



# Task Force on Pregnancy Health and Substance Use Disorders

October 2024

# Taskforce purpose

The Task Force on Pregnancy Health and Substance Use Disorders is established to recommend protocols for when physicians, advanced practice registered nurses, and physician assistants should administer a toxicology test and requirements for providing notice or reporting for prenatal exposure to a controlled substance.

Established through legislation beginning July 1, 2023, and will end December 1, 2024.

# Taskforce membership

- 20 Members from a variety of professional and lived experience backgrounds
- Full listing of members available on the Task Force website: [Task Force on Pregnancy Health and Substance Use Disorders Members - MN Dept. of Health \(state.mn.us\)](#)

# Timeline

## Create a shared foundation

Build relationships among task force members.

Define and clarify the problems related to testing and reporting.

Build understanding of existing laws  
Build knowledge of research around testing and reporting.

Feb-24

## Identify options

Using best and promising practices and protocols from data and science, generate a range of ideas and approaches that could be considered.

Narrow options for inclusion in recommended protocols for testing and reporting.

Initial protocol outline presented for feedback and discussion.

Jun-24

## Develop and refine

Draft protocols presented for feedback and discussion.

Incorporate feedback and make necessary adjustments to drafts.

Create a plan for implementation of recommended protocols, including communication and education.

Sep-24

No later than Dec 1, submit a written report on the task force's activities and protocol recommendations.

Dec-24

Dec-23

Apr-24

Aug-24

Oct-24

**People centered.** People are people first. Treat people as human beings. Believe them. They are the experts in their own lives.

**Self-determination.** People have their own agency. Meet people where they are.



**Shared values**

**Trauma informed.** Recognize the intergenerational impacts of historical and cultural trauma, including adverse childhood events (ACEs).

**Family based.** Substance use is not one person's disease or struggle. It affects everyone in the family. There is trauma with family separation. Whole family solutions are deeply important.

# Shared hopes



**Better care and supports**



**Reducing stigma and fear**



**Equitable and ethical testing and reporting**

# Key research informing the recommendations

# Research for task force recommendations (1 of 7)

## **Substance use disorder is a chronic, relapsing disease.**

- Substance Use Disorder (SUD) is a medical condition defined by the inability to control use of a substance(s) despite knowing the harmful consequences.
- The Center for Disease Control (CDC) states the prevalence of SUD in the United States is high: in 2020, 14.5% of the U.S. population over the age of twelve had a SUD in the previous year, which is 40.3 million people total.
- SUD is a chronic disease with cognitive, behavioral, and physiological symptoms.



# Research for task force recommendations (2 of 7)

## **Pervasive stigma and misunderstanding of substance use exists.**

- SUD and alcohol use disorder are the number one and four most stigmatized conditions across countries (Room 2021).
- An estimated 28% of the individuals who do not receive treatment for substance use disorder report reasons related to stigma for not accessing treatment (Center for Behavioral Health Statistics and Quality 2017).

## **Punitive laws and practices decrease prenatal care and are associated with worse outcomes for infants and pregnant/birthing persons.**

- Minnesota has some of the most punitive laws in the United States for substance use during pregnancy.
- Punitive measures have been associated with poorer outcomes for pregnant people and their infants.
- People who are using substances during pregnancy are less likely to seek care during pregnancy (Son et al., 2018), at rates of nearly three times greater compared to pregnant people who did not report use (Nidey 2023).

## **Toxicology testing is a poor and incomplete way to assess persistent misuse of substances.**

- Both research and practice on toxicology testing point to significant problems with the use and interpretation of toxicology tests.
- Tests do not always accurately indicate current substance use or whether substance use is an important consideration in the birthing person's or infant's medical condition.
- Toxicology testing has many limitations that are frequently underappreciated (Algren & Cristian 2015).

## **Family care plans provide support and resources to improve care coordination for the parent-infant dyad.**

- Family care plans have been a requirement under the Child Abuse Prevention and Treatment Act (CAPTA) as part of the Comprehensive Addiction and Recovery Act (2013).
- Family care plans are designed to improve the safety of infants and promote recovery options for caregivers (NCSACW n.d).

