



# Syracuse Healthy Start Risk Reduction News

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This edition devoted to Perinatal Substance Abuse

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## Syracuse Healthy Start

### *Our Mission*

The overall goals of our project are to decrease infant mortality and adolescent pregnancies in Central Syracuse.

**During the first three years of funding, infant mortality has decreased by 25% in Central Syracuse! Teen births have decreased by 28% in Central Syracuse!**

A vital part of Syracuse Healthy Start is the Risk Reduction component. The objective of this component is to provide healthcare and human service providers with the information they need so that they can provide support, intervention, and appropriate referrals for identified risks.

This bimonthly newsletter is to facilitate the sharing of vital information.

In collaboration with:

\*Onondaga County Health  
Department

\*Upstate Medical  
University Institute for  
Maternal and Child Health  
\*Family Ties Network, Inc

## Perinatal Substance Abuse *Alcohol and Illicit Drug Use in Pregnancy*

Substance abuse is our nation's number one public health problem. Prevalence of substance use has been found in all races, and at approximately the same level in private practices as in public clinics. Nationally, surveys show that 19% of pregnant women have exposed their babies to alcohol during pregnancy. Illicit drug use is reported in 5.5% of pregnancies.

**According to the Regional Perinatal Data System, 1.1% of births in 1999 from Central New York residents had alcohol exposure during pregnancy and 1.5% had illicit drug exposure during pregnancy. In the same year, 0.8% of births to Syracuse residents had exposure to alcohol and 3.5% had exposure to drugs. Comparably, 1.1% of Syracuse Healthy Start project area residents reported alcohol use and 4.8% reported illicit drug use during their pregnancy in 1999. In addition, using a more sensitive tool, the Healthy Start Registry data show that 9% of Healthy Start participants reported alcohol use, and 14% reported illicit drug use during their pregnancy in 1999.**

Substance abuse can contribute to pregnancy-related complications, including abruptio placenta, intrauterine growth restriction, preterm labor, and low birth weight. The mother's substance abuse may also affect the developing fetus. Fetal alcohol syndrome and fetal alcohol effects are the most common preventable cause of mental retardation and birth defects in the United States. The effects of illicit drugs are also far-reaching. The newborn may share the mother's addiction to illicit drugs and require increased care after birth. The manifestation of this addiction is frequently seen several days after delivery, often after the infant is sent home. Fortunately, some of the neurobehavioral effects seen in the drug-addicted infant diminish in time. However, perinatal drug abuse by the mother may predispose the child to future substance abuse and addiction, as well as, result in long-term developmental, learning, and behavioral complications in the child.

Because the threshold for untoward effects cannot be determined, substance use to any degree must be addressed. Prenatal care providers have an opportunity to temper the tragedy of this problem.

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Funding for Healthy Start was provided by Health Resources and Services Administration

# Local Efforts Regarding Substance Abuse in Pregnancy

## Risk Assessment and Intervention

The effects of substance abuse is evident even locally. Prenatal alcohol and/or illicit drug exposure has been found to be associated with increased frequency of abruptio placenta, preterm birth, very low birth weight, and infant mortality. Syracuse Healthy Start developed a social risk screening tool that has been implemented by the home visiting team on each consenting participant since 1998, which assesses the following: alcohol use, illicit drug use, smoking, domestic violence, intendedness of pregnancy, social support, housing problems, transportation problems, translation needs, child care needs, contraceptive needs, previous difficult pregnancy, level of education, and employment status. When a concern is identified, the appropriate referral is initiated.

Outpatient areas are also beginning to address the issue of perinatal substance use by using a condensed form of the 4P's Plus screening tool in the standard prenatal database used by many area prenatal care sites (below). A more expansive modified version of the 4P's Plus screening tool is also available (see page 3). Once the substance abuser is identified, there needs to be a plan for intervention in the outpatient setting. Efforts are underway for each area prenatal care site to identify a staff person to be the "champion" for the substance abuse cause. The "champion" would initially be responsible for arranging help for the substance abusing patients. Ultimately, the "champion" will receive additional training in order to perform the next level of assessment needed when a patient has a positive 4P's Plus screen. This assessment would determine whether referral to formal treatment and/or counseling is needed.

