

**Santa Clara County, California**  
**Perinatal Substance Abuse Protocol**  
**IN-HOSPITAL SCREENING & ASSESSMENT**

**Purpose** —To assist in-hospital care providers in identifying potential risk to mother and infant from maternal alcohol and/or other drug use.

**When to Use** — On all patients admitted for labor and delivery (including emergency room admissions.)

1. Obtain and review results from Supplemental Prenatal Screening Health Questionnaire and any assessment.
2. Perform In-Hospital Substance Abuse Screening Checklist on all patients (see back of this page) (may be performed by any health care provider)
3. Obtain order for infant and maternal Toxicology Screen if indicated by:
  - History of substance abuse
  - Alcohol and/or drug use during this pregnancy
  - No (or limited) prenatal care
  - Placental abruption, prematurity, or SGA, stillborn, or neonatal death
  - Symptoms of use or withdrawal (mother or newborn)



**POSITIVE**  
In-Hospital Screening Checklist or Toxicology Screen  
Perform Substance Abuse Assessment  
(preferably to be done by Medical Social Worker)

**NEGATIVE**  
In-Hospital Screening Checklist and Toxicology Screen (if done)  
Provide routine care



**Assessment is high risk. Refer to:**  
• Department of Family & Children's Services and/or Public Health Nurse/Home Health Agency  
• Treatment/support/community services, as indicated

**Assessment is medium risk. Refer to:**  
• Public Health Nurse/Home Health Agency  
• Treatment/support/community services, as needed

**Assessment is low risk.**  
Provide routine care

Patient Name \_\_\_\_\_  
 Hospital \_\_\_\_\_

**IN-HOSPITAL SUBSTANCE ABUSE SCREENING CHECKLIST FOR MATERNITY PATIENTS**

*Check yes when there is reasonable cause to suspect perinatal substance abuse. Determination is based on clinical judgment and knowledge of the patient.*

**Part A: Admitting Nurse/Delivery Room Screen** **YES NO**

1. No planned prenatal care during this pregnancy .....	_____	_____
2. Delivery was in ER or out of the hospital .....	_____	_____
3. Woman demonstrates any of the following:		
a. Disorientation as to time, place and person .....	_____	_____
b. Slurred speech, problems with gait or coordination .....	_____	_____
c. Odor of alcohol .....	_____	_____
d. Difficult to arouse .....	_____	_____
e. Emaciated .....	_____	_____
f. Dilated or constricted pupils .....	_____	_____
g. Abscesses, track marks, ulcerated nasal mucosa .....	_____	_____
4. Woman reports use of alcohol or drugs this pregnancy .....	_____	_____
5. Woman reports prior delivery of a substance-exposed infant .....	_____	_____
6. Any individual accompanying the woman and/or visiting the woman who appears to be under the influence of alcohol or drugs .....	_____	_____
7. This pregnancy results in any of the following: Miscarriage, abruptio placenta, fetal death, premature labor/birth, low birth weight infant, intrauterine growth retardation, admission to NICU .	_____	_____
8. Woman demonstrates symptoms of any of the following: Cellulitis, cirrhosis, hepatitis, endocarditis, pancreatitis, sexually transmitted disease .....	_____	_____
9. Toxicology test indicated/ordered on mother? .....	_____	_____
Result: Pos. ___ Neg. ___ Substance(s) _____		

Screener's Name \_\_\_\_\_

**Part B: Post-Partum Unit/Nursery Screen** **YES NO**

10. Newborn exhibits symptoms of drug withdrawal from alcohol and/or other drugs, including but not limited to: Increased irritability, increased/decreased activity, feeding difficulties, sleep disturbance .....	_____	_____
11. Toxicology test indicated/ordered on newborn? .....	_____	_____
Result: Pos. ___ Neg. ___ Substance(s) _____		
12. Newborn evaluation demonstrates symptoms of Fetal Alcohol Syndrome or Fetal Alcohol Effects .....	_____	_____
13. Any significant observable factor(s) which create suspicion of perinatal substance abuse? .....	_____	_____
Please specify _____		
_____		
_____		

REFERRAL INDICATED: YES \_\_\_ NO \_\_\_

Referred to Maternal/Child Social Worker: Date \_\_\_\_\_ Time \_\_\_\_\_

Screener's Signature: \_\_\_\_\_ Date \_\_\_\_\_