Barriers to Universal Drug Testing During Pregnancy: An Integrative Literature Review

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BACKGROUND

Perinatal Drug Use
- 4.4% of pregnant women report illicit drug use (ACOG, 2012).

Opioids increase risk of: Fetal growth restriction, placental abruption, preterm labor, fetal death (ACOG, 2012).
- Prenatal exposure to opioids increases risk for neonatal abstinence syndrome (NAS): Respiratory and feeding difficulties, low birth weight, seizures (National Library of Medicine, 2017; Ko et al., 2017).

Guidelines/Policy
- ACOG recommends universal verbal screening during pregnancy and urine drug testing only if indicated with patient consent (2012).
- Barriers to universal drug testing may include legal implications, lack of protocols, lack of resources, personal biases, or cost.

METHODS

- The integrative literature review was conducted using the method described by Ganong (1987).
- Database: EBSCOhost-CINAHL Plus and MEDLINE
- Key Words: Pregnancy, Maternal, Substance Abuse Detection, Universal Drug Testing, Universal Screening, and Drugs.
- Inclusion Criteria: Primary research studies published from 2000 to 2017 and written in the English language.
- A total of six articles met the stated criteria.

LITERATURE REVIEWED

<table>
<thead>
<tr>
<th>Author/Year</th>
<th>Barriers Identified/Recommendations</th>
<th>Limitations</th>
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</thead>
<tbody>
<tr>
<td>Azadi et al.; (2008)</td>
<td>Several screening options Maternal history is a poor predictor Best timing of screen undecided Universal testing recommended</td>
<td>Study may underestimate true rate of exposure. Cultural beliefs were not taken into consideration.</td>
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<td>Oral et al.; (2012)</td>
<td>Lack of updated protocol Incomplete prenatal records Provider bias Lack of staff training Cost Fear of legal consequences &amp; CPS Fear of losing clientele Universal testing implied</td>
<td>Limited number of charts Poor documentation limiting data collection. No information on dyad Homogenous population (e.g., racially, ethnically, and educationally)</td>
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<tr>
<td>Roberts et al.; (2012)</td>
<td>Provider bias Providers unsure how to care for patient that tests positive Universal testing implied</td>
<td>Limited data regarding CPS reporting. Identification and treatment data were unavailable for the main private provider Demographic changes between 2001-2006 Reason for lack of treatment unknown</td>
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<td>Wexelblatt et al.; (2015)</td>
<td>Patients find testing intrusive Fear of CPS Fear of criminal prosecution Fear of discrimination Universal testing recommended</td>
<td>Study limited to a single center Potential for false-positive and false-negative results Did not address neonatal outcomes beyond diagnosis Did not measure patient understanding of screening/testing</td>
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IMPLICATIONS/CONCLUSION

PURPOSE OF THE STUDY

The purpose of this integrative literature review is to examine barriers to universal drug testing during pregnancy.

REFERENCES