Syracuse Community Health Center already offers formal outpatient treatment and counseling in the same facility for their pregnant substance abusing patients through it's Counseling Addiction Psychologic Services. Crouse Chemical Dependency Treatment Services and Syracuse Behavioral Healthcare are working in conjunction with St. Joseph's Maternal and Child Health Center and UHCC's Perinatal Center and Women's Health Services to be readily available on site to aide the "champion" fully evaluate the patient and when appropriate provide formal intervention services. Residential facilities in Syracuse have also undergone revisions to accommodate pregnant and parenting women. The Willows has dedicated two inpatient beds for women who were pregnant and gave birth during treatment. Crouse Chemical Dependency Treatment Services provide services to women with children up to the age of 12 years. The community of Syracuse has come together to give this important issue the attention it deserves in order to combat the project area's high rate of poor pregnancy outcomes.

<b>Prenatal Database Health Care Checklist</b>		
<b>Risk for Alcohol/Drug Use</b>	<b>Yes</b>	<b>No</b>
<u>Parents had/have drinking/drug problem</u>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Partner with drinking/drug problem</u>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Alcohol/drug use in month pre-pregnancy</u>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Alcohol/drug use since pregnancy</u>	<input type="checkbox"/>	<input type="checkbox"/>

### Educational Opportunities

Syracuse Healthy Start, in collaboration with Syracuse Community Health Center, Syracuse Behavioral Healthcare, and Crouse Chemical Dependency Services, is offering opportunities to increase awareness of perinatal substance abuse and it's effect on the pregnant patient, the pregnancy, and the family unit.

Dr. Bill Hines from the Syracuse Community Health Center Counseling Addiction Psychological Services will be presenting an open community conference for anyone touched by substance abuse in early 2001. Dr. Richard Aubry from SUNY Upstate Medical University Institute for Maternal and Child Health, joined by Rick Kinsella from Syracuse Behavioral Healthcare and Linda Vincent of Crouse Chemical Dependency Treatment Services, will be providing in-services at SUNY Upstate Medical University OB/GYN and Pediatric Grandrounds and to each of the three major prenatal care sites.

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### Financially Speaking

Recent estimates indicate that more than 15 percent of the national health care budget is spent on issues pertaining to alcoholism. Health care costs extend to the children of the abuser as well. Children of alcoholics average 24 percent more hospital admissions and 29 percent longer stays once admitted than do other children. These costly effects extend to illicit drug use as well. The impact of the long-term health effects of both alcohol and illicit drug use further expands the financial significance of this issue.

Medicaid and some private insurers have recognized this impact and have begun to reimburse, at least in part, for substance abuse counseling and treatment.

## 4P's Plus

### Prenatal Substance Abuse Screening

The role of the prenatal care provider is early identification of substance abuse and timely initiation of an intervention. The goal of intervention is to enhance the mother and child's ultimate outcome, as well as improving the family environment that the child is entering. A 4P's Plus screening tool was developed by Dr. Ira Chasnoff to, in a nonthreatening and non-judgemental manner, quickly identify obstetrical patients in need of in-depth assessment or follow up monitoring. It places screening in the context of primary health care by addressing the alcohol and illicit drug use of the patient's parents during the review of family history. It addresses the alcohol and illicit drug use of the patient's partner before delving into the woman's personal use. This screening tool is highly sensitive, therefore, many false-positive screens will occur.

