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These treatment improvement guidelines for pregnant, substance-using women were prepared using protocols and other materials that were developed by a broad range of programs from across the Nation. Many of these programs currently receive grant funds through the Center for Substance Abuse Prevention (formerly the Office for Substance Abuse Prevention [OSAP]). The Consensus Panel gratefully acknowledges the assistance of CSAP in providing access to these grantee materials. The Panel is also grateful to the many

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Appendix I -- Comprehensive Care Flow Charts

Pregnant, Substance-Using Women

Point of Entry: Alcohol and Other Drug Treatment

Patients	Assessment	Medical Withdrawal and Treatment				
All Pregnant, Substance-Using Women	**Drug Use/Abuse** History Duration of use Frequency, type, amount Routes of administration	**Alcohol** Setting Inpatient Under medical supervision Follow admission procedures	**Cocaine** Setting Inpatient most effective Follow admission procedures Medication contraindicated, except in cases of extreme agitation	**Opiates** Setting Outpatient or inpatient Follow admission procedures Methadone maintenance	**Methadone** Medical withdrawal from methadone not recommended Encourage and monitor	**Sedative-Hypnotics** Setting Inpatient Under medical supervision Follow admission procedure Monitor for severe sympton seizures, delirium

	Social context of use Past treatment Support group involvement Consequences Relapse factors Motivation for treatment/continued use Refer for prenatal care **Psychosocial** Family history Support system Attitudes about pregnancy Education Employment	Monitor for S/S of AWS Antabuse: contraindicated Inpatient AOD treatment whenever possible Outpatient AOD treatment with special focus on pregnancy issues and drug use Encourage and monitor continued prenatal care	Inpatient AOD treatment whenever possible Outpatient AOD treatment if necessary, with special focus on pregnancy issues and drug use Encourage and monitor continued prenatal care	recommended with psychosocial counseling Medical withdrawal not recommended Encourage and monitor continued prenatal care	continued prenatal care	Determine risk/benefit ratio when considering use of medications Encourage and monitor continued prenatal care

	Abuse: physical, emotional, sexual Legal Current crises Relationship to other children **Mental Health** Mental status Psychiatric symptoms History of mental illness Suicide risk Family history of mental illness DSM-III-R diagnosis Treatment recommendations					

LEGEND

	Medical Caution
AOD:	**Alcohol and Other Drugs**
Substance-Using:	**Women at risk for problems resulting from their use/abuse of alcohol and other drugs**

Pregnant, Substance-Using Women

Point of Entry: Prenatal Care

Patients	Prenatal Intake	Prenatal Followup	Labor/Delivery with Prenatal Care	Labor/Delivery with No Prenatal Care	Postpartum	Neonatal	Nutrition
All Pregnant, Substance-Using Women	Complete detailed health history Perform physical exam Complete family history Complete	Identify medical and psychosocial problems Provide health education opportunities Obtain random urine and/or blood toxicologies	Complete detailed health history Perform physical exam Query for *recent* AOD use Repeat	Follow all guidelines in previous column, if possible, plus perform: Sonogram Complete baseline laboratory tests	Encourage continued participation in AOD treatment Encourage and educate about family planning Permit breastfeeding in methadone-maintained mothers	Obtain urine and/or blood toxicologies Monitor for effects of drugs on the infant Treat appropriately, depending on drug	Provide for nutrition assessment Develop special care plans according to specific effects of each drug Alcohol Cigarettes Marijuana

	health history of baby's father, if possible Complete routine prenatal panel Complete other tests, including tuberculin test with antigen panel, urine toxicology/blood screening, and baseline sonogram Optional tests as needed Check for tracks,	Reinforce importance of AOD treatment Discuss reproductive options Manage common complications Encourage involvement of father of baby or significant other	hepatitis B and HIV screens and syphilis test, if previously negative Complete urine and/or blood toxicologies Follow universal precautions and OSHA standards Notify pediatric, nursing, and social services Monitor fetus Provide pain		Initiate preventive health maintenance program Provide for child care and parenting education Conduct postpartum followup	Review case with mother and educate her regarding special care of infant Encourage involvement of father of baby or significant other, and family members	Heroin Cocaine Other Provide for: Preventiona and intervention Nutrition counseling Multivitamin and mineral supplements Special concerns	

	abscesses, poor general hygiene, poor dental hygiene, infections Refer for AOD treatment, social services, nutrition counseling, parenting education, employment counseling, others as needed Review sexual practices and provide education on safer sexual practices Obtain		management Select delivery method Insert central line if needed					

	written release						
Additions for HIV-Positive Women	Refer for specific HIV medical treatment Conduct extensive review of symptoms Obtain T4 or CD4 count	Reinforce importance of HIV medical treatment Repeat CD4 count every trimester Ensure special pediatric followup	Provide special handling of cord, placenta, and neonate	Follow guidelines in previous column	Conduct postpartum followup Breastfeeding contraindicated Encourage continued participation with HIV specialist for medical followup for mother and infant Educate mother regarding special needs of infant Encourage and educate about family planning	Ensure special pediatric followup	