

## Meeting of FEAT Hospital Policy Work Group Jan 18, 2007--Minutes

Bob reviewed results of meeting with Gov's staff re the Gov's Meth Task Force (potential areas of collaboration are on data, development of protocols for identification in prenatal office and birth hospital, training and development of policy/legislation to support those), meeting with Medford NICU staff (no consistent protocol outside of the NICU), meeting with Linda Wallen, neonatologist at OHSU (no consistent policy/protocol for identification of risk or testing), and discussion with Sig-Linda Jacobson, OB Gyn at OHSU who directs a prenatal clinic for substance using Mom's (she will join the FEAT state planning group).

Bob's current plan is to complete interviews with staff of all hospitals with NICU's about policies and practices in the NICU and all of labor and delivery. Still to go are St, V's, Emanuel, Kaiser and Salem NICU's/hospitals.

We discussed whether and how to proceed with presentation of recommendations to the pediatric section and to OB GYN's. We decided to try to do one hour presentation/discussion at the next Perinatal conference arranged by Dr Vern Katz (Becky will check with Vern on this). Our desired timeline is to do this at the Spring conference. We also discussed having Dr. Jacobson come down and meet with local OB Gyn/prenatal care providers. Finally we briefly discussed the algorithm for lab testing and I recommended that we develop an algorithm for the standard risk assessment and standard interview. For example, make general recommendations as to the procedures and give recommended tools (rather than just saying do the 4 P's plus) for the standard interview. It might look something like this (this would be our standard interview for the prenatal care provider and birth hospital staff):

"Begin specific interview on cigarette, alcohol and illicit drug use in the middle of the medical history. Start with cigarettes, then ask about alcohol and then illicit drugs asking about each specifically (marijuana, methamphetamine, cocaine, heroin/opiates, other such as ecstasy...possible abuse of prescription meds should be covered under use of medications during the pregnancy). For each, first ask about history of any use, use the month before this pregnancy, and then use during this pregnancy. Repeat the interview at each of three consecutive prenatal care visits (repeating the interview could be deleted for women who do not report any use of cigarettes or alcohol the month before pregnancy). If Yes to substance use during the pregnancy, document how many cigarettes/drinks/etc per day and days per week for how many weeks/months during the pregnancy. Provide educational materials on that substance(s) and do brief educational intervention on effects on the baby and importance of quitting and then refer to the FEAT Family Advocate and to treatment services (at the birth hospital, the referral would be to the MSW). The 4 P's Plus would be recommended as a specific tool with Chasnoff's follow-up brief educational intervention." Other risk factors would be asked separately such as partner's use, prior experience with DHS, mental health issues etc.

On the algorithm for urine etc testing of the baby we need to clarify procedures for collection of the urine and make sure we have consensus on recommendation for collecting/testing a secondary specimen if the family is high risk and the urine test is normal, i.e., meconium or umbilical cord. Attached is the current algorithm. Grant will do some comparison testing to see if cotton ball and daper collection would provide satisfactory specimens. Bob will call Labor and Delivery Educator to clarify current procedures for collection and actual practice. Bob will also call Mec Stat labs to ask about procedures for meconium collection and to ask follow-up questions about the one article in print and current data on use of umbilical cord specimens vs meconium. We did decide to recommend "the first 10 cc of urine" rather than the "first urine" or "5-10cc's." Brianna and Jane volunteered to reformat the algorithm.

Hopefully Karen can present next time on her review of the # of urine drug tests from SHMC and # of positives in last year and ? previous years.

Please review the comments above for any action steps with your name on them (Bob, Grant, Becky, Brianna, Jane and Karen).