Syracuse Healthy Start has revised Dr. Chasnoff's 4P's Plus screening tool (see below). The newly revised standard prenatal database incorporates

a condensed version of this revision in the "Health Care Checklist" within the patient self assessment page of the prenatal database (see page 2). The woman's parents' and partner's alcohol and illicit drug use are inquired about in the first two questions as a way to introduce the issue indirectly so that the woman does not become defensive. Specific terms such as wine, beer, and liquor should be used to ensure the patient's understanding of the term "alcohol". Terms such as cocaine, speed, marijuana, etc. should be used to ensure the woman's understanding of the term "drugs". The third question is rather broad. It covers the woman's entire past in order to address the woman's personal use in a nonthreatening manner. A positive response to question 3 is thought to indicate a 10 percent risk for substance abuse. The fourth question is divided to address the patient's alcohol or illicit drug use during the month prior to the pregnancy, and the patient's use since becoming pregnant. Syracuse Healthy Start proposes that if a woman reports use of alcohol or illicit drugs while pregnant (question 4b.), a more in-depth assessment, and potentially formal intervention, is needed.

#### How to Use Screening Tools

Screen everyone

Screen at every visit

Be supportive and non-judgemental

Stress the benefits of abstinence and offer to help the patient achieve it

Know where and how to refer the patient for further assessment

### Syracuse Healthy Start 4P's Plus

Comments

1. Did your <u>parents</u> ever have a problem with drinking or using drugs?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
2. Does your <u>partner</u> have any problem with drinking or using drugs?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
3. Have you ever drunk alcohol or used drugs in the <u>past</u> ?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
4. a. In the month before you knew you were pregnant, how many times did you drink alcohol or take drugs?	<input type="checkbox"/> Any <input type="checkbox"/> None	
b. Since <u>pregnant</u> , how many times did you drink alcohol or take drugs?	<input type="checkbox"/> Any <input type="checkbox"/> None	

## Helpful Resources about Substance Abuse:

Syracuse Healthy Start 464-5708

Family Ties Network, Inc. 424-0009

Crouse Chemical Dependency Treatment Services 470-7314

Syracuse Behavior Healthcare 472-9964

Syracuse Community Health Center Counseling Addiction Psychological Services 471-4118

Alcohol Abuse 24 Hour Access helpline: 1-800-280-2944

### Websites:

Al-anon/Alateen: [www.al-anon.alateen.org?OpenView](http://www.al-anon.alateen.org?OpenView)

Alcoholics Anonymous (AA): [www.alcoholics-anonymous.org](http://www.alcoholics-anonymous.org)

National Association for Children of Alcoholics: [www.health.org/nacoa](http://www.health.org/nacoa)

National Clearinghouse for Alcohol and Drug Information: [www.health.org](http://www.health.org)

National Organization on Fetal Alcohol Syndrome: [www.nofas.org](http://www.nofas.org)

National Institute on Alcohol Abuse and Alcoholism: [www.niaaa.nih.gov](http://www.niaaa.nih.gov)

National Institute on Drug Abuse: [www.nida.nih.gov/NIDAHome1.html](http://www.nida.nih.gov/NIDAHome1.html)

Syracuse Behavioral Healthcare: [www.sbh.org](http://www.sbh.org)

Treatment Referral Information: [silk.nih.gov/silk/niaaa1/others/referral.htm](http://silk.nih.gov/silk/niaaa1/others/referral.htm)

World Health Organization: [www.who.int/substance-abuse](http://www.who.int/substance-abuse)

### Points of Interest

- Treatment recommendations for **Bacterial Vaginosis** in pregnancy has recently been changed by the Center for Disease Control and Prevention to Metronidazole 250 mg orally TID or 2 g orally in one dose.
- **Cervical length measurement** has been increasing and efforts to coordinate with area radiologists is underway. A cervix length less than 2.5 cm warrants further assessment and potential intervention.
- The **Prenatal Database** has been revised to include PCAP as a payment source. In an effort to produce an accurate birth certificate, please try to document payment source for every patient.
- **Sudden Infant Death Syndrome** risk reduction recommendations have been changed by the American Academy of Pediatrics. Side-lying sleep positioning is no longer offered as a alternative to back-lying sleep position. Syracuse Healthy Start recommends 4 steps to reduce SIDS risk: 1) Place the infant on his/her back to sleep. 2) Keep the space around the infant clear. 3) Don't smoke around the infant. 4) Don't put the infant in an adult bed to sleep.

IMATCH

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RETURN SERVICE REQUESTED