

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

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BACKGROUND

Perinatal Drug Use

- U. S. epidemic of opioid use, addiction (Terplan & Minkoff, 2017).
- 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).
- Healthcare provider assumptions influence inconsistent screening and testing (Terplan & Minkoff, 2017).
- 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.

PURPOSE OF THE STUDY

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

LITERATURE REVIEWED

Author/Year	Barriers Identified/ Recommendations	Limitations
Azadi et al.; (2008)	<ul style="list-style-type: none"> ❖ Several screening options ❖ Maternal history is a poor predictor ❖ Best timing of screen undetermined <p>Universal testing recommended</p>	<ul style="list-style-type: none"> • Study may underestimate true rate of exposure. • Cultural beliefs were not taken into consideration.
Kunins et al.; (2007)	<ul style="list-style-type: none"> ❖ Race ❖ Legal consequences ❖ Child protective services (CPS) <p>Universal testing implied</p>	<ul style="list-style-type: none"> • Single hospital setting. • Patient race recorded by clerk's perception. • Limited data about prenatal care
Miller et al.; (2014)	<ul style="list-style-type: none"> ❖ Lack of clear guidelines <p>Universal testing recommended</p>	<ul style="list-style-type: none"> • Lack of generalizability - specific to Maryland. • Absence of unity of policies at a state level.
Oral et al.; (2012)	<ul style="list-style-type: none"> ❖ Lack of updated protocol ❖ Incomplete prenatal records ❖ Provider bias ❖ Lack of staff training ❖ Cost ❖ Fear of legal consequences & CPS ❖ Fear of losing clientele <p>Universal testing implied</p>	<ul style="list-style-type: none"> • Limited number of charts • Poor documentation limiting data collection. • No information on dyad • Homogenous population (e.g. racially, ethnically, and educationally)
Roberts et al.; (2012)	<ul style="list-style-type: none"> ❖ Provider bias ❖ Providers unsure how to care for patient that tests positive <p>Universal testing implied</p>	<ul style="list-style-type: none"> • 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
Wexelblatt et al.; (2015)	<ul style="list-style-type: none"> ❖ Patients find testing intrusive ❖ Fear of CPS ❖ Fear of criminal prosecution ❖ Fear of discrimination <p>Universal testing recommended</p>	<ul style="list-style-type: none"> • 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

SUMMARY OF BARRIERS TO UNIVERSAL TESTING

Provider

- Fear of CPS reporting
- Fear of legal consequences
- Uncertain how to provide care if drug testing is positive
- Fear of losing clientele
- Cost
- Lack clear and updated of protocol
- Sensitive nature of maternal drug testing
- Provider bias
- Fear of being discriminatory regarding testing

Patient

- Fear of CPS
- Fear of legal consequences
- Fear of discrimination
- Reluctant to access prenatal care



IMPLICATIONS/CONCLUSION

IMPLICATIONS FOR PRACTICE

- Develop clinic and hospital protocols for universal screening and testing in pregnancy
- Obtain informed consent from the patient

IMPLICATIONS FOR EDUCATION

- Educate patients about drug screening/testing for the wellbeing of the patient and neonate
- Educate healthcare providers on universal drug screening/testing and available resources

IMPLICATIONS FOR POLICY

- Insurance to cover costs for universal drug screening/testing
- Address legal implications to support women reporting drug use during pregnancy
- Expand resources for rehabilitation for pregnant women and provide special services for intervention during the postpartum period

IMPLICATIONS FOR RESEARCH

- Explore strategies to prevent drug use during pregnancy
- Research safe detox for the pregnant woman



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