Practice Patterns related to Opioid Use during Pregnancy and Lactation

Prenatal & Postpartum Care

1. To what extent is any routine screening of the following among pregnant patients in your practice a priority?

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Not a priority** | **Moderate priority** | **High priority** |
| a. Prescription opioid use  | ➀ | ➁ | ➂ |
| b. Non-medical use of prescription opioids (i.e. using opioids for reasons other than prescribed) | ➀ | ➁ | ➂ |
| c. Non-medical use of other prescription medications (benzodiazepines, barbiturates, etc.) | ➀ | ➁ | ➂ |
| d. Illicit substance use (heroin, cocaine, hallucinogens, etc.) | ➀ | ➁ | ➂ |
| e. Marijuana use | ➀ | ➁ | ➂ |
| f. Tobacco use | ➀ | ➁ | ➂ |
| g. Alcohol use | ➀ | ➁ | ➂ |
| h. Depression | ➀ | ➁ | ➂ |

2. How does your practice obtain information about pregnant patients’ substance use (including illicit use and non-medical use of prescription opioids)? (✓ *all that apply*)

➀ A physician asks the patient ➁ Other staff asks the patient

➂ Patient fills out a questionnaire ➃ Biologic test

➄ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

➅ I do not screen my pregnant patients for substance use **→** SKIP to question 5

3. In your practice, how often do you screen for substance use among pregnant patients

➀ Never ➁ Rarely ➂ Sometimes ➃ Usually ➄ Always

➅ My practice does not screen for substance use

4. If your practice uses a questionnaire to assess substance use, please check the one most frequently used:

➀ My practice does not use a standard screener

➁ 4P’s Plus© Screen for Substance Use in Pregnancy

➂ 5Ps Prenatal Substance Abuse Screen

➃ Substance Use Risk Profile –Pregnancy (SURP-P)

➄ CRAFFT screener for Adolescent and young adult substance abuse

➅ Wayne Indirect Drug Use Screener (WIDUS)

➆ National Institute on Drug Abuse (NIDA) Quickscreen

➇ Other (please specify):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**The following questions are on your practices, beliefs and attitudes on opioid use disorders.**

5. Do you typically refer patients who have opioid use disorder in pregnancy to other prenatal care providers or manage their care yourself?

➀ Refer to another provider ➁ Manage the patient myself

➂ Co-manage the patient with another provider

6. To whom do you typically refer pregnant patients who have opioid use disorders?

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Never** | **Rarely** | **Sometimes** | **Usually** | **Always** | **N/A** |
| a. Maternal fetal medicine | ➀ | ➁ | ➂ | ➃ | ➄ | ➅ |
| b. Addiction specialist | ➀ | ➁ | ➂ | ➃ | ➄ | ➅ |
| c. Psychiatry | ➀ | ➁ | ➂ | ➃ | ➄ | ➅ |
| d. Family therapist  | ➀ | ➁ | ➂ | ➃ | ➄ | ➅ |
| e. A treatment program or facility within my institution | ➀ | ➁ | ➂ | ➃ | ➄ | ➅ |
| f. A treatment program or facility outside of my institution | ➀ | ➁ | ➂ | ➃ | ➄ | ➅ |
| g. A nutritional education program | ➀ | ➁ | ➂ | ➃ | ➄ | ➅ |
| h. Other (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | ➀ | ➁ | ➂ | ➃ | ➄ | ➅ |

7. For patients you refer to opioid-assisted therapy (OAT), also referred to as medication assisted recovery or medication-assisted therapy (MAT), do you communicate with an addiction specialist/ treatment facility staff regarding the patients’ status?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| ➀ Never | ➁ Rarely | ➂ Sometimes | ➃ Usually | ➄Always | ➅ N/A |

