MOMCARE

Maternal Opioid Use Disorder Management and CAre REsources in Custody

momcarejail.org

Sample Scripts for Communicating with Pregnant Patients with OUD

We provide sample scripts for jail staff to use when communicating with pregnant patients who use opioids. These scripts are not exhaustive of all topics but provide examples of the language and tone that should be used for patient interactions. See **MOMCARE Staff Training: Stigma and Judgment** and **Non-stigmatizing Language for Pregnancy and Addiction** for more tips.

Topic	Sample Script
Screening for pregnancy	"We recommend doing a urine pregnancy test to see if you are pregnant. This is important so that we can give you the medical care that you need. We will not be testing your urine for anything else. Will you be willing to give a urine sample for a pregnancy test?"
Negative pregnancy test result	"Your pregnancy test shows that **you are not pregnant**. If you think you might be pregnant, we should do another test in 2 weeks."
Positive pregnancy test result	"Your pregnancy test shows that **you are pregnant.**" *Pause so that the patient can absorb the news.* "How do you feel?"
Screening for opioid use	"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 into trouble but because I want to know if you could go through withdrawal and so we can get you the medical care you need."
Counseling script for pregnant patients who use opioids (benefits of MOUD/MAT, risks of withdrawal, and what to expect)	"For women who use opioids and are pregnant, the medical standard of care is that you be in treatment with medications, either methadone or buprenorphine. This is what is safest for you and your baby. **Detoxing** during pregnancy is not safe, and doesn't work for most people. These are safe medications in pregnancy and have been used for a long time. They do not cause birth defects. Some people are worried about whether their baby will go through withdrawal after birth—what is sometimes called **neonatal abstinence syndrome or "NAS."** This does happen for some, but not all, babies born to moms who are getting medication treatment, but it can also happen if you are using street opioid drugs. Even though NAS can be scary for a new mom, it's not dangerous for your baby. The symptoms are treatable without long-term consequences. Some babies will need to spend time in the NICU to treat their symptoms. Breastfeeding is safe for babies whose moms who are taking methadone or buprenorphine. In fact, it can help the symptoms of NAS.

	I'm going to refer you to a specialist who can help you get on the best medication for you. If you are having issues with the medication,-- side effects, if you feel it's too much or not enough-- it's important that you let your provider know so they can help. Your dose may need to change during pregnancy. While we strongly recommend that you start methadone or buprenorphine, this is also your choice and you will not be punished if you choose not to start medication. We will still provide you with pregnancy care, and can make referrals for other recovery treatment. If you are not ready right now to start treatment, you can always change your mind. What kinds of concerns and questions do you have?"
Screening for Benzos and alcohol	"Have you used Benzo's or alcohol in the last month?"
Screening for other substances	"In the past year, have you used any of the following substances? Marijuana, cocaine, methamphetamine, hallucinogens (like LSD, acid, mushrooms, Special K, ecstasy), prescription stimulants (e.g. Ritalin, Adderal), sedatives/sleeping pills? I'm not asking to get you into trouble, but because it's important for your health and your baby's health to know so that we can provide you the best medical care."
Using a urine drug test for screening substances (we don't recommend urine drug tests, but if your facility requires it you must obtain verbal consent from the patient) *For a more detailed consent for urine drug testing in pregnancy, see Appendix A on page 5 of this policy from Boston Medical Center: https://pnqinma.org/wp-content/uploads/2023/12/C1-Boston-Medical-Center-Toxicology-Testing-Guidelines.pdf*	"Do you give your permission for us to run a urine drug test? The test results will allow your healthcare team to understand what substances you and your baby were exposed to in order to provide the highest quality of care to you and your baby. Urine drug testing may also show that there is a substance in your system that you didn't know you were taking (e.g. pills laced with fentanyl). A provider will discuss the results with you. If the test shows that there are substances in your system, your provider will offer suggestions for your treatment plan. You have the right to decline a drug test. If you choose not to be tested, there will not be a delay in your pregnancy care, but it may delay the treatment of substance use disorder, which could increase the risk of harm to you and your baby. Do you give us your verbal consent to run a urine drug test?"