

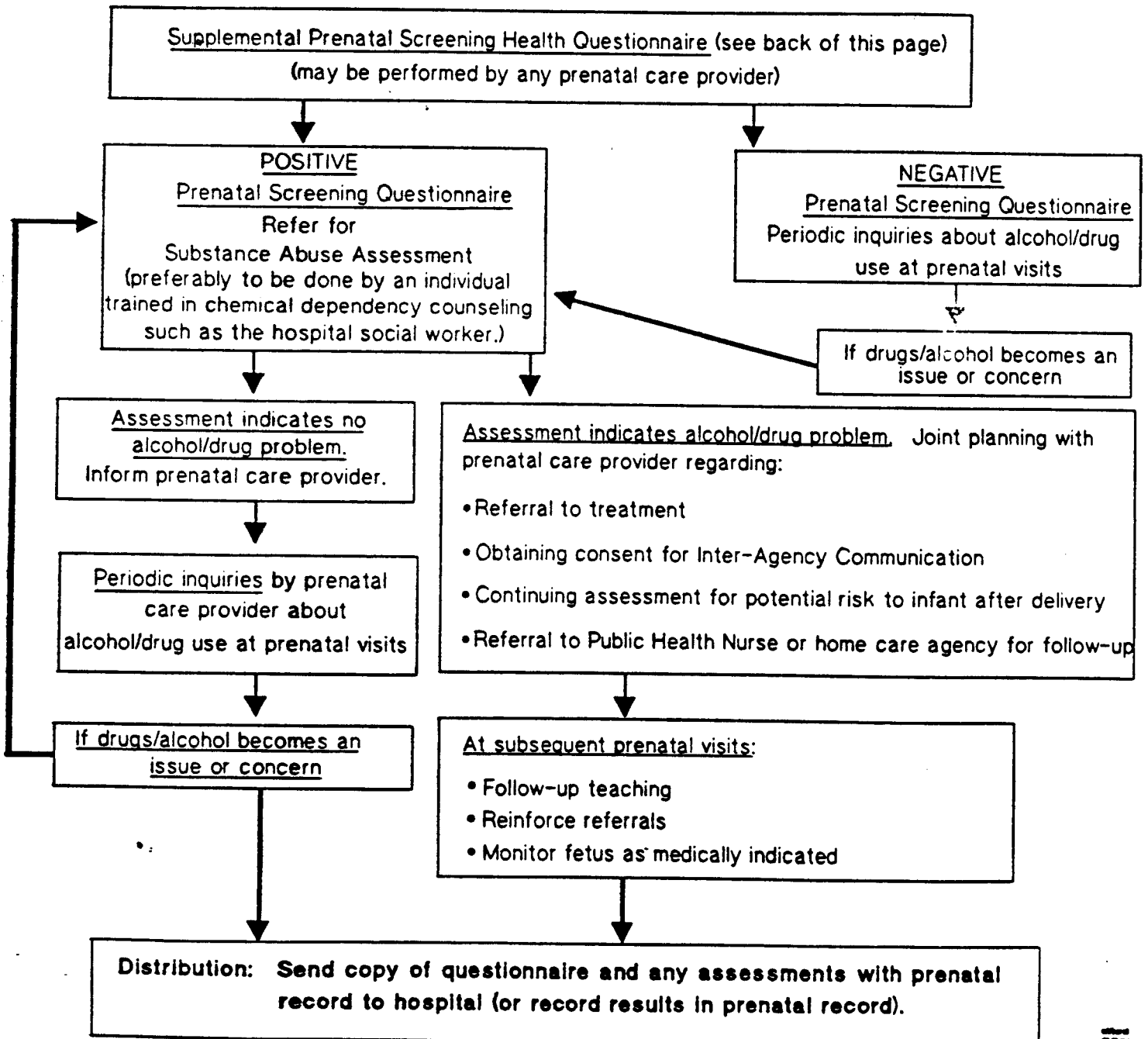
Santa Clara County, California Perinatal Substance Abuse Protocol **PRENATAL SCREENING & ASSESSMENT**

This protocol presupposes that all women of child-bearing age will have been given information by their health care provider regarding the health effects of alcohol and drugs including tobacco.

Purpose — To assist prenatal care providers in screening and assessing a pregnant woman's risk for alcohol and/or other drug abuse and determining if referrals for further services are indicated.

When to Use —

1. On all new obstetrical patients
2. Should be repeated each trimester or periodically, as indicated.



Patient Name _____
 Physician _____

SUPPLEMENTAL PRENATAL SCREENING HEALTH QUESTIONNAIRE

Part A: *Your responses will help your physician in determining if any special education or further assessment might be beneficial to you and your baby.*

1. If this is not your first pregnancy, did you have any problems with a prior pregnancy in which:

a. the baby had to be admitted to a neonatal intensive care unit because of premature delivery, small size or other problems? . . .	YES	NO
b. the baby had to stay in the hospital after you went home?	_____	_____
c. you delivered a baby before you got to the hospital?	_____	_____
d. your baby died before delivery or within the first year of life? . .	_____	_____
2. If you have had previous children, are any of them not living with you? _____
3. Do either of your parents have a history of alcohol or drug addiction? . _____
4. Is the father of your baby a current or past drug user or has he had problems with alcohol? _____
5. In the past, have you used drugs or had any problems with alcohol? . . _____

Part B: *Using certain substances during your pregnancy may have an adverse effect upon your health as well as the health of your developing baby.*

6. Since the start of this pregnancy, have you used tobacco? _____
7. Since the start of this pregnancy, have you used drugs or alcohol? . . _____

Part A and Part B Completed by: Patient _____ Health Care Provider _____

Part C: *For Physician or Health Assistant use:*

8. Does this patient demonstrate or give medical history of any of the following: cellulitis, cirrhosis, hepatitis, endocarditis, pancreatitis, sexually transmitted disease? YES NO

9. Does this patient demonstrate any of the following:

a. Disorientation as to time, place and person	YES	NO
b. Slurred speech, problems with gait or coordination	_____	_____
c. Odor of alcohol	_____	_____
d. Difficult to arouse	_____	_____
e. Emaciated	_____	_____
f. Dilated or constricted pupils	_____	_____
g. Abscesses, track marks, ulcerated nasal mucosa	_____	_____
10. Does any individual accompanying this patient and/or visiting this patient appear to be under the influence of drugs and/or alcohol? . . . _____
11. Are there any observable factor(s) which create suspicion of perinatal substance abuse? _____
 Please specify _____

REFERRAL FOR ASSESSMENT NEEDED: YES NO
(Determination to be based on clinical judgment and your knowledge of this patient)

Referred to: _____

Signature: _____ Date _____