8. How do you manage pregnant patients who have opioid use disorders (illicit use or non-medical use of prescription opioids)?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Never** | **Rarely** | **Sometimes** | **Usually** | **Always** |
| a. Advise opioid cessation  | ➀ | ➁ | ➂ | ➃ | ➄ |
| b. Advise inpatient, monitored withdrawal | ➀ | ➁ | ➂ | ➃ | ➄ |
| c. Advise methadone maintenance | ➀ | ➁ | ➂ | ➃ | ➄ |
| d. Advise buprenorphine maintenance (i.e. subutex) | ➀ | ➁ | ➂ | ➃ | ➄ |
| e. Advise buprenorphine and naxolone maintenance (i.e. suboxone) | ➀ | ➁ | ➂ | ➃ | ➄ |
| f. Conduct brief intervention/motivational interviewing/cognitive behavioral therapy | ➀ | ➁ | ➂ | ➃ | ➄ |
| g. Screen for alcohol or tobacco use | ➀ | ➁ | ➂ | ➃ | ➄ |
| h. Screen for depression | ➀ | ➁ | ➂ | ➃ | ➄ |
| i. Screen for anxiety or use of benzodiazepines | ➀ | ➁ | ➂ | ➃ | ➄ |
| j. Screen for intimate partner violence | ➀ | ➁ | ➂ | ➃ | ➄ |
| k. Inform about fetal effects (e.g., Neonatal Abstinence Syndrome) | ➀ | ➁ | ➂ | ➃ | ➄ |
| l. Do nothing | ➀ | ➁ | ➂ | ➃ | ➄ |
| m. Other (please specify):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | ➀ | ➁ | ➂ | ➃ | ➄ |

9. Do you communicate any information about your patients with opioid use disorders during pregnancy to:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Never** | **Rarely** | **Sometimes** | **Usually** | **Always** |
| a. Hospital pediatric team prior to delivery | ➀ | ➁ | ➂ | ➃ | ➄ |
| b. The newborn’s pediatrician after delivery | ➀ | ➁ | ➂ | ➃ | ➄ |
| c. Lactation Consultant | ➀ | ➁ | ➂ | ➃ | ➄ |
| d. Social work | ➀ | ➁ | ➂ | ➃ | ➄ |
| e. Child Protective Services | ➀ | ➁ | ➂ | ➃ | ➄ |
| f. The police | ➀ | ➁ | ➂ | ➃ | ➄ |

10. Is reporting of opioid use disorders during pregnancy or at delivery mandatory in your State?

➀ Yes ➁No ➂ I do not know

11. How do you manage postpartum patients who have opioid use disorders (illicit use or non-medical use of prescription opioids)?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Never** | **Rarely** | **Sometimes** | **Usually** | **Always** |
| a. Advise opioid cessation | ➀ | ➁ | ➂ | ➃ | ➄ |
| b. Advise inpatient, monitored withdrawal | ➀ | ➁ | ➂ | ➃ | ➄ |
| c. Advise methadone maintenance  | ➀ | ➁ | ➂ | ➃ | ➄ |
| d. Advise buprenorphine maintenance (i.e. subutex) | ➀ | ➁ | ➂ | ➃ | ➄ |
| e. Advise buprenorphine and naxolone maintenance (i.e. suboxone) | ➀ | ➁ | ➂ | ➃ | ➄ |
| f. Recommend breastfeeding if on opioid-assisted therapy | ➀ | ➁ | ➂ | ➃ | ➄ |
| g. Counsel on effective contraceptive methods (long acting reversible contraceptives, oral contraceptives, etc.) | ➀ | ➁ | ➂ | ➃ | ➄ |
| h. Refer to a treatment program or facility | ➀ | ➁ | ➂ | ➃ | ➄ |
| i. Refer to addiction specialist | ➀ | ➁ | ➂ | ➃ | ➄ |
| j. Refer to psychiatry | ➀ | ➁ | ➂ | ➃ | ➄ |
| k. Screen for alcohol and tobacco use | ➀ | ➁ | ➂ | ➃ | ➄ |
| l. Screen for depression | ➀ | ➁ | ➂ | ➃ | ➄ |
| m. Screen for anxiety or use of benzodiazepines | ➀ | ➁ | ➂ | ➃ | ➄ |
| n. Screen for intimate partner violence | ➀ | ➁ | ➂ | ➃ | ➄ |
| o. Do nothing | ➀ | ➁ | ➂ | ➃ | ➄ |
| p. Other (please specify):\_\_\_\_\_\_\_\_ | ➀ | ➁ | ➂ | ➃ | ➄ |

12. To what extent is prescribing effective contraceptive methods (e.g. long acting reversible

contraceptives, oral contraceptives, etc.) for patients who have opioid use disorder during pregnancy before hospital discharge a priority for you?

