

Consent First: Reviewing a Urine Drug Screen Protocol on Labor and Delivery

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Introduction

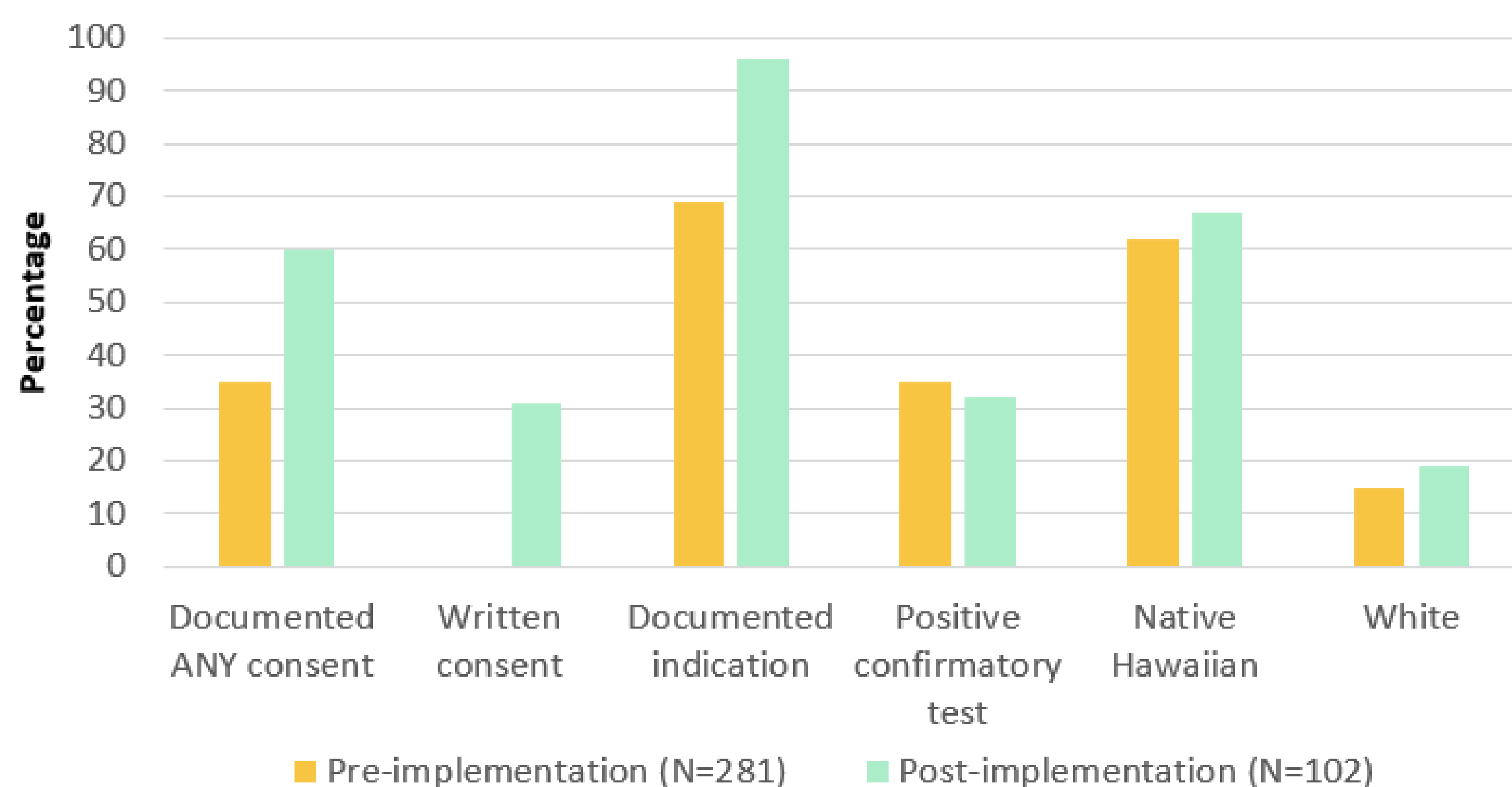
- Perinatal substance use is increasing and impacts maternal/neonatal outcomes
- Urine drug screen (UDS) primarily used despite high risk of false positivity, bias, stigma/legal consequences
- Recommendation is to screen via validated questionnaires
- Our institution previously identified racial/ethnic biases in patient selection for perinatal UDS
- This study reviews a new consent protocol and the impact at our institution

Methods

- January 2021: new UDS protocol of mandatory written consent form with counseling, documented indication, electronic order requiring consent
- Jan 2021 - Oct 2022 data extracted for all patients who had a UDS, demographic data, confirmatory result, and clinical outcomes
- Descriptive analysis/comparison to pre-implementation of consent protocol

Results

Characteristics of Patients with UDS



Characteristic	Total tested (n)	Confirmatory test positive (% of n)
Native Hawaiian/Pacific Islander	68	36.8%
White	19	78.9%
Houseless	24	62.5%
Cesarean delivery	40	45.0%
Pre-eclampsia	17	41.1%
Low birth weight	28	17.8%
Breastfed	67	17.9%

Indication for Testing	Frequency used	Confirmatory Positive Rate
Current/history of THC use alone	15.0%	0.6%
Current/history of methamphetamine use	34.0%	31.4%
Limited prenatal care	2.9%	0.0%
Breastfeeding policy	2.0%	0.0%

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References

- American College of Obstetricians and Gynecologists. (2015). Committee opinion no. 633: alcohol abuse and other substance use disorders: ethical issues in obstetric and gynecologic practice. *Obstetrics and gynecology*, 125(6), 1529-1537.
- Brahm, N. C., Yeager, L. L., Fox, M. D., Farmer, K. C., & Palmer, T. A. (2010). Commonly prescribed medications and potential false-positive urine drug screens. *American Journal of Health-System Pharmacy*, 67(16), 1344-1350.
- Chasnoff, I. J., McGourty, R. F., Bailey, G. W., Hutchins, E., Lightfoot, S. O., Pawson, L. L., ... & Campbell, J. (2005). The 4P's Plus© screen for substance use in pregnancy: clinical application and outcomes. *Journal of Perinatology*, 25(6), 368-374.
- Kunins, H. V., Bellin, E., Chazotte, C., Du, E., & Arnsten, J. H. (2007). The effect of race on provider decisions to test for illicit drug use in the peripartum setting. *Journal of Women's Health*, 16(2), 245-255.
- McCance-Katz, E. F. (2019). The national survey on drug use and health: 2017. Substance abuse and mental health services administration, 7.

Conclusion

- Improvements since protocol implementation:
 - Decreased testing frequency
 - Increased consent and documentation
 - Less use of poor predictors as indication
- Native Hawaiian/Pacific islanders still screened disproportionately with lower positivity rate than Whites
- Next steps: tailored anti-bias training to physicians/nurses, adjust protocol to minimize poor predictors as indications for testing