**ABSTRACT**

Early detection of prenatal substance abuse is paramount to providing the best care possible to newborns at risk for developing Neonatal Abstinence Syndrome (NAS). Detection and improving the related care processes must be improved. The development of a Prenatal Substance Abuse Risk-Based Screening Tool to Enhance Interdisciplinary Care at the At-Risk Neonate at Davis Hospital is an important component of primary care, prevention, and ill health.

**LITERATURE REVIEW**

A literature review was completed to explore maternal self-reporting of prenatal drug abuse, risk factors associated with prenatal drug abuse, and a available drug toxicity testing methods.

- 225,000 infants are exposed to illicit substances prenatally each year.
- 10% of newborns tested positive for NAS.
- NAS is 5% of all newborns tested.
- NAS has increased the incidence of NAS.

**PICO QUESTION**

For mothers in the labor and delivery setting, how does a risk assessment screening tool upon admission and drug toxicity testing if indicated by the screening tool compare to the standard of care (no screening tool) affect timely treatment for neonatal abstinence syndrome (NAS)?

**PROJECT METHODOLOGY**

A screening tool located in the patient’s electronic health record will be completed by labor and delivery nurses during the admission process. The screening tool will list known risk factors that significantly correspond with prenatal substance abuse. If one or more risk factors are present, the labor nurse will be prompted by the charting system to send an umbilical cord tissue segment for drug toxicity testing immediately following delivery. If completed, the intervention will be documented in the delivery summary and it will populate on the newborn’s EHR so that the nursery nurse and pediatrician will see that a drug screen was obtained. If a drug toxicology screen and a risk based screen is positive, the hospital’s social work team will consult with the newborn’s parents and the rest of the healthcare team caring for the newborn.

**Plan and Implementation:**

- Once the tool is developed and resides in the EHR, nursing education will ensue to train the nurses of the new tool, an implementation date, and evaluation plan. A power point will be developed and presented at staff meetings, upon approval of the unit manager.
- A protocol to accompany the screening tool will allow nurses to order drug testing in the event of a positive risk-based screen. Pediatricians will be included in the implementation of the protocol.
- When a drug test is sent, social work will be electronically notified to follow up with the parents to set up to follow with the parents.

**Evaluation**

Reports will be generated first weekly and then monthly to determine:

- If the screening tool is being completed on all laboring mothers. The goal will be 100% compliance. When a screening tool is not filled out, the clinical coordinator will follow up to find out why and reeducate as necessary.
- If a drug test was sent for all positive risk-based screens.
- To compare detection rates of prenatal substance abuse before and after implementation of the screening tool.
- To determine how many positive risk-based screen resulted in a positive drug toxicology test to determine accuracy of the screening tool.

**REFERENCES**