

Screening and Testing for Substance Use in Pregnancy



Department of Health
Office of Addiction Services and Supports

Pregnant and parenting people who use drugs and/or have a substance use disorder face profound stigma within the health care system. Fear of stigmatization can prevent pregnant persons who use drugs from accessing care, including prenatal care and substance use disorder treatment. This worsens both parental and neonatal outcomes.

The purpose of this document is to identify recommendations for universal screening and the limitations of toxicology testing. The inaccurate interpretations of urine drug tests can have serious consequences and should be minimized.

Screening vs. Testing

- The American College of Obstetricians and Gynecologists, [ACOG \(2023\)](#), and the American Academy of Pediatrics ([Patrick et.al.,2017](#)), recommend universal verbal screening with a validated questionnaire for all pregnant people. They do not recommend routine drug testing of urine or other biological materials such as hair or oral fluids.
- The [New York State AIDS Institute Clinical Guidelines](#) on substance use screening and risk assessment recommend that even verbal screenings entail consent because of the potential consequences of a positive screening result in individuals who are pregnant or planning to conceive.
- If the health care provider sees a need for any toxicology testing outside of an emergency, it is important to acknowledge some of the potential harm that can be caused by testing for substance use during pregnancy. ACOG recommends that specimen testing be performed only with the patient's consent and that a positive test not be a deterrent to care, a disqualifier for coverage under publicly funded programs, or the sole factor in determining family separation.
- Positive results in toxicology testing in perinatal settings may lead to patient disengagement, family separation and other negative consequences.¹

Inequities in Toxicology Testing

- Multiple studies have indicated significant inequities in toxicology testing, particularly highlighting that Black individuals are disproportionately likely to be tested compared to White individuals, even though drug use by Black and White women occurs at approximately the same rate in the United States.
- Also, younger individuals and those with public insurance are more likely to undergo toxicology testing during a birth hospitalization compared to older individuals and those with private insurance, especially when compared to White non-Hispanic individuals.
- To address biases, it is recommended that health care systems examine toxicology testing practices and adhere to evidence-based practices of conducting universal verbal screening using a validated screening tool with informed consent.

Toxicology Testing

Toxicology testing is often a two-step process including a screening test that should be followed by a definitive test if the results are not in agreement with the patient's self-report.

- Screening or presumptive tests (immunoassays) are rapid and inexpensive. They are designed to have high sensitivity and lower specificity, and as a result are prone to false positive and false negative results. These types of tests include point-of-care urine drug tests done in the office, initial screening tests done in the laboratory, and tests that are sold in pharmacies for home use.
- Confirmatory or definitive tests such as gas chromatography-mass spectrometry (GC-MS), require more time and the results will not be available as quickly as presumptive screening tests. Definitive tests, however, are far more accurate than presumptive screening tests and less prone to false-positive and false-negative results. Most laboratories do not automatically follow up on a presumptive screening test with definitive testing unless specified by the ordering health care provider.
- According to the American Society of Addiction Medicine, because the results of presumptive testing may trigger a clinical or child protective services (CPS) intervention, the ordering health care provider should order a definitive test to avoid actions based on the results of a possibly false-positive presumptive test result. Decisions made only on the screening test are likely to be less accurate than the definitive test, and therefore have the potential for causing undue harm, for example, family separation.

Interpreting Test Results

- Like other medical tests, toxicology testing must be interpreted using clinical judgment.
- It is important to note that neither a presumptive screening test nor a definitive test can be used to determine when a substance was last used, how much was used, how often it was used, or if substance use caused impairment.
- The social ramifications of a positive result include increased risk of parental stigmatization, criminalization, and mother-child separation.
- Staff should be aware that a positive test for a substance does not diagnose a substance use disorder or determine frequency of use. Such a result is also not an indicator of parenting skills.

Clarifying the Child Abuse Prevention and Treatment Act (CAPTA)

- [CAPTA](#) is a federal regulation that requires the creation of a [Plan of Safe Care](#), also referred to as a "POSC," to support the health and safety of newborns affected by substance use and their families or caregivers.
- A POSC should be created for pregnant individuals who are:
 - diagnosed with a substance use disorder, or
 - receiving medication for addiction treatment for a substance use disorder, or
 - under the care and supervision of a health care provider who has prescribed opioids.
- This Plan is a tool that can be used to support individuals or families impacted by substance use or taking medications to treat substance use disorders. The purpose of developing a POSC with a family is to ensure that families are receiving comprehensive support, care, and treatment that meet their needs.
- Provisions of the Child Abuse Prevention and Treatment Act Comprehensive Addiction and Recovery Act – sometimes referred to as "CAPTA CARA" – also require states to annually collect and report de-identified data on the number of substance-affected newborns.
- These provisions do not change the ACOG recommendation of universal verbal screening, nor does it promote additional toxicology testing.

Calling the New York Statewide Central Register of Child Abuse and Maltreatment

- In New York State, there is no requirement that CPS be involved in the development of a POSC, and there is no reason to inform child protective services that a family has a POSC. Substance use alone is not an indicator of child abuse or maltreatment. This is true whether it is disclosed through the development of a POSC, self-report, screening toxicology testing, information in the medical record, or newborn symptoms. Also, the existence or development of a POSC does NOT require a report to CPS.
- When there is reasonable cause to suspect a child is at risk of abuse or maltreatment, hospitals and birth centers should follow existing policies and protocols for reporting to the Statewide Central Register for Child Abuse and Maltreatment (SCR). However, substance use alone – whether disclosed through a POSC, self-report, screening, toxicology, or newborn symptoms – is not evidence of child maltreatment.
- [The New York Statewide Central Register](#) will not register a report of suspected child abuse or maltreatment when the only reported concern is that a birthing parent and/or an infant tested positive for the presence of cannabis. Also, the State Central Register will not accept a report when the only reported concern is that a parent uses cannabis products.
- The 2023 revision of the mandated reporter training on child maltreatment and neglect is clear that, “You can support a family without having to report a family.” This training is issued by the Office of Children and Family Services.

Resources to Support Pregnant People Who Use Drugs

- [New York State Child Abuse Prevention and Treatment Act \(CAPTA\) and Comprehensive Addiction Recovery Act \(CARA\) Information & Resources](#)
- [NYS AIDS Institute Clinical Guidelines Substance Use Screening and Risk Assessment in Adults](#)
- [New York State Mandated Reporter Resources](#)
- [American College of Obstetricians and Gynecologists \(ACOG\) Substance Use Disorder in Pregnancy](#)
- [National Harm Reduction Coalition, Pregnancy and Substance Use: A Harm Reduction Toolkit](#)

Citations

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