## **Multidisciplinary teams identify safety concerns and keep families safe.**

- Multidisciplinary collaboration has become firmly established as a critical factor within healthcare and child protection (WHO 2010; 260E.02 2023).
- There is evidence that when healthcare teams across disciplines practice collaboratively it can improve the delivery of person-centered care and lead to improved patient and health systems outcomes (Brandt 2014; Reeves 2017; Sangaleti 2017).
- Child Protection Services (CPS) cannot always keep the worse outcomes from happening. It takes a community to keep families safe.

## **Healthcare providers continually assess concerns for safety.**

- Healthcare providers constantly evaluate child safety concerns and assess whether a parent can adequately and safely care for their infant, or if there is reason to believe that the family's situation poses a risk to the child.
- A healthcare providers' ethical principle of nonmaleficence posits they must "... weigh the benefits against burdens of all interventions and treatments, to eschew those that are inappropriately burdensome, and to choose the best course of action for the patient" (Varkey 2021).

# Recommendations

# Setting the stage

- Task force recommendations form a plan to create more equitable and research-based processes for testing and reporting that aim to improve health outcomes of the parent-infant dyad.
- The task force recommendations never take away the ability of a healthcare provider to make a report if concerns for infant safety exist.
- Minnesota law requires professionals working with children to make a child protection report if they know of or have reason to believe a child:
  - is being neglected or abused, or
  - was neglected or abused in the preceding three years.



## **Change punitive laws that criminalize prenatal substance use or define it as child maltreatment.**

- Delete the mandatory toxicology testing law.
- Eliminate laws that mandate reports to Child Protection Services (CPS) for substance use alone or that classify substance use by pregnant or birthing individuals as child abuse or neglect.
- Create a new law that outlines notification is not a report of child abuse or neglect.

### **Implement universal screening using a validated screening tool.**

- Multiple screening tools are recommended for use during pregnancy (listed free and accessible tools).
- Screening should happen multiple times, coinciding with mental health screenings.
- Informed consent important.

## **Conduct toxicology testing only when it serves a medical treatment purpose**

- Testing is indicated if it affects the infant's clinical management:
  - If infant develops clinical signs of withdrawal without explanation after first obtaining substance use history from birthing person.
  - To determine appropriate medications for treating newborn withdrawal symptoms and/or to preclude other diagnostic testing.
  - To determine if longer observation period is needed or Neonatal Opioid Withdrawal Syndrome (NOWS) pathway is indicated.
- If newborn's birthing patient meets criteria for toxicology testing and results would alter medical management of infant.

# Recommendation 3 continued

- Recommended indications for pregnant, birthing, or post-partum person toxicology testing:
  - Concerns for oversedation, or impairment in the post-partum period should prompt an immediate consult to the patient's medical provider for further assessment.
  - When the toxicology test would change the medical management of the pregnant person and/or the infant.
- Informed consent is required by the Joint Commission on Accreditation and Certification.

## **Develop family care plans early in pregnancy**

- The earlier a pregnant individual engages in treatment and supportive services as facilitated by a family care plan, the better the outcomes for both parent and child (LAPPA 2023).
- Given confidentiality protections outlined in 42 CFR Part 2, accountability, oversight, and management of family care plans should be the responsibility of a case manager the patient determines.
- The development and use of family care plans has potential to divert lower risk situations away from Child Protection Services to allow Child Protection Services to prioritize their efforts with higher risk situations where thorough assessments and investigations are needed most.

## **Create a uniform process for notification and reporting to the Department of Children, Youth, and Families and the local child welfare after birth.**

- Develop a more nuanced pathway to support families with substance misuse and substance use disorders which is separate from the Minnesota state system for reporting alleged abuse and neglect.
- Notifications are intended for monitoring, federal compliance, public health planning, and to create a system of support to improve care coordination and health outcomes for the parent-infant dyad.

# Recommendation 5 continued

- Safety concern screenings recommended
  - PASS from *Resource Guide for Mandated Reporters of Child Maltreatment Concerns*
  - *The Newborn Risk Assessment for Substance-Affected Newborns*
  - Boston Medical Center clinical practice guidelines

## **Support implementation of task force recommendations and develop data informed best practice guidelines.**

- A multidisciplinary workgroup leads the implementation of recommendations and the development of data informed best practice guidelines.
- Take advantage of the in-depth technical assistance offered by the National Center on Substance Abuse and Child Welfare (NCSACW).
- Pilot test the implementation of recommendations in select counties, both urban and rural, prior to statewide implementation.
- Further attention to funding sustainability, data and evaluation, education and training.



# Questions?