➀ Not a priority ➁ Moderate Priority ➂ High Priority ➃ I do not prescribe contraceptives before hospital discharge

Provider Beliefs and Attitudes

13. Approximate to the best of your ability the percentage of your pregnant patients who have opioid use disorders? \_\_\_\_\_\_\_%

14. To what extent do you agree or disagree with the following statements?

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Disagree** | **Neutral** | **Agree** |
| a. Patients with opioid use disorders should completely quit during pregnancy. | ➀ | ➁ | ➂ |
| b. Patients with opioid use disorders to cut down on the amount used per day during pregnancy. | ➀ | ➁ | ➂ |
| c. Women on opioid-assisted therapy should be encouraged to breastfeed. | ➀ | ➁ | ➂ |

15. Do you feel confident that you can appropriately treat your pregnant patients who are using the following substances?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Not Confident** | **Somewhat Confident** | **Confident** | **Very Confident** |
| a. Opioids | ➀ | ➁ | ➂ | ➃ |
| b. Marijuana | ➀ | ➁ | ➂ | ➃ |
| c. Tobacco | ➀ | ➁ | ➂ | ➃ |
| d. Alcohol | ➀ | ➁ | ➂ | ➃ |

16. To what extent are the following potential barriers to screening and treating pregnant and postpartum patients for opioid use disorder?

|  |  |  |  |
| --- | --- | --- | --- |
|  | Not aBarrier | MinorBarrier | MajorBarrier |
| a. Time limitations during patient visits | ➀ | ➁ | ➂ |
| b. Concern about patient confidentiality issues | ➀ | ➁ | ➂ |
| c. Patient sensitivity to this topic (e.g., fear of offending patients) | ➀ | ➁ | ➂ |
| d. Patient denial or resistance | ➀ | ➁ | ➂ |
| e. Doubt about the efficacy of brief intervention | ➀ | ➁ | ➂ |
| f. Limited training or experience in screening for opioids | ➀ | ➁ | ➂ |
| g. Limited training or experience in treating opioid use disorder | ➀ | ➁ | ➂ |
| h. Lack of facilities/resources for treatment of opioid use disorder once identified | ➀ | ➁ | ➂ |
| i. Lack of or inadequate financial reimbursement for opioid screening, assessment, and counseling | ➀ | ➁ | ➂ |
| j. Patient inability to pay for treatment | ➀ | ➁ | ➂ |
| k. State reporting laws and repercussions for patients | ➀ | ➁ | ➂ |
| l. Not sure what screener to use | ➀ | ➁ | ➂ |
| m. Other (please specify):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | ➀ | ➁ | ➂ |

17. Please indicate how much you agree or disagree with each statement:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Strongly****Disagree** | **Disagree** | **Neutral** | **Agree** | **Strongly****Agree** |
| a. It is my responsibility to screen all pregnant patients for substance use. | ➀ | ➁ | ➂ | ➃ | ➄ |
| b. It is my responsibility to be aware of local resources available for patients with substance use disorders. | ➀ | ➁ | ➂ | ➃ | ➄ |
| c. It is my responsibility to make sure patients enter treatment after I refer them. | ➀ | ➁ | ➂ | ➃ | ➄ |
| d. When there is a legal or medical obligation for testing patients for substance use, it is my responsibility to notify patients of this testing. | ➀ | ➁ | ➂ | ➃ | ➄ |

18. Does the Affordable Care Act include a provision that requires that pregnant patients on Medicaid receive coverage for comprehensive substance use services, including both counseling and pharmacotherapy? ➀ Yes ➁ No ➂ Don’t Know

