insurance |
| <input type="checkbox"/> Healthcare                             | <input type="checkbox"/> Employment          |
| <input type="checkbox"/> Other _____                            |  |