## AETNA BETTER HEALTH® OF MISSOURI
Management of Substance Abuse and Pregnancy practice guidelines

The Guideline was adapted from the American College of Obstetricians and Gynecologists (ACOG) to provide treatment guidance to primary care providers and is not intended to replace or preclude clinical judgment. The recommendations in this guideline do not indicate an exclusive course of treatment or serve as a standard of care. Variations, taking into account individual circumstances, may be appropriate. Based on the Clinical Practice Guideline developed by (ACOG), Aetna Better Health recommends following:

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| General                       | • Addiction is a chronic relapsing biological and behavioral disorder with genetic components. Overall, ten percent of nonpregnant women and four percent of pregnant women report illicit drug use, but among pregnant women aged 15-17 years, the rate of use is 15.5 percent. Federal warnings about the need to abstain from alcohol use in pregnancy were first issued in 1984. The American College of Obstetricians and Gynecologists recommended screening early in pregnancy in its 1977 Standards for Ambulatory Obstetrics, and a pamphlet was issued in 1982 entitled “Alcohol and your Unborn Baby.”  
• The disease of substance addiction is subject to medical and behavioral management. Substance abuse reporting during pregnancy may dissuade women from seeking prenatal care and may unjustly single out the most vulnerable, particularly women with low incomes and women of color.  
• Although the type of drug may differ, individuals from all races and socioeconomic strata have similar rates of substance abuse and addiction. |
| Screening and management      | • Universal screening for substance abuse during pregnancy is supported in a variety of documents and is recommended in a joint publication issued by ACOG and the American Academy of Pediatrics. All pregnant women should be questioned at their prenatal visit about their past and present use of alcohol, nicotine, and other drugs, including the recreational use of prescriptions and over the counter medications. Use of specific screening questionnaires may improve detection rates.  
• Screening Questionnaires currently used include:  
  — NIAAA Questionnaire (NIH Publication No. 07-3769,2005)  
• A woman who acknowledges the use of alcohol, nicotine, cocaine, opioids, amphetamines, or other mood altering drugs should be counseled about the perinatal implications of their use during pregnancy and offered referral to an appropriate drug treatment program if chemical dependence is suspected. Obstetricians must make a substantial effort to treat the patient with a substance abuse problem with dignity and respect in order to form a therapeutic alliance.  
• Substance abuse treatment programs integrated with prenatal care have proved to be effective in reducing maternal and fetal pregnancy complications and costs.  
• Women should be dissuaded from alcohol consumption during pregnancy because there is no known safe threshold. Patients should be informed that prenatal alcohol consumption is
a preventable cause of birth defects, including mental retardation and neurodevelopmental deficits.

- To reinforce and encourage abstinence, periodic questioning or drug or metabolic testing may be desirable. Testing of the mother may also be useful in some clinical situations such as intrauterine growth restriction, third trimester stillbirth, unexpected preterm birth, or abruptio placentae.
- Patients should give informed consent prior to testing. The requirements for consent to test vary from state to state, and providers should be familiar with the testing and the reporting requirements in their states.

| Timeliness of Prenatal and Postpartum care | Once Aetna Better Health is notified that a member is pregnant, the Case Manager will work with the member to assure they receive timely prenatal and postpartum care. This will be measured using the HEDIS measures for Timeliness of Prenatal Care and Postpartum Care. |

References


2. ACOG Committee Opinion Number 633, June 2015. Alcohol Abuse and Other Substance Use Disorders: Ethical Issues in Obstetric and Gynecologic Practice.*
