Initial Pregnancy & OUD Screening & Care at Jail Intake

MOMCARE — Maternal Opioid Use Disorder Management and CAre REsources in Custody — momcarejail.org

momcarejail.org

To speak to a clinician for clinical guidance, call the Substance Use Warmline: **(855) 300-3595.**

Screen ALL Females or Trans-males < 55 y.o for pregnancy and for withdrawal risk

Screening for Pregnancy

Urine pregnancy test

- Patient declines → Consider retesting in 1-2 wks
- Negative test → Consider retesting in 1-2 wks
- Positive test → Share results in private

Screening for opioid use 1 2

"In the past year, have you used opioids? Things like heroin, fentanyl, oxycodone, methadone, or buprenorphine with or without a prescription? I am not asking to get you in trouble, but because I want to know if you could go through withdrawal."

- YES → **PREGNANT PATIENT WITH OUD IN JAIL**
- NO → Usual Care

Does the pregnant patient appear "unwell?"

Observed signs and symptoms that are obvious to a layperson that the patient is physically or psychologically sick, including signs of self-reported intoxication or substance withdrawal. For a pregnant person, this also includes signs or symptoms of labor or urgent maternal warning signs, like vaginal bleeding, pelvic pain, severe headache, contractions, and other symptoms.

See link- https://saferbirth.org/aim-resources/aim-cornerstones/urgent-maternal-warning-signs-2/

- YES → **TRANSPORT to hospital immediately**
- NO → **Assess withdrawal risk & MOUD* initiation/continuation**

Pregnant patient is on MOUD in the community.

Was the last dose within the last 24 hours?

- YES → Verify MOUD dose:
  - Methadone- Call patient's program.
  - Buprenorphine (e.g. Suboxone, Subutex)-Look up in PDMP or call patient's program or pharmacy.
  - Naltrexone- Consult specialist.

  → Provide next dose of MOUD within 24 hours of when it is due.
  - Do not switch between Methadone & Buprenorphine.
  - Do not substitute with other opioids.

  → Can the jail provide the correct MOUD onsite within 24 hours?
  - NO → **Withdrawal risk** 4 — **TRANSPORT to hospital or community provider urgently (at most within 24 hours).** Manage withdrawal symptoms while awaiting transport.
  - YES → Dose at jail

- NO → **Withdrawal risk** — Contact patient's program to determine if the same dose can be resumed.

Pregnant patient has used unprescribed opioids in the last 2 weeks

Withdrawal risk 3 4

- If jail has capacity for pregnancy MOUD initiation and withdrawal management onsite, **START** bupe or methadone. If patient declines, manage withdrawal symptoms.
  Pregnancy-specific counseling points:
  "Withdrawal in pregnancy is not safe."
  "Treatment with methadone or buprenorphine is the safest option for you and your baby. Some babies may experience withdrawal at birth, but this is expected, treatable, and has no long-term effects."
- If not > **TRANSPORT to hospital urgently (at most within 24 hours).** Manage withdrawal symptoms while awaiting transport.

Pregnant patient has used unprescribed opioids in the last year, but not within 2 weeks

Lower risk of withdrawal but still potential benefit of MOUD: 3

- Offer MOUD. Provide pregnancy specific counseling points.
- If patient accepts: some jails may have capacity for pregnancy MOUD initiation onsite. If not > **TRANSPORT** to hospital/community provider w/in 48 hours.

→ **Ongoing pregnancy & OUD Care** 5

***MOUD:** Medications for opioid use disorder, also known as MAT. Methadone and buprenorphine are MOUDs used in pregnancy.

Notes

1. **We** generally do not recommend urine drug testing to screen pregnant patients for substance use. If jail requires this, obtain verbal consent from patient. See MOMCARE>Screening OUD for details.
2. **Screen** for alcohol and benzo use in pregnancy. If screen (+), may need hospital transport as untreated withdrawal can be deadly.
3. **Onsite** MOUD induction and withdrawal management in pregnancy may be appropriate in some cases, if the patient does not appear unwell. Jail must have 24/7 access to clinician with expertise in pregnancy and MOUD, ability to dose buprenorphine/methadone onsite, and staff who can recognize when a pregnant patient needs higher level of care. See MOMCARE>Initial Care for details.
4. **Common** medications for managing opioid withdrawal, such as methadone, buprenorphine, clonidine, loperamide, and acetaminophen are safe in pregnancy, as are anti-nausea medicines metoclopramide and promethazine; ondansetron should be avoided in the first semester. Access to frequent hydration is especially important in pregnancy.
5. **Ongoing** care includes prenatal care, frequent MOUD dose assessments (most pregnant patients need increasing doses as pregnancy progresses), behavioral/mental health care, birth/infant care/breastfeeding planning, re-entry planning. See MOMCARE>Ongoing Care for details.

Licensed under Creative Commons License CC BY-ND 4.0

Last Updated 5/13/24

Designed by Paola Reyes, MS