

Background

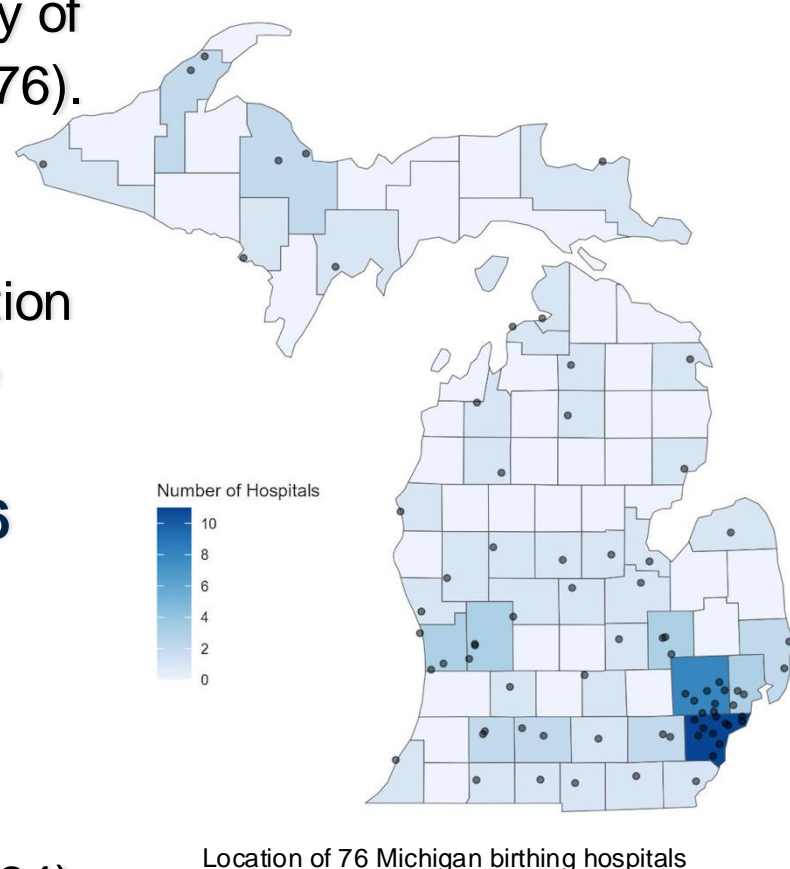
- In the state of Michigan, "mandated reporters are required to report suspected child abuse or neglect if the reporters knows or suspects that a newborn infant has any amount of alcohol, a controlled substance or a metabolite of a controlled substance (whether legal or illegal) in his or her body." ^{1,2}
- The American Society of Addiction Medicine (ASAM) recommends hospitals have standard policy and use toxicology testing only when necessary to treat patients and not to determine Child Protective Services (CPS) reporting.³
- ASAM recommends written informed consent prior to testing pregnant people including the right of refusal.³

Research Question

Little is known about how individual hospital policies adhere to ASAM recommendations. **This study aims to examine the toxicology testing and reporting policies and procedures of birth hospitals in Michigan.**

Methods

- Cross-sectional survey study of Michigan birth hospitals (n=76).
- Hospital representatives recruited through email and Michigan Alliance of Innovation of Maternal Health list serve (2/1/24 –9/1/24)
- Response rate: 33%, 25/76** birthing hospitals)
- Descriptive statistics and univariate analysis
- IRB non-regulated determination (HUM00232184)



National organizations recommend obtaining informed consent before drug testing for pregnant people. Which best describes your policy?



56% (n=14) require verbal or written informed consent before drug testing for pregnant adults



32% (n=8) do not require informed consent

National organizations recommend toxicology testing in pregnancy only when used to guide treatment. Which best describes your policy?



68% (n=17) perform universal testing for all pregnant people admitted for labor



28% (n=7) perform selective testing based on risk factors for pregnant people admitted in labor.

84% of hospital have a written policy to guide reporting of newborns affected by prenatal substance exposure to CPS

68% of hospitals use a social worker to file CPS reports, while fewer hospitals use a nurse or other type of health care professional

Results

Given a scenario where a parent verbally discloses recreational cannabis use or has a positive urine drug test for THC metabolites **but no other concerns for abuse or neglect**, which best describes your policy?



63% (n=15) perform a newborn toxicology test and file a CPS report **if positive** for THC metabolites or other controlled substances.



21% (n=5) do not file a CPS report for prenatal recreational cannabis exposure but no other abuse or neglect concerns.



17% (n=4) file a CPS report based on the pregnant patient's positive verbal screen or urine drug test. They do not also obtain a newborn biologic drug test when there is no other concern for child abuse or neglect

State law does not require CPS reporting for newborns exposed to prescribed medications for opioid use disorder (MOUD). **Given a scenario where a newborn is born to a birthing parent prescribed buprenorphine, naltrexone or methadone for OUD but no other concerns for abuse or neglect** which best describes your policy?



29% (n=7) We verify treatment compliance with MOUD and we file a CPS report if the birthing parent is not in compliance.



25% (n=6) We do not file a CPS report for MOUD exposed newborns with no safety concerns.



21% (n=5) We always file a CPS report for MOUD exposed newborns with no safety concerns.

Univariate analysis of hospital characteristics associated with universal compared to risk based policies for urine toxicology testing for pregnant people

Demographics [^]	Universal	Risk Based	P-value*
	N=7	N=17	
Medicaid, Median (IQR)	802 (979)	3683 (4591)	0.0076*
SUVI* Z score, Median (IQR)	-0.47 (0.93)	-0.02 (3.02)	0.4625
CBSA** type, N (%)			0.0381*
Metro	3 (16.7%)	15 (83.3%)	
Micro	4 (66.7%)	2 (33.3%)	
Total births, Median (IQR)	445 (1441)	2005 (2268)	0.0308*

[^]Median (IQR) for continuous variables and N (%) for categorical variables; *MI-SUVI - Michigan Substance Use Vulnerability Index; **CBSA - Core Based Statistical Area.

* Descriptive statistics were calculated for demographic variables and compared between biologic drug testing policy for pregnant people using Wilcoxon rank sum tests, or Fisher's exact tests, as appropriate.

Conclusions

- There is significant variability in hospital testing policies and lack of consistency with ASAM guidelines and Michigan law.
- Toxicology testing policies for pregnant people were associated with Medicaid volume, metro area, and total births.
- There is an opportunity for multi-site quality improvement projects to share best practices and improve care for people who use substances in pregnancy and their families. Further work is needed to align state law with best practice and reduce unnecessary CPS reporting.

Disclosures

Dr. Oshman reports owning stock in Abbott, AbbVie, DuPont, Johnson and Johnson, Merck and Procter and Gamble outside the submitted work. No other disclosures were reported.