19. In general, how prepared do you feel to do the following in your clinical practice:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Very Unprepared** | **Somewhat****Unprepared** | **Somewhat****Prepared** | **Very****Prepared** |
| a. Screen pregnant patients for opioid use disorder | ➀ | ➁ | ➂ | ➃ |
| b. Conduct brief interventions with pregnant patients who use opioids | ➀ | ➁ | ➂ | ➃ |
| c. Educate pregnant patients about the effects of opioids on their fetus/baby | ➀ | ➁ | ➂ | ➃ |
| d. Utilize resources to refer patients who need a opioids cessation program | ➀ | ➁ | ➂ | ➃ |
| e. Prescribe opioid-assisted therapy for pregnant patients | ➀ | ➁ | ➂ | ➃ |
| f. Screen postpartum patients for opioid use disorder | ➀ | ➁ | ➂ | ➃ |
| g. Educate breastfeeding patients about the effects of opioids on their infant  | ➀ | ➁ | ➂ | ➃ |
| h. Prescribe opioid-assisted therapy for non-pregnant patients | ➀ | ➁ | ➂ | ➃ |

20. In which cases do you prescribe naloxone? (*✓ all that apply*)

➀ To all pregnant patients who are prescribed long-term opioids

➁ To all pregnant patients who have opioid use disorder

➂ To all pregnant patients who are at risk of experiencing or witnessing an overdose

➃ I never prescribe naloxone to pregnant patients

➄I don't know what naloxone is

21. What resources do you need to improve treatment of opioid use disorder in your clinical practice? (*✓ all that apply*)

|  |  |
| --- | --- |
| ➀ | Patient information regarding adverse reproductive outcomes associated with opioids |
| ➁ | Patient information regarding infectious disease associated with use by injection  |
| ➂ | Referral resources and treatment facilities for pregnant and postpartum patients with opioid use disorder |
| ➃ | Access to phone consultation line to ask questions regarding opioid use disorders in pregnant patients |
| ➄ | Information regarding relapse prevention for patients who seek treatment for addiction in pregnancy |
| ➅ | Specific standardized screening questionnaire for substance use during pregnancy |
| ➆ | Training and advice on brief interventions/motivational interviewing |
| ➇ | Reimbursement by insurance for screening and assessment |
| ⑨ | Other, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Demographics**

22. Gender: ➀ Female ➁ Male 23. Years of practice post-residency: \_\_\_\_\_\_

24. What racial/ethnic group do you most identify with? (✓ *all that apply*)

➀ American Indian or Alaska Native ➁ Asian ➂ Black or African American

➃ Hispanic or Latino ➄ Native Hawaiian/ Other Pacific Islander ➅White

25. Are you certified as an addiction specialist? ➀ Yes ➁ No

26. Are you board certified in MFM? ➀ Yes ➁ No

27. In what state is your practice located? \_\_\_\_\_\_

28. Which best describes your current practice? (*select one)*

➀ Solo private practice ➁ Ob/Gyn partnership/group ➂ Multi-specialty group

➃ Hospital or clinic ➄ University full-time faculty & practice

➅ HMO/Staff model ➆ Other (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

29. Which of the following best describes your practice location? (*select one*)

➀ Urban – inner city ➁ Urban – non-inner city ➂ Suburban

➃ Mid-sized town (10,000-50,000) ➄ Rural ➅ Military

30. What is the approximate racial/ethnic distribution of your active patient population *(Give a percentage for each; total must equal 100%)*

American Indian or Alaska Native: \_\_\_\_\_\_\_\_\_% Asian: \_\_\_\_\_\_\_\_\_%

Black or African American: \_\_\_\_\_\_\_\_\_% Hispanic or Latino: \_\_\_\_\_\_\_\_\_%

Native Hawaiian or Other Pacific Islander: \_\_\_\_\_\_\_\_\_% White: \_\_\_\_\_\_\_\_\_%

31. Please estimate the percentage of your patients who are:

 Medicaid insured: \_\_\_\_\_\_\_\_% Privately insured: \_\_\_\_\_\_\_\_% Uninsured: \_\_\_\_\_\_\_\_%

32. Approximately how many new pregnant patients do you see in a month? \_\_\_\_\_\_\_\_\_\_\_\_